

		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: 1000040		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>HERITAGE WOODS OF BENTON</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2021</u> to <u>12/31/2021</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>	
Address: <u>1305 BAILEY LANE</u> <u>BENTON</u> <u>62812</u>			
County: <u>FRANKLIN</u>			
Telephone Number: (<u>618</u>) <u>439-9431</u> Fax # <u>618 439-9432</u>			
Federal Employer ID Number: _____			
Date Current Owners were Certified: <u>1/13/2005</u>		<div>Officer or Administrator of Provider</div> <div>(Signed) _____ (Date) _____</div> <div>(Type or Print Name) <u>Greg Echols</u></div> <div>(Title) <u>CFO, Gardant Management Solutions</u></div>	
Type of Ownership:			
<div><input type="checkbox"/> VOLUNTARY, NON-PROFIT</div> <div><input type="checkbox"/> Charitable Corp.</div> <div><input type="checkbox"/> Trust</div> <div>IRS Exemption Code _____</div>		<div>Paid Preparer</div> <div>(Signed) _____ (Date) _____</div> <div>(Print Name and Title) _____</div> <div>(Firm Name & Address) _____</div> <div>(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____</div>	
<div><input type="checkbox"/> PROPRIETARY</div> <div><input type="checkbox"/> Individual</div> <div><input checked="" type="checkbox"/> Partnership</div> <div><input type="checkbox"/> Corporation</div> <div><input type="checkbox"/> "Sub-S" Corp.</div> <div><input type="checkbox"/> Limited Liability Co.</div> <div><input type="checkbox"/> Trust</div> <div><input type="checkbox"/> Other _____</div>		<div>MAIL TO: BUREAU OF HEALTH FINANCE</div> <div>IL DEPT OF HEALTHCARE AND FAMILY SERVICES</div> <div>201 S. Grand Avenue East</div> <div>Springfield, IL 62763-0001</div> <div>Phone # (217) 782-1630</div>	
<div><input type="checkbox"/> GOVERNMENTAL</div> <div><input type="checkbox"/> State</div> <div><input type="checkbox"/> County</div> <div><input type="checkbox"/> Other _____</div>			
<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Danel Erickson</u> Telephone Number: <u>(779) 771-6947</u></p> <p>Email Address: _____</p>			

Facility Name **HERITAGE WOODS OF BENTON**

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

III. STATISTICAL DATA

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

Date of change in certified units



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	92	Single Unit Apartment	92	33,580	1		
2	8	Double Unit Apartment	8	2,920	2		
3		Other			3		
4	100	TOTALS	100	36,500	4		

B. Census-For the entire report period.

	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	24,545	5,132		29,677	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	24,545	5,132	0	29,677	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **81.31%**

81.31%

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

491 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **68** (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)**

H. ACCOUNTING BASIS

ACCUAL	X	MODIFIED		
CASH*		CASH*		

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.

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 principle?

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 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.

Facility Name: HERITAGE WOODS OF BENTON

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	226,698	155,075	2,006	383,780	0	383,780	1
2	Housekeeping, Laundry and Maintenance	111,626	27,878	22,956	162,460	0	162,460	2
3	Heat and Other Utilities			112,473	112,473	(26,092)	86,381	3
4	Other (specify):	22,963	0	49,031	71,994	0	71,994	4
5	TOTAL General Services	361,288	182,953	186,466	730,707	(26,092)	704,614	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	481,035	16,615	0	497,650	0	497,650	6
7	Activities and Social Services	36,069	5,799	0	41,868	0	41,868	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	517,103	22,415	0	539,518	0	539,518	9
	C. General Administration							
10	Administrative and Clerical	131,196	38,379	283,098	452,673	(29,990)	422,684	10
11	Marketing Materials, Promotions and Advertising	52,724	8,031	98,301	159,056	0	159,056	11
12	Employee Benefits and Payroll Taxes	0	0	283,092	283,092	0	283,092	12
13	Insurance-Property, Liability and Malpractice	0	0	98,184	98,184	0	98,184	13
14	Other (specify):	0	0	108,379	108,379	(45,288)	63,092	14
15	TOTAL General Administration	183,921	46,410	871,055	1,101,385	(75,277)	1,026,108	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,062,312	251,777	1,057,521	2,371,610	(101,369)	2,270,241	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			302,450	302,450	0	302,450	17
18	Interest			309,013	309,013	(760)	308,253	18
19	Real Estate Taxes			92,483	92,483	0	92,483	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,540	11,540	0	11,540	21
22	Other (specify):	0	0	79,436	79,436	0	79,436	22
23	TOTAL Ownership	0	0	794,921	794,921	(760)	794,161	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,062,312	251,777	1,852,442	3,166,531	(102,129)	3,064,402	24

Facility Name: HERITAGE WOODS OF BENTON

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	23.87	2
3	Certified Nurse Assistants	13	14.35	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	7	12.04	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	12.00	10
11	Laundry	0	0.00	11
12	Managers	5	23.72	12
13	Other Administrative	3	24.48	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)	31	\$	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? \$

(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	\$ 213,738	1
2			2
Total		\$ 213,738	3

Facility Name: HERITAGE WOODS OF BENTON

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 81,711 Year land was acquired 2002

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			2004	\$ 8,018,043	\$ 291,524	27.5	\$ 291,565	\$ 41	\$ 4,893,207	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				429,303	406	15.0	28,620	28,214	428,253	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)				\$ 8,447,347	\$ 291,930		\$ 320,185	\$ 28,255	\$ 5,321,460	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	\$ 1,041,049	\$ 6,988	\$ 104,105	97,117	10	\$ 1,025,838	18
19	Vehicles	61,295	3,531	12,259	8,728	5	61,295	19
20	TOTAL (lines 18 and 19)	\$ 1,102,344	\$ 10,519	\$ 116,364	105,845		\$ 1,087,133	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	MIDLAND STATES BANK		X	FIRST MORTGAGE	4/1/19	\$ 8,743,100	\$ 8,433,561	5/1/54	0.0402	\$ 306,026	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,743,100	\$ 8,433,561			\$ 306,026	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,743,100	\$ 8,433,561			\$ 306,026	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 BENTON

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	\$ 613,939	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (137,300))	717,785		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	82,981		6
7	Other Prepaid Expenses	16,279		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,430,984	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	81,711		13
14	Buildings, at Historical Cost	8,018,043		14
15	Leasehold Improvements, at Historical Cost	429,303		15
16	Equipment, at Historical Cost	1,102,344		16
17	Accumulated Depreciation (book methods)	(6,408,593)		17
18	Deferred Charges	1,884		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	461,792		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)	\$ 3,686,483	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,117,467	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 39,576	\$	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	47,452		30
31	Accrued Taxes Payable	95,406		31
32	Accrued Interest Payable	21,013		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	226,741		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 430,188	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,224,356		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)	\$ 8,224,356	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,654,544	\$ 0	45
46	TOTAL EQUITY	\$ (3,537,077)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,117,467	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BENTON

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	\$ 3,840,613	1
2	Discounts and Allowances	(96,003)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,744,610	3
	B. Other Operating Revenue		
4	Special Services	238,029	4
5	Other Health Care Services	0	5
6	Special Grants	301,809	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	11,257	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 551,095	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	760	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 760	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,179	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,179	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,297,644	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	730,707	19
20	Health Care/ Personal Care	539,518	20
21	General Administration	1,101,385	21
	B. Capital Expense		
22	Ownership	794,921	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)	\$ 3,166,531	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,131,113	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,131,113	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,343,884	32
33	Private Pay - Net Inpatient Revenue	1,393,641	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,737,525	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 22,963	Interest & Dividend Income	\$ -
PG3-4.1	\$ 22,963	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 25,831
Other (specify):		Financing Fees	\$ 510
Exterminating	\$ 2,040	Mortgage Interest Premium	\$ (4,157)
Rubbish Removal	\$ 9,596	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 5,303	Mortgage Insurance Prem	\$ 38,201
Transportation Service	\$ -	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 5,978	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 18,924	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 7,191	Interest Expense-Note	\$ -
PG3-4.3	\$ 49,031	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 16,801
Consulting	\$ 1,786	Incentive Management	\$ -
Legal	\$ 651	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 20,095	Tax Credit Fees	\$ 2,250
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 40,560	Developer Fees	\$ -
Bad Debt - Resident	\$ 48,439	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ (19,606)	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	\$ 16,455	Grant Income	\$ -
PG3-14.3	\$ 108,379	PG3-22.3	\$ 79,436

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 26,092		
PG3-3.5	\$ 26,092		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 11,257		
Internet Access	\$ 1,792		
Telephone- Connection	\$ 13,496		
Telephone- Usage	\$ 945		
Contributions	\$ 2,500		
PG3-10.5	\$ 29,990		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 48,439		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ (19,606)		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ 16,455		
PG3-14.5	\$ 45,288		
D. Ownership			
Interest:			
Interest Income	\$ 352		
Interest Income - Reserves	\$ 407		
PG3-18.5	\$ 760		
D. Ownership			
Other (specify):			
Goodwill Amortization	\$ -		
Remarketing and Trustee Fee	\$ -		
PG3-22.5	\$ -		

Income Statement PG 8 Other		
D. Other Revenue		Notes
Contract Service-Serv Prov	\$ -	
Other	\$ 1,179	
Property Tax Adjustments	\$ -	
Property Lease Income	\$ -	
Insurance Adjustments	\$ -	
Developer Fee Income	\$ -	
Home Office Rent Income	\$ -	
Food & Meal Prep	\$ -	
PG8-15.1	\$ 1,179	