

		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: 1000143

Facility Name: Prairie Green Dixie Crossing

Address: 1040 Dixie Highway Chicago Heights 60411

County: Cook

Telephone Number: ( 708 ) 754-5700 Fax # ( 708 ) 754-5734

Federal Employer ID Number: \_\_\_\_\_

Date Current Owners were Certified: 5/30/2013

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
 ☒ PROPRIETARY
 ☐ GOVERNMENTAL

☐ Charitable Corp.
 ☐ Individual
 ☐ State

☐ Trust
 ☐ Partnership
 ☐ County

IRS Exemption Code \_\_\_\_\_
 ☐ Corporation
 ☐ Other \_\_\_\_\_

☒ Limited Liability Co.
 ☐ Trust
 ☐ Other \_\_\_\_\_

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

Name: Anna Kobrzak Telephone Number: ( 312 ) 673-4360

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 1/1/21 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) \_\_\_\_\_ (Date) \_\_\_\_\_
 (Type or Print Name) Megan Scully

(Title) VP of Accounting

Paid Preparer

(Signed) Denise A. Leonard (Date) \_\_\_\_\_
 (Print Name and Title) Denise A. Leonard CPA Partner

(Firm Name & Address) Plante Moran, PLLC 1111 Superior Ave Suite 1250 Cleveland, OH 44114

(Telephone) (216) 274-6514 Fax (248) 233-7349

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

Facility Name Chicago Heights SLF, LLC Report Period Beginning: 1/1/21 Ending: 12/31/21

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	144	Single Unit Apartment	144	52,560	1
2		Double Unit Apartment			2
3		Other			3
4	144	TOTALS	144	52,560	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	25,949	1,728		27,677	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,949	1,728		27,677	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 52.66%

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

599 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 1078 (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)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/21 Fiscal Year: 12/31/21

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

Yes If yes, did the facility make all of the required payments of interest and principal? Yes  
If no, explain. N/A

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? N/A  
If no, explain. N/A

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? N/A  
If no, explain. N/A

## STATE OF ILLINOIS

Facility Name: Chicago Heights SLF, LLC

Report Period Beginning:

1/1/21

Ending:

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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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	318,927	205,014	5,595	529,536	(158,748)	370,788	1
2	Housekeeping, Laundry and Maintenance	155,195	146,156	940	302,291	(17,711)	284,580	2
3	Heat and Other Utilities			164,010	164,010		164,010	3
4	Other (specify):			25,538	25,538		25,538	4
5	<b>TOTAL General Services</b>	474,122	351,170	196,083	1,021,375	(176,459)	844,916	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	711,542	12,866	9,353	733,761	(500)	733,261	6
7	Activities and Social Services	40,411	2,075	18,646	61,132	(1,160)	59,972	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	751,953	14,941	27,999	794,893	(1,660)	793,233	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	258,914	20,541	359,014	638,469	(9,082)	629,387	10
11	Marketing Materials, Promotions and Advertising	132,974	16,268	115,720	264,962		264,962	11
12	Employee Benefits and Payroll Taxes			236,495	236,495		236,495	12
13	Insurance-Property, Liability and Malpractice			225,652	225,652		225,652	13
14	Other (specify):			43,758	43,758	(31,360)	12,398	14
15	<b>TOTAL General Administration</b>	391,888	36,809	980,639	1,409,336	(40,442)	1,368,894	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,617,963	402,920	1,204,721	3,225,604	(218,561)	3,007,043	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			657,700	657,700	6,949	664,649	17
18	Interest			777,880	777,880	(1,186)	776,694	18
19	Real Estate Taxes			164,535	164,535		164,535	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			26,993	26,993		26,993	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			1,627,108	1,627,108	5,763	1,632,871	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,617,963	402,920	2,831,829	4,852,712	(212,798)	4,639,914	24

Facility Name: Chicago Heights SLF, LLC

Report Period Beginning 1/1/21 Ending: 12/31/21

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.94	\$ 33.59	1
2	Licensed Practical Nurses	3.48	24.58	2
3	Certified Nurse Assistants	11.39	19.76	3
4	Activity Director & Assistants	1.06	18.35	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.28	15.76	7
8	Dishwashers			8
9	Maintenance Workers	1.48	24.24	9
10	Housekeepers	2.47	15.74	10
11	Laundry			11
12	Managers	0.91	25.20	12
13	Other Administrative	0.58	42.29	13
14	Clerical	3.50	26.94	14
15	Marketing	1.38	46.36	15
16	Other- COVID	0.26	21.78	16
17	Total (lines 1 thru 16)	35.73	\$ 21.78	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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Senior Lifestyle Management LLC	\$ 218,029	1
2			2
Total		\$ 218,029	3

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: Chicago Heights SLF, LLC

Report Period Beginning:

1/1/21

Ending:

12/31/21

## VIII. OWNERSHIP COSTS

A. Purchase price of land 1 Year land was acquired 2013

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	144		2013	2013	\$ 15,976,939	\$	27	\$ 591,738	\$ 591,738	\$ 5,325,646	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements		2013		1,006,884		20	50,344	50,344	453,098	6
7	Land Improvements		2016		20,120		20	1,006	1,006	6,036	7
8	Bldg Improvements		2014		5,280		20	264	264	2,112	8
9	Bldg Improvements		2015		86,180		20	4,309	4,309	30,163	9
10	Bldg Improvements		2016		32,282		20	1,614	1,614	9,685	10
11	Land Improvements		2017		1,295		20	65	65	324	11
12	Bldg Improvements		2017		16,073		20	804	804	4,018	12
13	Bldg Improvements		2018		8,803		20	440	440	1,761	13
14	Community Flooring Replacement		2019		78,501		20	3,925	3,925	11,775	14
15	Cabinetry and Counter Top Replacement		2019		11,312		20	566	566	1,697	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 17,243,669	\$		\$ 655,075	\$ 655,075	\$ 5,846,314	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	\$ 811,888	\$	\$ 7,595	7,595	10	\$ 799,604	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 811,888	\$	7,595		\$ 799,604	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 5A, Carried Forward		\$ 17,243,669	\$		\$ 655,075	\$ 655,075	\$ 5,846,314	1
2	Smoke Detector Replacement	2019	25,672		20	1,284	1,284	3,851	2
3	Activity Room AC Unit	2019	7,850		20	393	393	1,178	3
4	Replace Smoke Detectors- Phase 2	2019	12,307		20	615	615	1,846	4
5	2020 FA Disposal	2020	(76,595)		20	(3,830)	(3,830)	(7,659)	5
6	Mixing Valve & Piping Project (Water Heater System)	2021	22,940		20	1,147	1,147	1,147	6
7	E-Call System Upgrade- Throughout Facility	2021	8,969		20	448	448	448	7
8	MUA Unit #1 & #2 Compressor	2021	14,965		20	748	748	748	8
9	Security System with Cameras Throughout Facility	2021	9,750		20	488	488	488	9
10	Bipolar Ionization System- Air Flow- Whole Facility	2021	13,731		20	687	687	687	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	Financial Statement Depreciation			657,700			(657,700)		28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,283,259	\$ 657,700		\$ 657,054	\$ (646)	\$ 5,849,047	34

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

Facility Name: Chicago Heights SLF, LLC Report Period Beginning: 1/1/21 Ending: 12/31/21

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 \$ 26,993

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	IHDA		X	Build Property	5/31/12	\$ 18,500,000	\$ 15,396,295	6/1/43	4.3000	\$ 777,880	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 18,500,000	\$ 15,396,295			\$ 777,880	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-1,186	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 18,500,000	\$ 15,396,295			\$ 776,694	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: Chicago Heights SLF, LLC

Report Period Beginning: 1/1/21

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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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 44,433	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,757,799 (551,655)		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	183,520		6
7	Other Prepaid Expenses	7,593		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,441,690	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1		13
14	Buildings, at Historical Cost	16,283,671		14
15	Leasehold Improvements, at Historical Cost	1,028,298		15
16	Equipment, at Historical Cost	813,678		16
17	Accumulated Depreciation (book methods)	(6,357,304)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,671,545		21
22	Other Long-Term Assets (specify):CIP/Deposits	113,208		22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 13,553,097	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 14,994,787	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 123,960	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,158		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	91,536		30
31	Accrued Taxes Payable	204,767		31
32	Accrued Interest Payable	293,617		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Other Accruals	97,041		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 814,079	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	15,396,295		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Intercompany	6,187,151		42
43	Deferred Revenues	74,357		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 21,657,803	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 22,471,882	\$	45
46	<b>TOTAL EQUITY</b>	\$ (7,477,095)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 14,994,787	\$	47

\*(See instructions.)



Facility Name: Chicago Heights SLF, LLC

Report Period Beginning: 1/1/21

Ending:

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**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	\$ 3,372,541	1
2	Discounts and Allowances	(7,560)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,364,981</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	500	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	158,748	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 159,248</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	1,186	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 1,186</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
15	Real Estate Refund/Res Serv/Late Fees/Misc	382,062	15
16	Rental Income	19,884	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 401,946</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,927,361</b>	<b>18</b>

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	1,081,405	19
20	Health Care/ Personal Care	794,893	20
21	General Administration	1,349,305	21
	<b>B. Capital Expense</b>		
22	Ownership	1,627,108	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>	<b>\$ 4,852,711</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (925,350)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (925,350)</b>	<b>31</b>
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,180,749	32
33	Private Pay - Net Inpatient Revenue	184,233	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>	<b>\$ 3,364,981</b>	<b>37</b>