

		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: 1000119

Facility Name: Hickory Grove Apartments SLF

Address: 400 South Adams Carthage 62321

County: Hancock

Telephone Number: (217) 357-8800 Fax # (217) 357-8890

Federal Employer ID Number:

Date Current Owners were Certified: 10/30/2009

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

☒ Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

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

Name: Teresa Smith Telephone Number: (217) 357-8573

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 12/31/21 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) 5/6/2022

(Type or Print Name) Teresa Smith

(Title) Chief Financial Officer

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

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 01/01/2021 Ending: 12/31/21

A. Certified units; enter number of units and unit days

/ /

E. Does page 3 include expenses for services or investments not directly related to SLF services?

--	--

X

YES ☐

X

(E.g., day care, "meals on wheels", outpatient therapy)

MODIFIED

X

CASH*	
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CASH*	
-------	--

X

YES ☐ NO

Tax Year: 12/31 **Fiscal Year:** 12/31

*** All facilities other than governmental must report on the accrual basis.**

outstanding? NO If yes, did the facility make all of the

required payments of interest and principal?

If no, explain.

outstanding? YES If yes, did the facility make all of the

required payments of interest and principal?

YES

If no, explain.

Economic Opportunity outstanding?

NO

If yes, did the facility

make all of the required payments of interest and principal?

If no, explain.

bed days on line 4, column 4.) 93.10%

308

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 Grove Apartments SLF

Report Period Beginning:

01/01/2021

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	286,575	143,885	2,276	432,737		432,737	1
2	Housekeeping, Laundry and Maintenance		42,745	49,611	92,356		92,356	2
3	Heat and Other Utilities			70,280	70,280	4,826	75,106	3
4	Other (specify):							4
5	TOTAL General Services	286,575	186,630	122,167	595,373	4,826	600,199	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	514,615	12,340		526,956		526,956	6
7	Activities and Social Services		2,675	11,664	14,339		14,339	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	514,615	15,015	11,664	541,295		541,295	9
	C. General Administration							
10	Administrative and Clerical	122,212	34,579	94,233	251,024		251,024	10
11	Marketing Materials, Promotions and Advertising			8,358	8,358		8,358	11
12	Employee Benefits and Payroll Taxes			137,167	137,167		137,167	12
13	Insurance-Property, Liability and Malpractice			41,498	41,498		41,498	13
14	Other (specify):							14
15	TOTAL General Administration	122,212	34,579	281,256	438,047		438,047	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	923,402	236,225	415,088	1,574,715	4,826	1,579,541	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			307,316	307,316		307,316	17
18	Interest			227,512	227,512		227,512	18
19	Real Estate Taxes			20,438	20,438		20,438	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			555,265	555,265		555,265	23
24	GRAND TOTAL (Sum of lines 16 and 23)	923,402	236,225	970,354	2,129,980	4,826	2,134,806	24

Facility Name: Hickory Grove Apartments SLF

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 37.16	1
2	Licensed Practical Nurses	1	21.14	2
3	Certified Nurse Assistants	14	15.98	3
4	Activity Director & Assistants	1	14.16	4
5	Social Service Workers			5
6	Head Cook	1	12.89	6
7	Cook Helpers/Assistants	3	14.10	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	0	12.03	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2	22.01	13
14	Clerical			14
15	Marketing			15
16	Other			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

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? \$ _____
(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				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Hickory Grove Apartments SLF

Report Period Beginning:

01/01/2021

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	22			2009	\$ 3,078,496	\$ 79,723	39	\$ 78,936	\$ (787)	\$ 945,808	1
2	20			2016	3,880,941	154,459	25	155,238	778	803,151	2
3											3
4											4
5											5
	Improvement Type										
6											6
7											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)				\$ 6,959,437	\$ 234,182		\$ 234,173	\$ (8)	\$ 1,748,959	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	\$ 544,035	\$ 44,244	\$ 45,336	1,092	12	\$ 371,041	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 544,035	\$ 44,244	\$ 45,336	1,092	\$ 371,041	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	Accumulated Depreciation	
21	Land Improvements 2016	\$ 449,932	\$ 28,093	\$ 140,138	21
22	Land Improvements 2009	35,260	2,046	27,458	22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 485,192	\$ 30,139	\$ 167,596	24

Facility Name: Hickory Grove Apartments SLF

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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				\$			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			X	Permanent Mortgage	7/6/10	\$ 2,700,000	\$ 2,462,346	7/1/35	6.5800	\$ 128,632	1
2			X	Permanent Mortgage	11/2/16	3,965,000	3,636,566	11/2/46	2.3750	88,147	2
3				Amortization of Finance Cost	/ /			/ /		10,733	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,665,000	\$ 6,098,912			\$ 227,512	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,665,000	\$ 6,098,912			\$ 227,512	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 Grove Apartments SLF

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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	\$ 571,362	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	40,164		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	61,591		5
6	Prepaid Insurance	8,642		6
7	Other Prepaid Expenses	99,678		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	5,335		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 786,772	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	112,697		12
13	Land	119,254		13
14	Buildings, at Historical Cost	7,119,262		14
15	Leasehold Improvements, at Historical Cost	485,192		15
16	Equipment, at Historical Cost	544,035		16
17	Accumulated Depreciation (book methods)	(2,287,596)		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)	\$ 6,092,844	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,879,616	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 43,804	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	133,315		29
30	Accrued Salaries Payable	20,968		30
31	Accrued Taxes Payable	23,962		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)	\$ 222,049	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,963,660		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)	\$ 5,963,660	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,185,709	\$	45
46	TOTAL EQUITY	\$ 693,907	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,879,616	\$	47

*(See instructions.)

Facility Name: Hickory Grove Apartments SLF

Report Period Beginning: 01/01/2021

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	\$ 1,965,544	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,965,544	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	58,642	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 58,642	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)	\$ 2,024,187	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	600,199	19
20	Health Care/ Personal Care	541,295	20
21	General Administration	438,047	21
	B. Capital Expense		
22	Ownership	555,265	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)	\$ 2,134,806	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (110,619)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (110,619)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$	37

		Costs Per General Ledger				Reclassification	Adjusted	
Operating Expenses		Salary/Wage	Supplies	Other	Total	d Adjustme	Total	
		1	2	3	4	5	6	
3	Heat and Other Utilities			75,106	75,106	(4,826)	70,280	3

Adjustment for nonallowable expenses (Resident Cable)

	Nature of Purchase Facility	Book Value	Actual Cost
Line 2 Other	Maintanence	14,980.80	14,980.80
Line 10 Other	Fiscal Services	58,135.92	58,135.92