

		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: 1000104

Facility Name: Moraine Court

Address: 8080 S Harlem Avenue Bridgeview 60455

County: Cook

Telephone Number: ( 708 ) 594-2700 Fax # ( )

Federal Employer ID Number:

Date Current Owners were Certified: 11/12/2008

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: Michael Zahtz Telephone Number: ( 847 ) 676-1700
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 1/1/2021 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) Michael Zahtz
(Title) Manager

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: 1/1/2021 Ending: 12/31/2021

**Date of change in certified units**

11 / 11

**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.**

**872** Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. **68 (Do not include bed-hold days in Section B.)**

## STATE OF ILLINOIS

Page 3

Facility Name: Moraine Court

Report Period Beginning:

1/1/2021

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	210,675	293,002	1,917	505,594		505,594	1
2	Housekeeping, Laundry and Maintenance	135,102	64,453	89,114	288,669		288,669	2
3	Heat and Other Utilities			140,828	140,828		140,828	3
4	Other (specify): Waste management			33,721	33,721		33,721	4
5	<b>TOTAL General Services</b>	345,777	357,455	265,580	968,812		968,812	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	471,190	21,051	41,770	534,011		534,011	6
7	Activities and Social Services	50,592	4,238	3,880	58,710		58,710	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	521,782	25,289	45,650	592,721		592,721	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	196,331	17,787	952,243	1,166,361	(156,264)	1,010,097	10
11	Marketing Materials, Promotions and Advertising	49,962	13,587	54,946	118,495		118,495	11
12	Employee Benefits and Payroll Taxes	166,139			166,139		166,139	12
13	Insurance-Property, Liability and Malpractice			95,372	95,372	19,491	114,863	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	412,432	31,374	1,102,561	1,546,367	(136,773)	1,409,594	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,279,991	414,118	1,413,791	3,107,900	(136,773)	2,971,127	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			75,657	75,657	177,114	252,771	17
18	Interest					824,174	824,174	18
19	Real Estate Taxes					137,650	137,650	19
20	Rent -- Facility and Grounds			1,713,594	1,713,594	(1,713,594)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage insurance premium					124,225	124,225	22
23	<b>TOTAL Ownership</b>			1,789,251	1,789,251	(450,431)	1,338,820	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,279,991	414,118	3,203,042	4,897,151	(587,204)	4,309,947	24

Facility Name: Moraine Court

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3	34.93	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	15.06	3
4	Activity Director & Assistants	1	24.41	4
5	Social Service Workers			5
6	Head Cook	1	21.25	6
7	Cook Helpers/Assistants	2	14.72	7
8	Dishwashers	4	12.99	8
9	Maintenance Workers	2	19.34	9
10	Housekeepers	2	13.07	10
11	Laundry			11
12	Managers	1	40.79	12
13	Other Administrative	1	14.78	13
14	Clerical	1	31.56	14
15	Marketing	1	50.91	15
16	Other			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
Asbury of Kankakee Supportive Living	Kankakee
Asbury Court	Des Plaines
Asbury Gardens	Aurora
Bethel Supportive Living LLC	Chicago

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Moraine Court Property LLC	Bridgeview	Property
AJM Management LLC	Bridgeview	Management

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: Moraine Court

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	See attachment2										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)				\$	\$		\$	\$	\$	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							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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				\$			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.

## STATE OF ILLINOIS

Page 7

Facility Name: Moraine Court

Report Period Beginning: 1/1/2021

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,288,168	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 10,000 )	979,610		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,806		6
7	Other Prepaid Expenses	12,000		7
8	Accounts Receivable (owners or related parties)	755,565		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,039,149	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,331,208		15
16	Equipment, at Historical Cost	165,242		16
17	Accumulated Depreciation (book methods)	(1,230,124)		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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 266,326	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,305,475	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 198,592	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	79,183		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,563		30
31	Accrued Taxes Payable	205,302		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Management Fee Payable	98,886		35
36	Due to related parties	17,090		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 633,616	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 633,616	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,671,859	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 3,305,475	\$	47

\*(See instructions.)

Facility Name: Moraine Court

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

1			
	I. Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 7,362,125	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 7,362,125	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	4,292	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	6,189	7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 10,481	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	1,576	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 1,576	14
	<b>D. Other Revenue (specify):</b>		
15	COVID-19 Stimulus Income	1,113,873	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 1,113,873	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 8,488,055	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	968,812	19
20	Health Care/ Personal Care	592,721	20
21	General Administration	1,546,367	21
	<b>B. Capital Expense</b>		
22	Ownership	1,789,251	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 4,897,151	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 3,590,904	29
30	<b>Income Taxes</b>	\$ 205,302	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 3,385,602	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 5,799,562	32
33	Private Pay - Net Inpatient Revenue	1,562,563	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 7,362,125	37



**Pg3 Reclassifications:**

Professional Fees	14,500	Pg3 C10,5
Income Taxes	11,610	Pg3 C10,5
Office expenses	2,609	Pg3 C10,5
Bad Debt Expense	(184,983)	Pg3 C10,5
Insurance	19,491	Pg3 C13,5
Depreciation	177,114	Pg3 D17,5
Interest	824,174	Pg3 D18,5
Property Taxes	137,650	Pg3 D19,5
Rent	(1,713,594)	Pg3 D20,5
Mortgage Insurance	124,225	Pg3 D22,5
	<u>(587,204)</u>	

**Pg4 Related Party Costs:**

**VII. C.**

<b>Description</b>	<b>Amount</b>
Office expenses	2,609
Interest	824,174
Professional Fees	14,500
Depreciation	177,114
Property Taxes	137,650
Insurance	19,491
Income Taxes	11,610
Mortgage Insurance	124,225
	<u>1,311,373</u>

Description	Basis	Date	Cost	Method	Life	Prior Acc Dep	Dep	Current Acc Dep	
2000 Improvements	TB	7/1/2000	63,464.00	Straight Line	39	33,287.69	1,627.28	34,914.97	
Water Heater	TB	10/1/2006	7,800.00	Straight Line	7	7,800.00	-	7,800.00	
Roof	TB	1/1/2007	89,850.00	Straight Line	15	89,373.00	477.00	89,850.00	
SLF Improvements	TB	7/1/2008	185,000.00	Straight Line	7	185,000.00	-	185,000.00	
SLF Improvements	TB	7/1/2008	330,375.00	Straight Line	15	308,846.00	#####	330,375.00	
Furniture	TB	7/1/2008	131,406.00	Straight Line	7	131,406.00	-	131,406.00	
SLF Improvements	TB	7/1/2008	15,793.00	Straight Line	15	14,762.93	1,030.07	15,793.00	
Improvements	TB	1/1/2009	35,000.00	Straight Line	15	30,391.67	2,333.33	32,725.00	
Parking Lot Resurface	NTB	9/1/2010	39,800.00	Straight Line	15	27,408.93	2,653.33	30,062.27	
Room Rehab	TB	12/1/2011	78,949.13	Straight Line	15	47,808.08	5,263.28	53,071.36	
Ejector Pump	TB	3/7/2011	9,600.00	Straight Line	7	10,685.71	(1,085.71)	9,600.00	
Building Improvements	TB	5/29/2012	19,750.00	Straight Line	15	11,191.67	1,316.67	12,508.33	
Windows	TB	2/21/2012	109,148.00	Straight Line	15	63,972.86	7,276.53	71,249.39	
Fence	TB	11/15/2012	2,800.00	Straight Line	7	2,800.00	-	2,800.00	
Dietary Equipment	TB	5/31/2013	28,400.80	Straight Line	7	28,400.80	-	28,400.80	
Landscaping	TB	8/31/2013	78,118.88	Straight Line	7	78,118.88	-	78,118.88	
Room Improvements	TB	7/31/2013	71,535.00	Straight Line	15	35,370.08	4,769.00	40,139.08	
Room Improvements	TB	5/31/2014	71,907.04	Straight Line	15	31,559.20	4,793.80	36,353.00	
Handrails	TB	5/31/2014	34,128.81	Straight Line	15	14,978.76	2,275.25	17,254.01	
Room Improvements	TB	10/1/2018	44,776.00	Straight Line	15	7,462.67	2,985.07	10,447.73	
Chart Rack	TB	4/4/2018	5,435.13	Straight Line	7	1,941.12	776.45	2,717.57	
Roof Top HVAC	TB	7/18/2018	6,904.96	Straight Line	7	2,466.06	986.42	3,452.48	
Flooring	TB	12/31/2019	31,558.00	Straight Line	15	3,155.80	2,103.87	5,259.67	
Bathroom Remodel	TB	12/31/2019	4,950.00	Straight Line	15	495.00	330.00	825.00	
						#####	1,168,682.91	#####	1,230,123.54
						Reclass	#####	#####	