

		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: 1000090

Facility Name: HERITAGE WOODS OF YORKVILLE

Address: 242 GREEN BRIAR ROAD YORKVILLE 60560

County: KENDALL

Telephone Number: (630) 882-6502 Fax # 630 882-6504

Federal Employer ID Number:

Date Current Owners were Certified: 12/7/2007

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
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
(Title) CFO, Gardant Management Solutions

Paid Preparer

(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

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 ☒

H. ACCOUNTING BASIS

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.**

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.

	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	21,589	8,387		29,976	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	21,589	8,387	0	29,976	8

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

442 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.)

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF YORKVILLE

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	230,602	179,099	2,407	412,108	0	412,108	1
2	Housekeeping, Laundry and Maintenance	103,471	32,160	56,388	192,019	0	192,019	2
3	Heat and Other Utilities			181,659	181,659	(22,335)	159,324	3
4	Other (specify):	0	0	55,826	55,826	0	55,826	4
5	TOTAL General Services	334,073	211,259	296,279	841,612	(22,335)	819,277	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	643,410	15,188	0	658,597	0	658,597	6
7	Activities and Social Services	42,041	7,169	0	49,210	0	49,210	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	685,451	22,356	0	707,807	0	707,807	9
	C. General Administration							
10	Administrative and Clerical	167,328	32,134	320,158	519,620	(21,992)	497,628	10
11	Marketing Materials, Promotions and Advertising	48,010	7,748	33,893	89,651	0	89,651	11
12	Employee Benefits and Payroll Taxes	0	0	238,222	238,222	0	238,222	12
13	Insurance-Property, Liability and Malpractice	0	0	86,543	86,543	0	86,543	13
14	Other (specify):	0	0	78,458	78,458	(35,122)	43,335	14
15	TOTAL General Administration	215,339	39,882	757,273	1,012,493	(57,114)	955,379	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,234,862	273,498	1,053,552	2,561,912	(79,449)	2,482,463	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			234,744	234,744	0	234,744	17
18	Interest			320,575	320,575	(619)	319,956	18
19	Real Estate Taxes			97,217	97,217	0	97,217	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			15,336	15,336	0	15,336	21
22	Other (specify):	0	0	114,579	114,579	0	114,579	22
23	TOTAL Ownership	0	0	782,451	782,451	(619)	781,832	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,234,862	273,498	1,836,003	3,344,363	(80,068)	3,264,295	24

Facility Name: HERITAGE WOODS OF YORKVILLE

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	27.78	2
3	Certified Nurse Assistants	11	15.51	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	12.95	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.93	10
11	Laundry	0	0.00	11
12	Managers	5	26.21	12
13	Other Administrative	3	28.35	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)	28	\$	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			

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	\$ 257,250	1
2			2
Total		\$ 257,250	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 374,340 Year land was acquired 2006

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	87			2007	\$ 6,735,498	\$ 172,661	40.0	\$ 168,387	\$ (4,273)	\$ 2,431,226	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				750,552	48,212	15.0	50,037	1,825	661,173	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)				\$ 7,486,050	\$ 220,873		\$ 218,424	\$ (2,449)	\$ 3,092,400	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	\$ 1,033,516	\$ 13,871	\$ 206,703	192,832	5	\$ 964,154	18
19	Vehicles	57,178	0	11,436	11,436	5	57,178	19
20	TOTAL (lines 18 and 19)	\$ 1,090,694	\$ 13,871	\$ 218,139	204,267		\$ 1,021,332	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

Facility Name: HERITAGE WOODS OF YORKVILLE

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

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	INB		X	FIRST MORTGAGE	11/30/20	\$ 10,500,000	\$ 0	11/30/22	0.0325	\$ 186,811	1
2	ORIX REAL ESTATE CAPITAL, LLC		X	FIRST MORTGAGE	7/1/21	11,162,000	11,095,853	8/1/56	0.0255	131,686	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 21,662,000	\$ 11,095,853			\$ 318,497	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 21,662,000	\$ 11,095,853			\$ 318,497	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 YORKVILLE

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	\$ 1,254,952	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (114,317))	684,171		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	126,926		6
7	Other Prepaid Expenses	16,812		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	4,145		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,087,005	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	374,340		13
14	Buildings, at Historical Cost	6,735,498		14
15	Leasehold Improvements, at Historical Cost	750,552		15
16	Equipment, at Historical Cost	1,090,694		16
17	Accumulated Depreciation (book methods)	(4,113,732)		17
18	Deferred Charges	1,271		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	448,867		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	26,866		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,314,355	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,401,360	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 63,932	\$	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	60,334		30
31	Accrued Taxes Payable	101,615		31
32	Accrued Interest Payable	23,579		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	317,874		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 567,334	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	10,897,170		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42	FMV of Derivative	0		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,897,170	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,464,504	\$ 0	45
46	TOTAL EQUITY	\$ (4,063,143)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,401,360	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF YORKVILLE

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	\$ 4,611,489	1
2	Discounts and Allowances	(1,742)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,609,747	3
	B. Other Operating Revenue		
4	Special Services	224,120	4
5	Other Health Care Services	0	5
6	Special Grants	257,451	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	9,905	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 491,476	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	619	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 619	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	500	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 500	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,102,342	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	841,612	19
20	Health Care/ Personal Care	707,807	20
21	General Administration	1,012,493	21
	B. Capital Expense		
22	Ownership	782,451	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)	\$ 3,344,363	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,757,979	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,757,979	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,355,237	32
33	Private Pay - Net Inpatient Revenue	2,254,510	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,609,747	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ -	Interest & Dividend Income	\$ -
PG3-4.1	\$ -	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 51,902
Other (specify):		Financing Fees	\$ -
Externimating	\$ 1,345	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 6,680	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 12,367	Mortgage Insurance Prem	\$ 62,677
Transportation Service	\$ -	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 9,490	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 22,742	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 3,202	Interest Expense-Note	\$ -
PG3-4.3	\$ 55,826	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ -
Consulting	\$ 5,162	Incentive Management	\$ -
Legal	\$ (387)	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 14,561	Tax Credit Fees	\$ -
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 24,000	Developer Fees	\$ -
Bad Debt - Resident	\$ 28,512	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ -	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	\$ 6,611	Grant Income	\$ -
PG3-14.3	\$ 78,458	PG3-22.3	\$ 114,579

Operating Expenses - Reclassifications and Adjustments PG3	
A. General Services	
Heat and Other Utilities	
Cable	\$ 22,335
PG3-3.5	\$ 22,335
C. General Administration	
Administrative and Clerical	
Beauty Salon & Manicure	\$ 9,905
Internet Access	\$ 167
Telephone- Connection	\$ 8,314
Telephone- Usage	\$ 1,106
Contributions	\$ 2,500
PG3-10.5	\$ 21,992
C. General Administration	
Other (specify):	
Bad Debt - Resident	\$ 28,512
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	\$ 6,611
PG3-14.5	\$ 35,122
D. Ownership	
Interest:	
Interest Income	\$ 523
Interest Income - Reserves	\$ 96
PG3-18.5	\$ 619
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	\$ 2,021	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	\$ -	Accrued Incentive Mgmt Fee	\$ -	
A/R-Other	\$ 2,124	Accrued Incentive Asset Mgmt Fee	\$ -	
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 88,119	
PG7-9.1	\$ 4,145	Accrued Insurance	\$ -	
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ -	
CIP	\$ 26,866	Accrued MIP	\$ -	
CIP- Land Option Addition	\$ -	Accrued Vacation	\$ 14,842	
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -	
PG7-23.1	\$ 26,866	Payroll Benefits	\$ -	
		Security Deposits Held	\$ -	
		Unclaimed Property	\$ 701	
		Reservation Deposit	\$ 6,500	
		Unearned Revenue - Resident	\$ 67,048	
		Unearned Revenue - Medicaid	\$ 155,506	
		Prepaid Medicaid Clearing	\$ -	
		Prepaid Rent	\$ -	
		PG7-35.1	\$ 332,716	

Income Statement PG 8 Other		
D. Other Revenue		Notes
Contract Service-Serv Prov	\$ -	
Other	\$ 500	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	\$ 500	