

		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: 1000133

Facility Name: Grand Regency of Peoria

Address: 117 N Western AvenuePeoria61604

County: Peoria

Telephone Number: (309) 674-2400 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 8/24/2011

Type of Ownership:

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

X 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: Steven N. Lavenda Telephone Number: (847) - 282- 6300
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 1/1/2021 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)
(Title)

Paid Preparer

(Signed)
(Date)
(Print Name and Title) Steven N. Lavenda, CPA Partner
(Firm Name & Address) Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax (847) 282-6301

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

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	100	Single Unit Apartment	100	36,500	1
2		Double Unit Apartment			2
3		Other			3
4	100	TOTALS	100	36,500	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	19,748	6,506		26,254	5
6	Double Unit					6
7	Other					7
8	TOTALS	19,748	6,506		26,254	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 71.93%

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

None Also, indicate the number of unpaid bed-hold days the SLF
had during this year. None (Do not include bed-hold days in Section B.)

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 ☒

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/21 Fiscal Year: 12/31/21

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

J. Does the facility have any Illinois Housing Development Authority Loans

outstanding? No If yes, did the facility make all of the

required payments of interest and principal? N/A

If no, explain. _____

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 principal? N/A

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 principal? N/A

If no, explain. _____

STATE OF ILLINOIS

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Facility Name: Grand Regency of Peoria

Report Period Beginning:

1/1/2021

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	227,205	172,085	42,709	441,999		441,999	1
2	Housekeeping, Laundry and Maintenance	212,793	28,114	133,929	374,836	(27,950)	346,886	2
3	Heat and Other Utilities			169,621	169,621	1,065	170,686	3
4	Other (specify):							4
5	TOTAL General Services	439,998	200,199	346,259	986,456	(26,885)	959,571	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	395,856	758	4,075	400,689	8,195	408,884	6
7	Activities and Social Services	52,940	1,157	3,162	57,259		57,259	7
8	Other (specify):					198	198	8
9	TOTAL Health Care and Programs	448,796	1,915	7,237	457,948	8,393	466,341	9
	C. General Administration							
10	Administrative and Clerical	191,786	4,052	219,797	415,635	(79,965)	335,670	10
11	Marketing Materials, Promotions and Advertising	54,891		20,377	75,268	1,567	76,835	11
12	Employee Benefits and Payroll Taxes			134,350	134,350		134,350	12
13	Insurance-Property, Liability and Malpractice			98,309	98,309	10,955	109,264	13
14	Other (specify):					1,520	1,520	14
15	TOTAL General Administration	246,677	4,052	472,833	723,562	(65,922)	657,640	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,135,471	206,166	826,329	2,167,966	(84,414)	2,083,552	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			56,846	56,846	320,499	377,345	17
18	Interest			524	524	280,289	280,813	18
19	Real Estate Taxes			112,016	112,016		112,016	19
20	Rent -- Facility and Grounds			600,000	600,000	(593,188)	6,812	20
21	Rent -- Equipment			1,125	1,125		1,125	21
22	Other (specify):					8,336	8,336	22
23	TOTAL Ownership			770,511	770,511	15,936	786,447	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,135,471	206,166	1,596,840	2,938,477	(68,478)	2,869,999	24

STATE OF ILLINOIS		Page 3A
Grand Regency of Peoria		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	130,106	17 1
2 Interest Income	1,400	18 2
3 Bank Charges	(6,151)	10 3
4 Cable Service	(12,642)	02 4
5 Use Tax	(14)	10 5
6 State of Illinois Income Tax	(24,000)	10 6
7 Additional R&M	3,308	02 7
8 Capitalized R&M	(18,894)	02 8
9		9
10 Management Company		10
11 Housekeeping/Maint/Laundry	278	02 11
12 Utilities	1,065	03 12
13 Health Care / Personal Care	8,195	06 13
14 Health Care Emp Ben/Payroll Taxes	198	08 14
15 Administrative & General	102,934	10 15
16 Advertising & Marketing	1,567	11 16
17 Insurance	10,955	13 17
18 Admin Emp Benefits & Payroll Taxes	1,520	14 18
19 Building Rental	6,812	20 19
20 Management Fees	(152,733)	10 20
21		21
22 Building Company		22
23 Rent Revenue	(600,000)	20 23
24 Interest Income	(1,098)	18 24
25 Mortgage Interest	281,826	18 25
26 MIP Expense	8,336	22 26
27 Depreciation	190,393	17 27
28		28
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99		99
100		100
101 Total	(68,478)	101

Facility Name: Grand Regency of Peoria

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.00	\$ 24.19	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.36	12.57	3
4	Activity Director & Assistants	1.60	15.91	4
5	Social Service Workers			5
6	Head Cook	1.00	16.64	6
7	Cook Helpers/Assistants	8.05	11.50	7
8	Dishwashers			8
9	Maintenance Workers	2.15	16.40	9
10	Housekeepers	6.20	10.81	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	43.72	13
14	Clerical	3.11	15.57	14
15	Marketing	0.93	28.37	15
16	Other			16
17	Total (lines 1 thru 16)	36.41	\$ 14.99	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
Rockford SLF	Rockford, IL
Coles SLF	Chicago, IL
Jackson Park SLF	Chicago, IL
Robbins SLF	Robbins, IL

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: N/A 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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Peoria PropCo	Peoria	Building Co
Grand Lifestyles	Skokie	Management Co
Grand at Twin Lakes	Palatine	Ind. Living

Facility Name: Grand Regency of Peoria

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTSA. Purchase price of land 548,029 Year land was acquired 2019

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	100		2019		\$ 5,679,575	\$ 190,393	35	\$ 162,274	\$ (28,119)	\$ 324,548	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				121,612	56,846	20	6,446	(50,400)	8,539	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,801,187	\$ 247,239		\$ 168,720	\$ (78,519)	\$ 333,087	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	\$ 2,086,250	\$	\$ 208,625	208,625		\$ 417,250	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,086,250	\$	\$ 208,625	208,625		\$ 417,250	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

XI. OWNERSHIP COSTS (continued)
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1			\$	\$ 247,239		\$	\$ (247,239)	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 247,239		\$	\$ (247,239)	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Grand Regency of Peoria

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	Allocated from Grand Lifestyles			/ /	6,812			6
7	TOTAL				\$ 6,812			7

8. Is movable equipment rental included in building rental?
☐ YES ☐ NO

9. Rental amount for movable equipment \$ 1,125

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	MB Financial		X	Mortgage	/ /	\$	9,289,340	/ /		\$ 281,826	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MB Financial		X	Line of Credit	/ /			/ /		524	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	9,289,340			\$ 282,350	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-440	8
9	Interest Income - Bldg Co		X		/ /			/ /		-1,098	9
10	TOTALS (lines 7, 8 and 9)					\$	9,289,340			\$ 280,812	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.

STATE OF ILLINOIS

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Facility Name: Grand Regency of Peoria

Report Period Beginning: 1/1/2021

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	\$ 761,482	\$ 954,337	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	202,903	202,903	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	47,365	47,365	6
7	Other Prepaid Expenses	4,272	4,272	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,016,022	\$ 1,208,877	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		548,029	13
14	Buildings, at Historical Cost	13,520	4,945,783	14
15	Leasehold Improvements, at Historical Cost	67,208	814,520	15
16	Equipment, at Historical Cost	10,382	2,086,250	16
17	Accumulated Depreciation (book methods)	(83,798)	(3,332,928)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	72,418	2,013,060	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 79,730	\$ 7,074,714	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,095,752	\$ 8,283,591	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 6,327	\$ 6,327	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	87,956	87,956	30
31	Accrued Taxes Payable	117,571	117,571	31
32	Accrued Interest Payable		19,662	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	670	670	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 212,524	\$ 232,186	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		9,289,340	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	346,968	346,968	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 346,968	\$ 9,636,308	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 559,492	\$ 9,868,494	45
46	TOTAL EQUITY	\$ 536,260	\$ (1,584,903)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,095,752	\$ 8,283,591	47

*(See instructions.)

Facility Name: Grand Regency of Peoria

Report Period Beginning: 1/1/2021

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	\$ 3,074,332	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,074,332	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	440	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 440	14
	D. Other Revenue (specify):		
15	See Attached	2,990	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,990	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,077,762	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	986,456	19
20	Health Care/ Personal Care	457,948	20
21	General Administration	723,562	21
	B. Capital Expense		
22	Ownership	770,511	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,938,477	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 139,285	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 139,285	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,532,082	32
33	Private Pay - Net Inpatient Revenue	1,542,250	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,074,332	37