

		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: 1000003		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>HERITAGE WOODS OF FLORA</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>1003 WEST 4TH STREET</u> <u>FLORA</u> <u>62839</u>			
County: <u>CLAY</u>			
Telephone Number: (<u>618</u>) <u>662-4599</u> Fax # <u>618 662-6179</u>			
Federal Employer ID Number: _____			
Date Current Owners were Certified: <u>10/25/2007</u>		<div>Officer or Administrator of Provider</div> <div>Paid Preparer</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>(Signed) _____ (Date) _____</div> <div>(Type or Print Name) <u>Greg Echols</u></div> <div>(Title) <u>CFO, Gardant Management Solutions</u></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 type="checkbox"/> Partnership</div> <div><input type="checkbox"/> Corporation</div> <div><input checked="" type="checkbox"/> "Sub-S" Corp.</div> <div><input checked="" type="checkbox"/> Limited Liability Co.</div> <div><input type="checkbox"/> Trust</div> <div><input type="checkbox"/> Other _____</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>	
In the event there are further questions about this report, please contact:		MAIL TO: BUREAU OF HEALTH FINANCE	
Name: <u>Danel Erickson</u>		IL DEPT OF HEALTHCARE AND FAMILY SERVICES	
Telephone Number: <u>(779) 771-6947</u>		201 S. Grand Avenue East	
Email Address: _____		Springfield, IL 62763-0001 Phone # (217) 782-1630	

Facility Name: HERITAGE WOODS OF FLORA

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	195,817	114,170	2,516	312,503	0	312,503	1
2	Housekeeping, Laundry and Maintenance	76,014	29,960	18,507	124,481	0	124,481	2
3	Heat and Other Utilities			77,623	77,623	(10,489)	67,134	3
4	Other (specify):	11,538	0	34,272	45,810	0	45,810	4
5	TOTAL General Services	283,369	144,131	132,918	560,417	(10,489)	549,928	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	328,660	9,511	0	338,171	0	338,171	6
7	Activities and Social Services	0	6,255	0	6,255	0	6,255	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	328,660	15,766	0	344,426	0	344,426	9
	C. General Administration							
10	Administrative and Clerical	123,681	31,577	181,678	336,936	(19,634)	317,302	10
11	Marketing Materials, Promotions and Advertising	43,060	6,007	24,486	73,553	0	73,553	11
12	Employee Benefits and Payroll Taxes	0	0	163,818	163,818	0	163,818	12
13	Insurance-Property, Liability and Malpractice	0	0	63,886	63,886	0	63,886	13
14	Other (specify):	0	0	67,278	67,278	(9,522)	57,756	14
15	TOTAL General Administration	166,741	37,584	501,146	705,472	(29,156)	676,315	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	778,770	197,481	634,064	1,610,315	(39,645)	1,570,670	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			128,329	128,329	0	128,329	17
18	Interest			119,092	119,092	(374)	118,718	18
19	Real Estate Taxes			34,516	34,516	0	34,516	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			8,129	8,129	0	8,129	21
22	Other (specify):	0	0	128,065	128,065	(55,200)	72,865	22
23	TOTAL Ownership	0	0	418,131	418,131	(55,574)	362,557	23
24	GRAND TOTAL (Sum of lines 16 and 23)	778,770	197,481	1,052,195	2,028,446	(95,219)	1,933,227	24

Facility Name: HERITAGE WOODS OF FLORA

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	32.83	2
3	Certified Nurse Assistants	8	13.36	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	11.57	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	1	11.41	10
11	Laundry	0	0.00	11
12	Managers	4	20.22	12
13	Other Administrative	2	26.26	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)	24	\$	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
DSI MANTENO OPERATOR LLC		MANTENO	
DSI OTTAWA OPERATOR LLC		OTTAWA	
DSI WATSEKA OPERATOR LLC		WATSEKA	

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	\$ 135,698	1
2			2
Total		\$ 135,698	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF FLORA Report Period Beginning: 01/01/2021 Ending: 12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 18,260 Year land was acquired 1999

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	52			2000	\$ 3,028,952	\$ 107,741	27.5	\$ 110,144	\$ 2,403	\$ 1,471,108	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6									0		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)				\$ 3,028,952	\$ 107,741		\$ 110,144	\$ 2,403	\$ 1,471,108	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	\$ 468,223	\$ 20,588	\$ 93,645	73,056	5	\$ 400,372	18
19					\$	5	-	19
20	TOTAL (lines 18 and 19)	\$ 468,223	\$ 20,588	\$ 93,645	73,056		\$ 400,372	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	7/27/12	\$ 3,208,700	\$ 2,658,893	8/1/47	0.0310	\$ 78,497	1
2	Peoples National Bank		X	BRIDGE LOAN	3/22/21	1,792,795	1,792,795	3/22/22	0.0295	57,133	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,001,495	\$ 4,451,688			\$ 135,630	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,001,495	\$ 4,451,688			\$ 135,630	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 FLORA

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	\$ 1,843,439	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (12,670))	323,639		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	60,826		6
7	Other Prepaid Expenses	72,796		7
8	Accounts Receivable (owners or related parties)	96,172		8
9	Other(specify): See Page 7 Attachment	16,360		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,413,231	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	18,260		13
14	Buildings, at Historical Cost	3,028,952		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	468,223		16
17	Accumulated Depreciation (book methods)	(1,871,480)		17
18	Deferred Charges	265		18
19	Organization & Pre-Operating Costs	726,235		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(560,659)		20
21	Restricted Funds	146,190		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)	\$ 1,955,985	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,369,216	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 134,243	\$	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	38,676		30
31	Accrued Taxes Payable	36,101		31
32	Accrued Interest Payable	63,987		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	86,393		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 359,400	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,792,795		38
39	Mortgage Payable	2,697,682		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)	\$ 4,490,477	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,849,877	\$ 0	45
46	TOTAL EQUITY	\$ (480,661)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,369,216	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF FLORA

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	\$ 2,359,415	1
2	Discounts and Allowances	(1,639)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,357,776	3
	B. Other Operating Revenue		
4	Special Services	123,382	4
5	Other Health Care Services	0	5
6	Special Grants	25,643	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	6,576	8
9	Non-Resident Meals	191	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 155,792	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	374	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 374	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	25	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 25	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,513,967	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	560,417	19
20	Health Care/ Personal Care	344,426	20
21	General Administration	705,472	21
	B. Capital Expense		
22	Ownership	418,131	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)	\$ 2,028,446	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 485,521	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 485,521	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,105,764	32
33	Private Pay - Net Inpatient Revenue	1,252,012	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,357,776	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 11,538	Interest & Dividend Income	\$ -
PG3-4.1	\$ 11,538	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 1,766
Exterminating	\$ 1,800	Financing Fees	\$ -
Rubbish Removal	\$ 3,908	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 14,713	Mortgage Service Fee	\$ -
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 13,447
Security & Monitoring	\$ 3,637	Letter of Credit Fee	\$ 520
Extraordinary COVID - Supplies & Equipment	\$ 8,692	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 1,522	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 34,272	Interest Expense-Note	\$ 57,133
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 1,666	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ 3,332	Asset Mgmt/Investor Service Fee	\$ -
Audit & Accounting	\$ 21,117	Incentive Management	\$ -
Contract Labor-Serv Prov	\$ -	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 31,641	Tax Credit Fees	\$ -
Bad Debt - Resident	\$ 863	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ -	Amortization Expense	\$ 55,200
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	\$ 8,660	Property Damage Loss	\$ -
PG3-14.3	\$ 67,278	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 128,065

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 10,489		
PG3-3.5	\$ 10,489		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 6,576		
Internet Access	\$ -		
Telephone- Connection	\$ 9,478		
Telephone- Usage	\$ 953		
Contributions	\$ 2,627		
PG3-10.5	\$ 19,634		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 863		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ -		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ 8,660		
PG3-14.5	\$ 9,522		
D. Ownership			
Interest:			
Interest Income	\$ 232		
Interest Income - Reserves	\$ 142		
PG3-18.5	\$ 374		
D. Ownership			
Other (specify):			
Goodwill Amortization	\$ (55,200)		
Remarketing and Trustee Fee	\$ -		
PG3-22.5	\$ (55,200)		

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	25	Returned check fee
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	25	