

		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: 1000153

Facility Name: HERITAGE WOODS OF MINOOKA

Address: 704 HERITAGE WOODS MINOOKA 60447

County: GRUNDY

Telephone Number: (815) 467-2837 Fax # 815 467-2783

Federal Employer ID Number:

Date Current Owners were Certified: 6/2/2017

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

Facility Name: HERITAGE WOODS OF MINOOKA

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	252,879	181,326	3,006	437,211	0	437,211	1
2	Housekeeping, Laundry and Maintenance	86,703	21,679	52,680	161,062	0	161,062	2
3	Heat and Other Utilities			143,659	143,659	(26,003)	117,656	3
4	Other (specify):	220	0	46,646	46,866	0	46,866	4
5	TOTAL General Services	339,802	203,005	245,990	788,798	(26,003)	762,795	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	505,534	18,444	0	523,978	0	523,978	6
7	Activities and Social Services	30,762	6,743	0	37,505	0	37,505	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	536,296	25,186	0	561,483	0	561,483	9
	C. General Administration							
10	Administrative and Clerical	164,194	33,911	275,955	474,059	(21,199)	452,860	10
11	Marketing Materials, Promotions and Advertising	59,998	10,134	66,656	136,788	0	136,788	11
12	Employee Benefits and Payroll Taxes	0	0	198,763	198,763	0	198,763	12
13	Insurance-Property, Liability and Malpractice	0	0	75,500	75,500	0	75,500	13
14	Other (specify):	0	0	159,380	159,380	(102,481)	56,898	14
15	TOTAL General Administration	224,192	44,045	776,253	1,044,491	(123,680)	920,810	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,100,291	272,237	1,022,244	2,394,771	(149,683)	2,245,088	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			736,953	736,953	0	736,953	17
18	Interest			419,933	419,933	(1,374)	418,559	18
19	Real Estate Taxes			77,819	77,819	0	77,819	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			16,460	16,460	0	16,460	21
22	Other (specify):	0	0	139,544	139,544	0	139,544	22
23	TOTAL Ownership	0	0	1,390,708	1,390,708	(1,374)	1,389,335	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,100,291	272,237	2,412,952	3,785,480	(151,057)	3,634,423	24

Facility Name: HERITAGE WOODS OF MINOOKA

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	28.11	2
3	Certified Nurse Assistants	12	14.84	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	12.88	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.38	10
11	Laundry	0	0.00	11
12	Managers	5	27.49	12
13	Other Administrative	3	29.17	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)	29	\$	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	\$ 220,606	1
2			2
Total		\$ 220,606	3

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 800,550 Year land was acquired 2015

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	102			2017	\$ 12,665,678	\$ 422,189	30.0	\$ 422,189	\$ (0)	\$ 1,933,873	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,142,529	76,169	15.0	76,169	0	342,301	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)				\$ 13,808,207	\$ 498,358		\$ 498,358	\$ 0	\$ 2,276,174	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	\$ 1,155,288	\$ 225,366	\$ 115,529	(109,838)	10	\$ 986,417	18
19	Vehicles	66,148	13,230	13,230	(0)	5	57,413	19
20	TOTAL (lines 18 and 19)	\$ 1,221,436	\$ 238,596	\$ 128,758	(109,838)		\$ 1,043,830	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			FIRST MORTGAGE	1/1/18	\$ 13,350,000	\$ 12,699,185	12/1/57	0.0363	\$ 418,137	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,350,000	\$ 12,699,185			\$ 418,137	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,350,000	\$ 12,699,185			\$ 418,137	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 MINOOKA**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	\$ 814,537	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (206,598))	631,661		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	60,825		6
7	Other Prepaid Expenses	18,348		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	54,376		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,579,745	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	800,550		13
14	Buildings, at Historical Cost	12,665,678		14
15	Leasehold Improvements, at Historical Cost	1,142,529		15
16	Equipment, at Historical Cost	1,221,436		16
17	Accumulated Depreciation (book methods)	(3,320,004)		17
18	Deferred Charges	91		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	376,406		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)	\$ 12,886,686	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,466,432	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 32,044	\$	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	48,429		30
31	Accrued Taxes Payable	82,786		31
32	Accrued Interest Payable	33,335		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	418,528		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 615,121	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	12,183,879		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)	\$ 12,183,879	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,799,000	\$ 0	45
46	TOTAL EQUITY	\$ 1,667,432	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,466,432	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MINOOKA

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	\$ 4,114,894	1
2	Discounts and Allowances	(22,713)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,092,181	3
	B. Other Operating Revenue		
4	Special Services	38,231	4
5	Other Health Care Services	0	5
6	Special Grants	320,746	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,239	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 361,216	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,374	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,374	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	5,852	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,852	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,460,623	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	788,798	19
20	Health Care/ Personal Care	561,483	20
21	General Administration	1,044,491	21
	B. Capital Expense		
22	Ownership	1,390,708	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)	\$ 3,785,480	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 675,143	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 675,143	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,186,880	32
33	Private Pay - Net Inpatient Revenue	1,905,301	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,092,181	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 220	Interest & Dividend Income	\$ -
PG3-4.1	\$ 220	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 27,265
Exterminating	\$ 2,001	Financing Fees	\$ 22,528
Rubbish Removal	\$ 13,593	Mortgage Interest Premium	\$ (8,976)
Vehicle Expense	\$ 2,474	Mortgage Service Fee	\$ -
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 98,477
Security & Monitoring	\$ 9,979	Letter of Credit Fee	\$ 250
Extraordinary COVID - Supplies & Equipment	\$ 14,298	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 4,302	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 46,646	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 1,791	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ 8,637	Asset Mgmt/Investor Service Fee	\$ -
Audit & Accounting	\$ 17,150	Incentive Management	\$ -
Contract Labor-Serv Prov	\$ -	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 29,320	Tax Credit Fees	\$ -
Bad Debt - Resident	\$ 87,661	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ -	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	\$ 14,821	Property Damage Loss	\$ -
PG3-14.3	\$ 159,380	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 139,544

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	26,003	
PG3-3.5	\$	26,003	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	2,239	
Internet Access	\$	6,605	
Telephone- Connection	\$	9,200	
Telephone- Usage	\$	556	
Contributions	\$	2,600	
PG3-10.5	\$	21,199	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	87,661	
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	\$	14,821	
PG3-14.5	\$	102,481	
D. Ownership			
Interest:			
Interest Income	\$	1,209	
Interest Income - Reserves	\$	164	
PG3-18.5	\$	1,374	
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	\$ 53,752	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$ 623	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 52,542
PG7-9.1	\$ 54,376	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	\$ 414
		Reservation Deposit	\$ 100
		Unearned Revenue - Resident	\$ 79,669
		Unearned Revenue - Medicaid	\$ 285,803
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 418,528

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	2,252	Late fees & call pendants
Property Tax Adjustments	\$	-	
Property Lease Income	\$	3,600	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	5,852	