

		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: 1000029

Facility Name: HERITAGE WOODS OF BATAVIA

Address: 1079 EAST WILSON ST BATAVIA 60510

Number City Zip Code

County: KANE

Telephone Number: (630) 406-9440 Fax # 630 406-9451

Federal Employer ID Number:

Date Current Owners were Certified: 10/31/2019

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual

☒ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☐ 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

STATE OF ILLINOIS

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Facility Name: HERITAGE WOODS OF BATAVIA

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	501,742	285,986	2,067	789,794	0	789,794	1
2	Housekeeping, Laundry and Maintenance	206,062	78,171	114,920	399,153	0	399,153	2
3	Heat and Other Utilities			270,296	270,296	(36,608)	233,687	3
4	Other (specify):	26,305	0	77,075	103,380	0	103,380	4
5	TOTAL General Services	734,108	364,156	464,358	1,562,622	(36,608)	1,526,014	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	813,150	30,788	0	843,937	0	843,937	6
7	Activities and Social Services	75,809	8,817	0	84,626	0	84,626	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	888,959	39,605	0	928,563	0	928,563	9
	C. General Administration							
10	Administrative and Clerical	277,330	66,311	479,517	823,157	(44,790)	778,367	10
11	Marketing Materials, Promotions and Advertising	56,982	13,042	69,433	139,457	0	139,457	11
12	Employee Benefits and Payroll Taxes	0	0	398,173	398,173	0	398,173	12
13	Insurance-Property, Liability and Malpractice	0	0	114,875	114,875	0	114,875	13
14	Other (specify):	0	0	144,381	144,381	(65,205)	79,176	14
15	TOTAL General Administration	334,312	79,353	1,206,378	1,620,043	(109,995)	1,510,048	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,957,379	483,114	1,670,736	4,111,229	(146,603)	3,964,626	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			609,705	609,705	0	609,705	17
18	Interest			464,481	464,481	(2,345)	462,137	18
19	Real Estate Taxes			113,899	113,899	0	113,899	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			22,536	22,536	0	22,536	21
22	Other (specify):	0	0	137,919	137,919	0	137,919	22
23	TOTAL Ownership	0	0	1,348,541	1,348,541	(2,345)	1,346,196	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,957,379	483,114	3,019,277	5,459,770	(148,948)	5,310,822	24

Facility Name: HERITAGE WOODS OF BATAVIA

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	29.92	2
3	Certified Nurse Assistants	12	16.97	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	12	14.74	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	4	13.84	10
11	Laundry	0	0.00	11
12	Managers	7	27.11	12
13	Other Administrative	5	27.08	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)	42	\$	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			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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? \$

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	\$ 400,286	1
2			2
Total		\$ 400,286	3

Facility Name: HERITAGE WOODS OF BATAVIA

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,449,254 Year land was acquired 2001

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	148			2003	\$ 15,709,453	\$ 567,390	27.5	\$ 571,253	\$ 3,863	\$ 9,213,714	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				702,326	20,411	15.0	46,822	26,411	526,754	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)				\$ 16,411,779	\$ 587,801		\$ 618,075	\$ 30,274	\$ 9,740,468	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	\$ 1,383,871	\$ 21,904	\$ 276,774	254,870	5	\$ 1,345,707	18
19	Vehicles	52,160	0	10,432	10,432	5	52,160	19
20	TOTAL (lines 18 and 19)	\$ 1,436,031	\$ 21,904	\$ 287,206	265,302		\$ 1,397,867	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

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	Lument Capital		X	FIRST MORTGAGE	5/15/20	\$ 16,949,000	\$ 16,508,510	6/1/55	0.0276	\$ 459,394	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 16,949,000	\$ 16,508,510			\$ 459,394	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 16,949,000	\$ 16,508,510			\$ 459,394	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: HERITAGE WOODS OF BATAVIA

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	\$ 2,412,253	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (200,217))	1,267,419		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	80,692		6
7	Other Prepaid Expenses	4,093		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	2,826		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,767,283	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,449,254		13
14	Buildings, at Historical Cost	15,709,453		14
15	Leasehold Improvements, at Historical Cost	702,326		15
16	Equipment, at Historical Cost	1,436,031		16
17	Accumulated Depreciation (book methods)	(11,138,336)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	806,263		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,964,992	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,732,275	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 48,907	\$	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	0		30
31	Accrued Taxes Payable	120,346		31
32	Accrued Interest Payable	37,970		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	819,474		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,026,697	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	16,233,012		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 16,233,012	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 17,259,708	\$ 0	45
46	TOTAL EQUITY	\$ (4,527,433)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,732,275	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BATAVIA

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	\$ 7,292,000	1
2	Discounts and Allowances	(32,224)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 7,259,776	3
	B. Other Operating Revenue		
4	Special Services	293,021	4
5	Other Health Care Services	0	5
6	Special Grants	449,245	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	9,742	8
9	Non-Resident Meals	163	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 752,171	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	2,345	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,345	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,221	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,221	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 8,018,513	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,562,622	19
20	Health Care/ Personal Care	928,563	20
21	General Administration	1,620,043	21
	B. Capital Expense		
22	Ownership	1,348,541	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)	\$ 5,459,770	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,558,743	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,558,743	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,144,451	32
33	Private Pay - Net Inpatient Revenue	3,115,325	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 7,259,776	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 26,305	Interest & Dividend Income	\$ -
PG3-4.1	\$ 26,305	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 8,245
Exterminating	\$ 2,012	Financing Fees	\$ -
Rubbish Removal	\$ 25,361	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 5,821	Mortgage Service Fee	\$ -
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 121,074
Security & Monitoring	\$ 24,153	Letter of Credit Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 10,439	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 9,290	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 77,075	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 8,055	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ 57	Asset Mgmt/Investor Service Fee	\$ -
Audit & Accounting	\$ 23,065	Incentive Management	\$ -
Contract Labor-Serv Prov	\$ (1)	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 48,000	Tax Credit Fees	\$ 7,600
Bad Debt - Resident	\$ 36,305	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ 7,165	Amortization Expense	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid	\$ -	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid MCO	\$ 21,735	Property Damage Loss	\$ 1,000
PG3-14.3	\$ 144,381	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 137,919

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 36,608		
PG3-3.5	\$ 36,608		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 9,742		
Internet Access	\$ 12,070		
Telephone- Connection	\$ 17,852		
Telephone- Usage	\$ 2,626		
Contributions	\$ 2,500		
PG3-10.5	\$ 44,790		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 36,305		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ 7,165		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ 21,735		
PG3-14.5	\$ 65,205		
D. Ownership			
Interest:			
Interest Income	\$ 1,848		
Interest Income - Reserves	\$ 497		
PG3-18.5	\$ 2,345		
D. Ownership			
Other (specify):			
Goodwill Amortization	\$ -		
Remarketing and Trustee Fee	\$ -		
PG3-22.5	\$ -		

Balance Sheet PG 7 Other					
A. Other Current Asset Details			C. Current Liabilities Detail		
A/R-Employee Advance	\$	-	Construction Account Payable	\$	-
A/R-Gardant Mgmt Solutions	\$	-	Accrued Asset Mgmt/Investor Service Fee	\$	-
A/R-Insurance Reimbursement	\$	-	Accrued Partnership/Priority Mgmt Fee	\$	-
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$	-
A/R-Other	\$	2,826	Accrued Incentive Asset Mgmt Fee	\$	-
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$	108,359
PG7-9.1	\$	2,826	Accrued Insurance	\$	-
B. Other Long Term Assets Detail			Accrued Developer Fee	\$	-
CIP	\$	-	Accrued MIP	\$	-
CIP- Land Option Addition	\$	-	Accrued Vacation	\$	-
CIP- Other Addition	\$	-	Payroll Union Dues	\$	-
PG7-23.1	\$	-	Payroll Benefits	\$	-
			Security Deposits Held	\$	-
			Unclaimed Property	\$	405
			Reservation Deposit	\$	-
			Unearned Revenue - Resident	\$	222,893
			Unearned Revenue - Medicaid	\$	487,816
			Prepaid Medicaid Clearing	\$	-
			Prepaid Rent	\$	-
			PG7-35.1	\$	819,474

Income Statement PG 8 Other		
D. Other Revenue		Notes
Contract Service-Serv Prov	\$ -	
Other	\$ 621	
Property Tax Adjustments	\$ -	
Property Lease Income	\$ 3,600	
Insurance Adjustments	\$ -	
Developer Fee Income	\$ -	
Home Office Rent Income	\$ -	
Food & Meal Prep	\$ -	
PG8-15.1	\$ 4,221	