

		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: 1000109

Facility Name: PARK POINT SUPPORTIVE LIVING

Address: 1221 SOUTH EDGEWATER MORRIS 60450

County: GRUNDY

Telephone Number: (815) 416-6200 Fax # (815) 416-6201

Federal Employer ID Number:

Date Current Owners were Certified: 06/27/2013

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT Charitable Corp. ☐ Trust

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

☐ GOVERNMENTAL State County Other

IRS Exemption Code

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

Name: KATHLEEN MCNAMARA Telephone Number: (847) 675-3585

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)

(Type or Print Name) MICHAEL STEIN

(Title) MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT)

(Print Name and Title) KATHLEEN MCNAMARA VICE-PRESIDENT

(Firm Name & Address) KBKB, LTD. 6201 W. HOWARD STREET SUITE 201, NILES, IL 60160

(Telephone) (847) 675-3585 Fax # (847) 675-5777

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

Facility Name **PARK POINT SUPPORTIVE LIVING****Report Period Beginning: 1/1/2021 Ending: 12/31/2021**

III. STATISTICAL DATA

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

Date of change in certified units

1 / 1

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	53	Single Unit Apartment	53	19,345	1		
2	5	Double Unit Apartment	5	1,825	2		
3		Other			3		
4	58	TOTALS	58	21,170	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	5,245	12,475		17,720	5
6	Double Unit	1,200	907		2,107	6
7	Other					7
8	TOTALS	6,445	13,382		19,827	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.66%

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

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

ACCUAL	<input checked="" type="checkbox"/>	MODIFIED	
CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>

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.

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 principal? _____
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 principal? _____
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 principal? _____
If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: PARK POINT SUPPORTIVE LIVING

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			
	A. General Services							
1	Dietary and Food Purchase	216,558	175,303	10,072	401,933		401,933	1
2	Housekeeping, Laundry and Maintenance	95,792	58,638	94,511	248,941		248,941	2
3	Heat and Other Utilities			71,329	71,329	(9,287)	62,042	3
4	Other (specify): Scavenger & Exterminating Service			15,293	15,293		15,293	4
5	TOTAL General Services	312,350	233,941	191,205	737,496	(9,287)	728,209	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	428,770	34,993		463,763		463,763	6
7	Activities and Social Services	31,510	29,684		61,194		61,194	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	460,280	64,677		524,957		524,957	9
	C. General Administration							
10	Administrative and Clerical	243,962	16,666	328,542	589,170	8,650	597,820	10
11	Marketing Materials, Promotions and Advertising			29,855	29,855		29,855	11
12	Employee Benefits and Payroll Taxes			151,286	151,286		151,286	12
13	Insurance-Property, Liability and Malpractice			30,381	30,381	21,380	51,761	13
14	Other (specify):							14
15	TOTAL General Administration	243,962	16,666	540,064	800,692	30,030	830,722	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,016,592	315,284	731,269	2,063,145	20,743	2,083,888	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			14,755	14,755	94,242	108,997	17
18	Interest			2	2	188,128	188,130	18
19	Real Estate Taxes					45,147	45,147	19
20	Rent -- Facility and Grounds			549,154	549,154	(549,154)		20
21	Rent -- Equipment			16,414	16,414		16,414	21
22	Other (specify): Mortgage Insurance					38,038	38,038	22
23	TOTAL Ownership			580,325	580,325	(183,599)	396,726	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,016,592	315,284	1,311,594	2,643,470	(162,856)	2,480,614	24

Facility Name: PARK POINT SUPPORTIVE LIVING

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	1	\$ 38.46	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	16.23	3
4	Activity Director & Assistants	1	17.00	4
5	Social Service Workers			5
6	Head Cook	1	25.00	6
7	Cook Helpers/Assistants	5	13.53	7
8	Dishwashers			8
9	Maintenance Workers	2	20.00	9
10	Housekeepers	2	13.48	10
11	Laundry			11
12	Managers	1	36.05	12
13	Other Administrative	1	22.00	13
14	Clerical			14
15	Marketing	1	40.21	15
16	Other			16
17	Total (lines 1 thru 16)	23	\$	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
THE POINTE AT KILPATRICK	CRESTWOOD
PONTIAC SUPPORTIVE LIVING	PONTIAC
THE POINTE AT ALGONQUIN	ALGONQUIN
THE POINTE AT JACKSONVILLE	JACKSONVILLE

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: PONTES CONSULTING If yes, what is the value of those services? \$ 122,475

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES X 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

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
MORRIS REAL ESTATE	MORRIS	PROPCO

Facility Name: PARK POINT SUPPORTIVE LIVING

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	58		2013	2009	\$ 2,674,498	\$ 68,577	39	\$ 68,577		\$ 588,619	1
2											2
3											3
4											4
5											5
	Improvement Type										
6		REROUTE GAS LINE		2014	8,799	225	39	225		1,652	6
7		ROOF NET OF INSURANCE		2014	35,130	901	39	901		6,617	7
8		LANDSCAPING		2015	10,204	680	15	680		4,420	8
9				2015	7,417	190	39	190		1,180	9
10		AC UNITS		2017	5,540	142	39	142		710	10
11		PLUMBING WORK		2017	16,175	415	39	415		2,075	11
12		FLOORING		2017	27,038	693	39	693		3,465	12
13		AIR CONDITIONING		2018	17,495	449	39	449		1,796	13
14		FLOORING		2018	24,149	619	39	619		2,476	14
15		LANDSCAPING		2018	31,878	2,125	15	2,125		7,192	15
16		FLOORING		2019	30,752	789	39	789		1,940	16
17	TOTAL (lines 1 thru 16)				\$ 2,889,075	\$ 75,805		\$ 75,805		\$ 622,142	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	\$ 483,388	\$ 29,193	\$ 31,742	2,549	10	\$ 351,805	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 483,388	\$ 29,193	\$ 31,742	2,549		\$ 351,805	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

XI. OWNERSHIP COSTS (continued)
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 2,889,075	\$ 75,805		\$ 75,805	\$	\$ 622,142	1
2	FLOORING	2020	20,293	520	39	520		758	2
3	INSTALL PANIC BARS IN FRONT LOBBY	2020	3,601	93	39	93		136	3
4	FLOORING	2021	37,708	443	39	443		443	4
L	INSTALL TRANE RTU	2021	14,000	164	39	164		164	5
6	PAINTING 1ST AND SECOND FLOOR	2021	19,550	230	39	230		230	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,984,227	\$ 77,255		\$ 77,255	\$	\$ 623,873	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: PARK POINT SUPPORTIVE LIVING

Report Period Beginning: 1/1/2021 Ending: 2/31/2021

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	CAMBRIDGE		X	MORTGAGE	5/1/20	\$ 6,001,882	\$ 5,802,258	7/1/49	3.3000	\$ 188,128	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,001,882	\$ 5,802,258			\$ 188,128	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,001,882	\$ 5,802,258			\$ 188,128	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: **PARK POINT SUPPORTIVE LIVING**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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 150,275	\$ 232,507	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	58,975	58,975	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		21,912	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		7,525	8
9	Other(specify): ESCROWS		152,494	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 209,250	\$ 473,413	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		10,000	13
14	Buildings, at Historical Cost		2,674,498	14
15	Leasehold Improvements, at Historical Cost		309,730	15
16	Equipment, at Historical Cost	21,710	483,388	16
17	Accumulated Depreciation (book methods)	(21,710)	(1,073,262)	17
18	Deferred Charge Deferred Loan Costs-Net		105,197	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): GOODWILL NET		1,768,684	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 4,278,235	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 209,250	\$ 4,751,648	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	18,005	18,005	28
29	Short-Term Notes Payable		138,984	29
30	Accrued Salaries Payable	59,632	59,632	30
31	Accrued Taxes Payable	5,535	61,135	31
32	Accrued Interest Payable		14,119	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)	\$ 83,172	\$ 291,875	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		5,663,274	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)	\$	\$ 5,663,274	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 83,172	\$ 5,955,149	45
46	TOTAL EQUITY	\$ 126,078	\$ (1,203,501)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 209,250	\$ 4,751,648	47

*(See instructions.)

Facility Name: PARK POINT SUPPORTIVE LIVING

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	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,621,310	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,621,310	3
	B. Other Operating Revenue		
4	Special Services	32,780	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)	\$ 32,780	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13	14
	D. Other Revenue (specify):		
15	PPP LOAN FORGIVEN, STIMULUS PYMT	193,936	15
16	FOOD STAMP	48,951	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 242,887	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,896,990	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	737,496	19
20	Health Care/ Personal Care	524,957	20
21	General Administration	800,692	21
	B. Capital Expense		
22	Ownership	580,325	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR YEAR ADJUSTMENT	82,000	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,725,470	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 171,520	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 171,520	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 875,281	32
33	Private Pay - Net Inpatient Revenue	1,746,029	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,621,310	37

PARK POINT SUPPORTIVE LIVING LLC
PAGE 3 COLUMN 5
12/31/2021

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 3	CABLE TV-RESIDENT ROOMS	(9,287)
LINE 10	CONTRIBUTIONS	(1,250)
LINE 17	STRAIGHT LINE DEPRECIATION	2,549

RELATED PARTY LANDLORD

LINE 20	RENT	(549,154)
LINE 10	PROFESSIONAL FEES	9,900
LINE 13	INSURANCE-PROPERTY	21,380
LINE 17	DEPRECIATION	91,693
LINE 18	MORTGAGE INTEREST	188,128
LINE 19	REAL ESTATE TAXES	45,147
LINE 22	MORTGAGE INSURANCE	38,038
LINE 24	GRAND TOTAL	(162,856)

PAGE 4 SCHEDULE VII B

POINTES CONSULTING

LINE 10	MANAGEMENT FEES	120,000
	ADMINISTRATION SALARIES	62,066
	CLERICAL SALARIES	20,676
	CLERICAL OTHER	18,180
	EMPLOYEE BENEFITS	5,336
	OFFICE EXPENSE	1,841
	DUES & SUBSRIPTIONS	2,518