

		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: 1000100

Facility Name: Pinnacle Place

Address: 1125 North 5th St Savanna 61074

County: Carroll

Telephone Number: ( 815 ) 275-2105 Fax # 815 273-3819

Federal Employer ID Number:

Date Current Owners were Certified: 6/30/2008

Type of Ownership:

x

VOLUNTARY, NON-PROFIT

x

Charitable Corp.

Trust

IRS Exemption Code 501C3

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: Robin Landis

Telephone Number: ( 815 778-3683

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 7/1/20 to 6/30/21 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) Robin Landis

(Title) CFO

Paid Preparer

(Signed)

(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: 7/1/20 Ending: 6/30/21**

## Date of change in certified units / /

**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.**

**86** Also, indicate the number of unpaid bed-hold days the SLF had during this year. **8 (Do not include bed-hold days in Section B.)**

## STATE OF ILLINOIS

Facility Name: Pinnacle Place

Report Period Beginning:

7/1/20

Ending:

Page 3  
6/30/21

## 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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	62,168	49,538	400	112,106		112,106	1
2	Housekeeping, Laundry and Maintenance	28,214	4,535	21,123	53,872		53,872	2
3	Heat and Other Utilities			52,803	52,803	(3,553)	49,250	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	90,382	54,073	74,326	218,781	(3,553)	215,228	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	155,214	2,570		157,784		157,784	6
7	Activities and Social Services							7
8	Other (specify): Transportation							8
9	<b>TOTAL Health Care and Programs</b>	155,214	2,570		157,784		157,784	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	43,335	2,206	6,345	51,886	5,216	57,102	10
11	Marketing Materials, Promotions and Advertising			3,083	3,083		3,083	11
12	Employee Benefits and Payroll Taxes			43,116	43,116		43,116	12
13	Insurance-Property, Liability and Malpractice			18,815	18,815		18,815	13
14	Other (specify):			3,756	3,756		3,756	14
15	<b>TOTAL General Administration</b>	43,335	2,206	75,115	120,656	5,216	125,872	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	288,931	58,849	149,441	497,221	1,663	498,884	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			69,371	69,371		69,371	17
18	Interest			15,768	15,768		15,768	18
19	Real Estate Taxes			12,217	12,217		12,217	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			97,356	97,356		97,356	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	288,931	58,849	246,797	594,577	1,663	596,240	24

PINNACLE PLACE  
1125 N 5TH ST  
SAVANNA IL 61074  
FEIN 23-7136038

2021 COST REPORT

SCHEDULE OF RECLASSIFICATION  
Page 3, Scheudle IV

	<u>D</u>	<u>C</u>
Line #		
3 Remove resident room portion of cable TV		\$ 3,553
10 Adjustment for related orgs	\$ 4,691	
12 Organizational costs	\$ 524	

Facility Name: Pinnacle Place

Report Period Beginning 7/1/20 Ending: 6/30/21

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			2
3	Certified Nurse Assistants	4.91	15.19	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.09	12.18	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	0.93	14.56	9
10	Housekeepers	1.16	14.34	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.04	19.97	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9.13	\$	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
Winning Wheels		Prophetstown	
STRIVE		Prophetstown	
Frontier Hollow		Prophetstown	

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
American Health Enterprises		Lyndon		Mgt Company	

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).

PINNACLE PLACE  
1125 N. 5th St.  
Savanna, IL 61074  
FIN: 23-7136038

2021 Cost Report

SCHEDULE OF RELATED ORGANIZATION COSTS

Page 4, Schedule VII, Question C

<b>Page 3 Line #</b>	<b>Related Organization</b>	<b>Nature of Expense</b>	<b>Cost per General Ledger</b>	<b>Cost to Related Organization</b>	<b>Difference: Adjustment for Related Organization Cost</b>
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Administrative contract service	102,254		-102,254
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		73,387	73,387
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		7,599	7,599
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		20,966	20,966
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		302	302
	<b>Total Difference: Adjustment for Related Organization Cost</b>				<b>0</b>

Facility Name: Pinnacle Place

Report Period Beginning:

7/1/20

Ending:

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## 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	21		1997		\$ 1,155,267	\$ 42,010	28	\$ 42,010	\$	1,016,985	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	BUILDING ADDITION			1997	107,843		40				6
7	BUILDING ADDITION			1998	16,500	600	28	589	(11)	14,375	7
8	WATER HEATER			2002	3,357	78	39	86	8	1,846	8
9	SEAL PARKING LOT			2002	6,240		15			6,240	9
10	CHIMNEY CAPS			2003	984	36	28	35	(1)	662	10
11	TUCK POINTING			2003	128,000	4,655	28	4,571	(84)	86,304	11
12	REMODEL BATH			2003	24,893	905	28	889	(16)	16,708	12
13	ROOF			2003	92,377	3,359	28	3,299	(60)	61,444	13
14	CARPET			2006	8,269		7			8,269	14
15	ENTRANCE SIGN			2006	1,621	48	5	324	276	1,621	15
16	CONTINUE ON PAGE 5				303,643	14,706		16,841	2,135	214,595	16
17	TOTAL (lines 1 thru 16)				\$ 1,848,994	\$ 66,397		\$ 68,644	\$ 2,247	\$ 1,429,049	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	\$ 218,735	\$ 2,974	\$ 2,974	\$	7	\$ 143,997	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 218,735	\$ 2,974	\$ 2,974	\$		\$ 143,997	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

6/30/2020

			3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	ASBESTOS REMOVAL		2007	960	57	15	64	7	932	1
2	LOCKS		2008	4,386	259	15	292	33	3,998	2
3	SMOKE DETECTORS		2008	19,522	1,153	15	1,301	148	17,793	3
4	FIRE DOORS		2008	7,843	463	15	523	60	7,148	4
5	FLOORING		2009	700		7		0	700	5
6	WASHERS AND DRYERS		2007	3,685		7		0	3,685	6
7	PLASMA TV		2009	1,050		3		0	1,050	7
8	A/C CONDENSOR		2009	1,020		7		0	1,020	8
9	ICE MACHINE		2009	2,295		7		0	2,295	9
10	WATER HEATER		2009	4,628		7		0	4,628	10
11	PARKING LOT		1997	31,223		15		0	31,223	11
12	REFRIGERATOR		2004	2,799		7		0	2,799	12
13	WATER HEATER		2004	4,214		7		0	4,214	13
14	NURSE CALL SYSTEM		2005	24,971		10		0	24,971	14
15	ZENITH TV		2005	2,845		7		0	2,845	15
16	SLF ASSESSMENT		2008	9,879	583	15	659	76	9,003	16
17	DELL COMPUTER		2008	728		5		0	728	17
18	FLOORING		2010	940		5		0	940	18
19	WHIRLPOOL		2010	8,841		7		0	8,841	19
20	FLOORING		2010	853		5		0	853	20
21	AWNING		2010	2,030	120	15	135	15	1,491	21
22	EROSION CONTROL		2010	7,195	425	15	480	55	5,708	22
23	FLOORING		2010	1,467		5		0	1,467	23
24	FLOORING-DINING ROOM AND FRONT ACTIVITY		2013	5,801		7		0	5,801	24
25	ROOF REPAIRS AROUND ELEVATOR		2013	12,980	865	15	865	0	6,994	25
26	ELEVATOR REPAIRS		2014	2,293		7		0	2,293	26
27	LOCKS AND KEYS		2014	2,633		7		0	2,633	27
28	APARTMENT FLOORING		2014	1,622		7		0	1,622	28
29	APARTMENT FURNACE		2014	1,422		7		0	1,422	29
30	APARTMENT FLOORING		2014	1,379	0	7		0	1,379	30
31	AIR CONDITIONER		2014	1,327	190	7	190	(0)	1,311	31
32	ELEVATOR REPAIRS		2014	9,171	1,310	7	1,310	0	8,516	32
33	APARTMENT FLOORING		2015	2,019	288	7	288	0	1,874	33
34	APARTMENT FLOORING		2015	1,739	249	7	248	(1)	1,595	34
35	REPLACED COMPRESSOR		2015	1,584	104	7	226	122	1,000	35
36	SNOWBLOWER		2015	917	113	7	131	18	674	36
37	PLOW TRUCK ACCESSORIES		2015	2,063	74	7	295	221	1,032	37
38	WIRELESS CALL SYSTEM		2015	28,033	4,005	7	4,005	(0)	23,695	38
39	WATER HEATER		2016	5,000		5		0	5,000	39
40	CARPET UNIT 205		2017	1,590	227	7	227	0	871	40
41	REPLACED ELEVATOR		2019	58,205	2,910	20	2,910	0	6,548	41
42	REPLACED AC UNIT		2019	4,470	639	7	639	(0)	1,330	42
43	CONCRETE WORK		2020	1,965	164	7	281	117	164	43
44	REPLACE FLOORING 206		2021	1,301	87	5	260	173	87	44
45	REPLACE NEW PTAC		2021	7,130	340	7	1,019	679	340	45
46	FIRE EXIT DOOR		2021	4,926	82	10	493	411	82	



Facility Name: Pinnacle Place

Report Period Beginning: 7/1/20

Ending: 6/30/21

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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	Midland States Bank		x	Mortgage	7/27/04	\$ 744,497	\$ 322,293	2/27/28	3.7700	\$ 15,768	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 744,497	\$ 322,293			\$ 15,768	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 744,497	\$ 322,293			\$ 15,768	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

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Facility Name: Pinnacle Place

Report Period Beginning: 7/1/20

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,315	\$	1
2	Cash-Patient Deposits	2,941		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	9,356		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,359		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	52,683		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 70,653	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	37,847		13
14	Buildings, at Historical Cost	1,848,994		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	218,738		16
17	Accumulated Depreciation (book methods)	(1,573,046)		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>	\$ 532,533	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 603,186	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 191,876	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,941		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,996		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 217,813	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	322,293		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>	\$ 322,293	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 540,106	\$	45
46	<b>TOTAL EQUITY</b>	\$ 63,080	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 603,186	\$	47

\*(See instructions.)

Facility Name: Pinnacle Place

Report Period Beginning: 7/1/20

Ending:

6/30/21

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

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 657,359	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 657,359	3
	<b>B. Other Operating Revenue</b>		
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	15	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 15	14
	<b>D. Other Revenue (specify):</b>		
15	TRANSPORTATION	283	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 283	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 657,657	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	218,781	19
20	Health Care/ Personal Care	157,784	20
21	General Administration	120,656	21
	<b>B. Capital Expense</b>		
22	Ownership	97,356	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>	\$ 594,577	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 63,080	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 63,080	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 241,224	32
33	Private Pay - Net Inpatient Revenue	399,932	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>FOOD STAMPS</u>	16,203	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 657,359	37