

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000125

Facility Name: GRAND PRAIRIE SUPP LIVING

Address: 1307 MEADOWLARK LANE MACOMB 61455

County: MCDONOUGH

Telephone Number: (309) 833-5000 Fax # 309 833-5005

Federal Employer ID Number:

Date Current Owners were Certified: 3/28/2013

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Danel Erickson Telephone Number: (779) 771-6947
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2021 to 12/31/2021 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)
(Date)
(Type or Print Name) Greg Echols
(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed)
(Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
IL DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

/ /

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES ☐ NO ☒

H. ACCOUNTING BASIS

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2021 **Fiscal Year:** 2021

*** All facilities other than governmental must report on the accrual basis.**

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____
If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____
If no, explain.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	19,022	5,577		24,599	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	19,022	5,577	0	24,599	8

D. Indicate the number of paid bed-hold days the SLF had during this year

296 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **0** (Do not include bed-hold days in Section B.)

STATE OF ILLINOIS

Page 3

Facility Name: GRAND PRAIRIE SUPP LIVING

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	269,059	150,227	2,382	421,669	0	421,669	1
2	Housekeeping, Laundry and Maintenance	102,974	23,764	38,080	164,818	0	164,818	2
3	Heat and Other Utilities			136,139	136,139	(21,087)	115,052	3
4	Other (specify):	5,198	0	85,732	90,931	0	90,931	4
5	TOTAL General Services	377,232	173,991	262,333	813,556	(21,087)	792,469	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	471,235	20,408	0	491,643	0	491,643	6
7	Activities and Social Services	35,578	7,218	0	42,796	0	42,796	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	506,813	27,626	0	534,439	0	534,439	9
	C. General Administration							
10	Administrative and Clerical	150,202	31,073	235,718	416,994	(18,994)	398,000	10
11	Marketing Materials, Promotions and Advertising	44,964	8,652	49,233	102,848	0	102,848	11
12	Employee Benefits and Payroll Taxes	0	0	270,446	270,446	0	270,446	12
13	Insurance-Property, Liability and Malpractice	0	0	73,477	73,477	0	73,477	13
14	Other (specify):	0	0	116,819	116,819	(55,954)	60,865	14
15	TOTAL General Administration	195,166	39,725	745,693	980,584	(74,948)	905,636	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,079,211	241,341	1,008,026	2,328,579	(96,035)	2,232,544	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			293,258	293,258	0	293,258	17
18	Interest			232,681	232,681	(1,262)	231,419	18
19	Real Estate Taxes			46,385	46,385	0	46,385	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			7,670	7,670	0	7,670	21
22	Other (specify):	0	0	216,932	216,932	(110,100)	106,832	22
23	TOTAL Ownership	0	0	796,925	796,925	(111,362)	685,563	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,079,211	241,341	1,804,951	3,125,504	(207,398)	2,918,106	24

Facility Name: GRAND PRAIRIE SUPP LIVING

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	25.82	2
3	Certified Nurse Assistants	12	13.69	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	9	11.91	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.47	10
11	Laundry	0	0.00	11
12	Managers	5	23.80	12
13	Other Administrative	3	22.72	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	33	\$	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
none			

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☒
Name of related entity: _____ If yes, what is the value of those services? \$ _____
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ NO ☒
If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$ 0	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 179,433	1
2			2
Total		\$ 179,433	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: GRAND PRAIRIE SUPP LIVING

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 456,000 Year land was acquired 2017

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	86			2010	\$ 8,266,705	\$ 207,398	40.0	\$ 206,668	\$ (730)	\$ 879,819	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				650,000	32,500	20.0	32,500	0	138,125	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 8,916,705	\$ 239,898		\$ 239,168	\$ (730)	\$ 1,017,944	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 444,250	\$ 53,360	\$ 29,617	(23,743)	15	\$ 195,439	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 444,250	\$ 53,360	\$ 29,617	(23,743)		\$ 195,439	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: GRAND PRAIRIE SUPP LIVING

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		0		\$ 0			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	ORIX Real Estate Capital, LI			FIRST MORTGAGE	7/9/20	\$ 9,495,300	\$ 9,264,666	8/1/55	0.0249	\$ 232,681	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,495,300	\$ 9,264,666			\$ 232,681	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,495,300	\$ 9,264,666			\$ 232,681	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: GRAND PRAIRIE SUPP LIVING

Report Period Beginning: 01/01/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,035,191	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (86,956))	626,715		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	100,333		6
7	Other Prepaid Expenses	16,089		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	223		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,778,551	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	456,000		13
14	Buildings, at Historical Cost	8,266,705		14
15	Leasehold Improvements, at Historical Cost	650,000		15
16	Equipment, at Historical Cost	444,250		16
17	Accumulated Depreciation (book methods)	(1,213,382)		17
18	Deferred Charges	323		18
19	Organization & Pre-Operating Costs	1,101,000		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(467,925)		20
21	Restricted Funds	265,843		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	5,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,507,814	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,286,365	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 35,141	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	77,947		30
31	Accrued Taxes Payable	50,890		31
32	Accrued Interest Payable	26,784		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	242,356		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 433,117	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	245,426		38
39	Mortgage Payable	9,238,723		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42	FMV of Derivative	0		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,484,149	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,917,266	\$ 0	45
46	TOTAL EQUITY	\$ 1,369,099	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,286,365	\$ 0	47

*(See instructions.)

Facility Name: GRAND PRAIRIE SUPP LIVING

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,457,219	1
2	Discounts and Allowances	(120,589)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,336,630	3
	B. Other Operating Revenue		
4	Special Services	166,021	4
5	Other Health Care Services	0	5
6	Special Grants	94,915	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	3,699	8
9	Non-Resident Meals	25	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 264,660	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,262	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,262	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	5,624	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,624	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,608,176	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	813,556	19
20	Health Care/ Personal Care	534,439	20
21	General Administration	980,584	21
	B. Capital Expense		
22	Ownership	796,925	22
	C. Other Expenses		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,125,504	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 482,672	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 482,672	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,834,433	32
33	Private Pay - Net Inpatient Revenue	1,502,197	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,336,630	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 5,198	Interest & Dividend Income	\$ -
PG3-4.1	\$ 5,198	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 6,276
Other (specify):		Financing Fees	\$ -
Externimating	\$ 4,938	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 34,707	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 7,815	Mortgage Insurance Prem	\$ 80,588
Transportation Service	\$ 118	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 4,722	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 27,118	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 6,315	Interest Expense-Note	\$ 19,968
PG3-4.3	\$ 85,732	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ -
Consulting	\$ 5,110	Incentive Management	\$ -
Legal	\$ 6,090	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 25,665	Tax Credit Fees	\$ -
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 24,000	Developer Fees	\$ -
Bad Debt - Resident	\$ 39,095	Amortization Expense	\$ 110,100
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ 168	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ -
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 16,691	Grant Income	\$ -
PG3-14.3	\$ 116,819	PG3-22.3	\$ 216,932

Operating Expenses - Reclassifications and Adjustments PG3	
A. General Services	
Heat and Other Utilities	
Cable	\$ 21,087
PG3-3.5	\$ 21,087
C. General Administration	
Administrative and Clerical	
Beauty Salon & Manicure	\$ 3,699
Internet Access	\$ -
Telephone- Connection	\$ 9,558
Telephone- Usage	\$ 737
Contributions	\$ 5,000
PG3-10.5	\$ 18,994
C. General Administration	
Other (specify):	
Bad Debt - Resident	\$ 39,095
Bad Debt - Resident - Recovery	\$ -
Bad Debt - Medicaid Pending Denial	\$ 168
Bad Debt - Medicaid Pending - Recovery	\$ -
Bad Debt - Medicaid	\$ -
Bad Debt - Medicaid Recovery	\$ -
Bad Debt - Medicaid MCO	\$ 16,691
PG3-14.5	\$ 55,954
D. Ownership	
Interest:	
Interest Income	\$ 1,123
Interest Income - Reserves	\$ 140
PG3-18.5	\$ 1,262
D. Ownership	
Other (specify):	
Goodwill Amortization	\$ (110,100)
Remarketing and Trustee Fee	\$ -
PG3-22.5	\$ (110,100)

Income Statement PG 8 Other		
D. Other Revenue		Notes
Contract Service-Serv Prov	\$ -	
Other	\$ 404	Late fees; returned check fees
Property Tax Adjustments	\$ -	
Property Lease Income	\$ 5,220	
Insurance Adjustments	\$ -	
Developer Fee Income	\$ -	
Home Office Rent Income	\$ -	
Food & Meal Prep	\$ -	
PG8-15.1	\$ 5,624	