

		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: 1000121

Facility Name: HERITAGE WOODS OF DWIGHT

Address: 701 EAST MAZON AVE DWIGHT 60420

County: LIVINGSTON

Telephone Number: (815) 584-9280 Fax # 815 584-9283

Federal Employer ID Number:

Date Current Owners were Certified: 11/24/2009

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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	
Paid Preparer	(Title) CFO, Gardant Management Solutions	
	(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

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

Date of change in certified units

/ /

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)**

B. Census-For the entire report period.

H. ACCOUNTING BASIS

MODIFIED

ACCRUAL	X
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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.

**C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.)** **82.63%**

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

252 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.)**

Facility Name: HERITAGE WOODS OF DWIGHT

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	223,949	111,561	2,784	338,294	0	338,294	1
2	Housekeeping, Laundry and Maintenance	93,729	38,790	77,521	210,040	0	210,040	2
3	Heat and Other Utilities			121,904	121,904	(21,893)	100,012	3
4	Other (specify):	12,978	0	63,719	76,698	0	76,698	4
5	TOTAL General Services	330,656	150,352	265,928	746,936	(21,893)	725,043	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	420,110	15,036	0	435,146	0	435,146	6
7	Activities and Social Services	35,271	4,424	0	39,695	0	39,695	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	455,381	19,460	0	474,840	0	474,840	9
	C. General Administration							
10	Administrative and Clerical	151,205	40,744	218,860	410,808	(22,838)	387,970	10
11	Marketing Materials, Promotions and Advertising	38,972	7,487	32,036	78,495	0	78,495	11
12	Employee Benefits and Payroll Taxes	0	0	181,938	181,938	0	181,938	12
13	Insurance-Property, Liability and Malpractice	0	0	72,838	72,838	0	72,838	13
14	Other (specify):	0	0	72,276	72,276	(29,752)	42,524	14
15	TOTAL General Administration	190,177	48,231	577,948	816,355	(52,591)	763,764	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	976,213	218,042	843,876	2,038,131	(74,484)	1,963,648	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			183,668	183,668	0	183,668	17
18	Interest			189,741	189,741	(915)	188,826	18
19	Real Estate Taxes			49,028	49,028	0	49,028	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,029	11,029	0	11,029	21
22	Other (specify):	0	0	45,347	45,347	0	45,347	22
23	TOTAL Ownership	0	0	478,813	478,813	(915)	477,898	23
24	GRAND TOTAL (Sum of lines 16 and 23)	976,213	218,042	1,322,689	2,516,944	(75,398)	2,441,546	24

Facility Name: HERITAGE WOODS OF DWIGHT

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	8	15.10	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	12.69	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.61	10
11	Laundry	0	0.00	11
12	Managers	4	22.44	12
13	Other Administrative	3	22.90	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)	25	\$	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	\$ 153,539	1
2			2
Total		\$ 153,539	3

Facility Name: HERITAGE WOODS OF DWIGHT

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 295,541 Year land was acquired 2008

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	68			2009	\$ 5,383,488	\$ 137,729	39.0	\$ 138,038	\$ 309	\$ 997,036	1
2									0		2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Leasehold Improvements				296,434	19,762	15.0	19,762	(0)	139,905	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)				\$ 5,679,922	\$ 157,492		\$ 157,800	\$ 309	\$ 1,136,812	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	\$ 202,232	\$ 26,046	\$ 40,446	14,400	5	\$ 56,919	18
19								19
20	TOTAL (lines 18 and 19)	\$ 202,232	\$ 26,046	\$ 40,446	14,400		\$ 56,919	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	ORIX Real Estate Capital LLC		X	FIRST MORTGAGE	9/30/14	\$ 7,035,200	\$ 6,244,693	10/1/49	0.0395	\$ 189,741	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,035,200	\$ 6,244,693			\$ 189,741	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,035,200	\$ 6,244,693			\$ 189,741	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 DWIGHT

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	\$ 484,596	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (69,501))	389,640		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	90,507		6
7	Other Prepaid Expenses	8,032		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)	\$ 972,774	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	295,541		13
14	Buildings, at Historical Cost	5,383,488		14
15	Leasehold Improvements, at Historical Cost	296,434		15
16	Equipment, at Historical Cost	202,232		16
17	Accumulated Depreciation (book methods)	(1,193,859)		17
18	Deferred Charges	1,586		18
19	Organization & Pre-Operating Costs	42,550		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(42,550)		20
21	Restricted Funds	170,180		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)	\$ 5,155,603	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,128,377	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 54,673	\$	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	33,572		30
31	Accrued Taxes Payable	53,597		31
32	Accrued Interest Payable	15,195		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	350,070		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 507,107	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,091,735		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)	\$ 6,091,735	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,598,843	\$ 0	45
46	TOTAL EQUITY	\$ (470,466)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,128,377	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF DWIGHT

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	\$ 2,913,484	1
2	Discounts and Allowances	(11,899)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,901,585	3
	B. Other Operating Revenue		
4	Special Services	163,171	4
5	Other Health Care Services	0	5
6	Special Grants	25,901	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,950	8
9	Non-Resident Meals	187	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 194,209	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	915	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 915	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,045	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,045	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,100,754	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	746,936	19
20	Health Care/ Personal Care	474,840	20
21	General Administration	816,355	21
	B. Capital Expense		
22	Ownership	478,813	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)	\$ 2,516,944	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 583,810	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 583,810	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,205,894	32
33	Private Pay - Net Inpatient Revenue	1,695,690	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,901,584	37