

		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: 1000078

Facility Name: HERITAGE WOODS OF MT VERNON

Address: 1033 S 42ND STREET MT VERNON 62864

County: JEFFERSON

Telephone Number: (618) 241-9518 Fax # 618 241-9516

Federal Employer ID Number:

Date Current Owners were Certified: 10/9/2007

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 MT VERNONReport 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	<u>66</u>	Single Unit Apartment	<u>66</u>	<u>24,090</u>	1
2	<u>0</u>	Double Unit Apartment	<u>0</u>	<u>0</u>	2
3		Other			3
4	<u>66</u>	TOTALS	<u>66</u>	<u>24,090</u>	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	<u>15,591</u>	<u>3,292</u>		<u>18,883</u>	5
6	Double Unit				<u>0</u>	6
7	Other				<u>0</u>	7
8	TOTALS	<u>15,591</u>	<u>3,292</u>	<u>0</u>	<u>18,883</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.39%

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

289 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 24 (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**

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax 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 MT VERNON

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	190,505	118,660	2,343	311,508	0	311,508	1
2	Housekeeping, Laundry and Maintenance	66,124	51,698	50,927	168,750	0	168,750	2
3	Heat and Other Utilities			78,682	78,682	(19,311)	59,371	3
4	Other (specify):	9,655	0	49,478	59,133	0	59,133	4
5	TOTAL General Services	266,285	170,358	181,431	618,073	(19,311)	598,762	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	365,320	17,210	0	382,530	0	382,530	6
7	Activities and Social Services	33,223	6,092	0	39,315	0	39,315	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	398,543	23,303	0	421,845	0	421,845	9
	C. General Administration							
10	Administrative and Clerical	118,061	35,922	200,276	354,259	(18,946)	335,313	10
11	Marketing Materials, Promotions and Advertising	55,131	6,569	87,278	148,979	0	148,979	11
12	Employee Benefits and Payroll Taxes	0	0	144,203	144,203	0	144,203	12
13	Insurance-Property, Liability and Malpractice	0	0	53,857	53,857	0	53,857	13
14	Other (specify):	0	0	139,139	139,139	(71,711)	67,428	14
15	TOTAL General Administration	173,192	42,491	624,753	840,436	(90,657)	749,779	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	838,019	236,152	806,184	1,880,354	(109,968)	1,770,387	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			265,436	265,436	0	265,436	17
18	Interest			172,202	172,202	(911)	171,291	18
19	Real Estate Taxes			(38,346)	(38,346)	0	(38,346)	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			9,247	9,247	0	9,247	21
22	Other (specify):	0	0	42,552	42,552	0	42,552	22
23	TOTAL Ownership	0	0	451,090	451,090	(911)	450,179	23
24	GRAND TOTAL (Sum of lines 16 and 23)	838,019	236,152	1,257,274	2,331,445	(110,879)	2,220,566	24

Facility Name: HERITAGE WOODS OF MT VERNON

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	29.24	2
3	Certified Nurse Assistants	9	14.15	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	6	12.08	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	1	11.75	10
11	Laundry	0	0.00	11
12	Managers	4	23.32	12
13	Other Administrative	3	22.55	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
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	\$ 136,225	1
2			2
Total		\$ 136,225	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 189,832 Year land was acquired 2004

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	66			2007	\$ 5,454,407	\$ 206,150	27.5	\$ 198,342	\$ (7,808)	\$ 2,867,896	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				608,124	35,941	15.0	40,542	4,601	589,789	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)				\$ 6,062,531	\$ 242,091		\$ 238,884	\$ (3,207)	\$ 3,457,685	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	\$ 836,708	\$ 23,345	\$ 167,342	143,997	5	\$ 782,602	18
19	Vehicles	\$ 50,160	\$ 0	\$ 10,032	10,032	5	\$ 50,160	19
20	TOTAL (lines 18 and 19)	\$ 886,868	\$ 23,345	\$ 177,374	154,029		\$ 832,762	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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	7/1/20	\$ 5,438,483	\$ 5,235,694	8/1/46	0.0325	\$ 172,202	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,438,483	\$ 5,235,694			\$ 172,202	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,438,483	\$ 5,235,694			\$ 172,202	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 MT VERNON

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	\$ 407,217	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (186,597))	587,121		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	62,462		6
7	Other Prepaid Expenses	9,337		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)	\$ 1,066,137	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	189,832		13
14	Buildings, at Historical Cost	5,454,407		14
15	Leasehold Improvements, at Historical Cost	608,124		15
16	Equipment, at Historical Cost	886,868		16
17	Accumulated Depreciation (book methods)	(4,290,447)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	153,928		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(148,797)		20
21	Restricted Funds	276,890		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)	\$ 3,130,838	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,196,975	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 32,587	\$	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	37,406		30
31	Accrued Taxes Payable	69,879		31
32	Accrued Interest Payable	14,180		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	134,089		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 288,141	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	5,106,286		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)	\$ 5,106,286	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,394,427	\$ 0	45
46	TOTAL EQUITY	\$ (1,197,451)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,196,975	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MT VERNON

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	\$ 2,531,564	1
2	Discounts and Allowances	(55,229)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,476,335	3
	B. Other Operating Revenue		
4	Special Services	165,911	4
5	Other Health Care Services	0	5
6	Special Grants	125,686	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	5,516	8
9	Non-Resident Meals	12	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 297,125	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	911	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 911	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,726	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,726	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,776,097	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	618,073	19
20	Health Care/ Personal Care	421,845	20
21	General Administration	840,436	21
	B. Capital Expense		
22	Ownership	451,090	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)	\$ 2,331,445	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 444,652	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 444,652	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,530,730	32
33	Private Pay - Net Inpatient Revenue	945,606	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,476,336	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 9,655	Interest & Dividend Income	\$ -
PG3-4.1	\$ 9,655	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 5,264
Exterminating	\$ 6,075	Financing Fees	\$ -
Rubbish Removal	\$ 10,668	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 834	Mortgage Service Fee	\$ -
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 26,502
Security & Monitoring	\$ 13,497	Letter of Credit Fee	\$ 526
Extraordinary COVID - Supplies & Equipment	\$ 7,913	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 10,492	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 49,478	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 6,701	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ 9,794	Asset Mgmt/Investor Service Fee	\$ -
Audit & Accounting	\$ 18,853	Incentive Management	\$ -
Contract Labor-Serv Prov	\$ -	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 32,080	Tax Credit Fees	\$ -
Bad Debt - Resident	\$ 39,477	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ (405)	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ 20,044	Amortization Expense	\$ 10,260
Bad Debt - Medicaid Pending - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid	\$ 12,595	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid MCO	\$ -	Property Damage Loss	\$ -
PG3-14.3	\$ 139,139	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 42,552

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	19,311	
PG3-3.5	\$	19,311	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	5,516	
Internet Access	\$	2,813	
Telephone- Connection	\$	7,386	
Telephone- Usage	\$	732	
Contributions	\$	2,500	
PG3-10.5	\$	18,946	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	39,477	
Bad Debt - Resident - Recovery	\$	(405)	
Bad Debt - Medicaid Pending Denial	\$	20,044	
Bad Debt - Medicaid Pending - Recovery	\$	-	
Bad Debt - Medicaid	\$	12,595	
Bad Debt - Medicaid Recovery	\$	-	
Bad Debt - Medicaid MCO	\$	-	
PG3-14.5	\$	71,711	
D. Ownership			
Interest:			
Interest Income	\$	753	
Interest Income - Reserves	\$	158	
PG3-18.5	\$	911	
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	\$	1,726	Late fees; call pendants
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	1,726	