

		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: 1000053

Facility Name: Hickory Estates of Pana

Address: 101 North HickoryPana62557

County: Christian

Telephone Number: (217) 562-2022 Fax # 217 562-2027

Federal Employer ID Number:

Date Current Owners were Certified: 12-12-2005

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01-01-21 to 12-31-21 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)

(Type or Print Name) Meggann Bell

(Title) CEO

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

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

In the event there are further questions about this report, please contact:

Name: Meggann Bell

Telephone Number: (217 303-8802

Email Address:

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 01-01-21 Ending: 12-31-21

Date of change in certified units 12/ 12 /05

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 principal? _____
If no, explain.

Also, indicate the number of unpaid bed-hold days the SLF had during this year. (Do not include bed-hold days in Section B.)

STATE OF ILLINOIS

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Facility Name: Hickory Estates of Pana

Report Period Beginning:

01-01-21

Ending:

12-31-21

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	128,895	112,938		241,833		241,833	1
2	Housekeeping, Laundry and Maintenance	21,643	13,641	37,459	72,743		72,743	2
3	Heat and Other Utilities			60,403	60,403		60,403	3
4	Other (specify):							4
5	TOTAL General Services	150,537	126,579	97,862	374,978		374,978	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	177,627	418		178,045		178,045	6
7	Activities and Social Services	26,177			26,177		26,177	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	203,803	418		204,221		204,221	9
	C. General Administration							
10	Administrative and Clerical	43,500	2,589	46,136	92,225		92,225	10
11	Marketing Materials, Promotions and Advertising			3,848	3,848		3,848	11
12	Employee Benefits and Payroll Taxes	30,435			30,435		30,435	12
13	Insurance-Property, Liability and Malpractice			102,010	102,010		102,010	13
14	Other (specify):							14
15	TOTAL General Administration	73,935	2,589	151,994	228,518		228,518	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	428,276	129,586	249,856	807,718		807,718	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			24,170	24,170		24,170	17
18	Interest							18
19	Real Estate Taxes			23,827	23,827		23,827	19
20	Rent -- Facility and Grounds			219,000	219,000		219,000	20
21	Rent -- Equipment							21
22	Other (specify): Maintenance and Management Fee			134,120	134,120		134,120	22
23	TOTAL Ownership			401,117	401,117		401,117	23
24	GRAND TOTAL (Sum of lines 16 and 23)	428,276	129,586	650,973	1,208,835		1,208,835	24

Facility Name: Hickory Estates of Pana

Report Period Beginning 01-01-21 Ending: 12-31-21

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	1	21.42	2
3	Certified Nurse Assistants	5	12.35	3
4	Activity Director & Assistants	1	13.11	4
5	Social Service Workers			5
6	Head Cook	1	16.61	6
7	Cook Helpers/Assistants	5	11.42	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	11.19	10
11	Laundry			11
12	Managers	2	16.08	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	16	\$ 14.60	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

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	CCICS			\$ 134,120	1
2					2
3					3
4					4
5					5
Total				\$ 134120	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
CCICS		Taylorville		501c3	

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).

Facility Name: Hickory Estates of Pana Report Period Beginning: 01-01-21 Ending: 12-31-21

VIII. OWNERSHIP COSTS

A. Purchase price of land Year land was acquired

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	46		2005	2004	\$ 3,345,189	\$ 121,611	28	\$ 121,611	\$	\$ 2,006,582	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building & Site Improvement			2005	37,391	2,492	16	2,492		41,125	6
7	Building & Site Improvement			2006	5,891	392	16	392		6,075	7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,388,471	\$ 124,495		\$ 124,495	\$	\$ 2,053,782	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	\$	\$	\$	\$		\$	18
19	Vehicles	61,882	6,188	6,188		5	24,752	19
20	TOTAL (lines 18 and 19)	\$ 61,882	\$ 6,188	\$ 6,188	\$		\$ 24,752	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

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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				\$			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					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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.

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Facility Name: Hickory Estates of Pana

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 8,299	\$ 8,299	1
2	Cash-Patient Deposits	27,100	27,100	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,998	2,998	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	152	152	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	12,032	12,032	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 50,581	\$ 50,581	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		150,311	13
14	Buildings, at Historical Cost		3,384,601	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	649,251	649,251	16
17	Accumulated Depreciation (book methods)	(104,676)	(2,183,210)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 544,575	\$ 2,000,953	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 595,156	\$ 2,051,534	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,073	\$ 3,073	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,000	28,000	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	4,714	4,714	30
31	Accrued Taxes Payable	23,827	23,827	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 59,614	\$ 59,614	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		2,163,445	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$ 2,163,445	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 59,614	\$ 2,223,059	45
46	TOTAL EQUITY	\$ 535,542	\$ (171,525)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 595,156	\$ 2,051,534	47

*(See instructions.)

Facility Name: Hickory Estates of Pana

Report Period Beginning: 01-01-21

Ending:

12-31-21

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	\$ 1,176,808	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,176,808	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	8,382	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,382	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,185,190	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	374,978	19
20	Health Care/ Personal Care	204,221	20
21	General Administration	228,518	21
	B. Capital Expense		
22	Ownership	401,117	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,208,835	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (23,645)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (23,645)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 252,461	32
33	Private Pay - Net Inpatient Revenue	924,347	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,176,808	37