

		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: 1000086

Facility Name: ROYAL ESTATES ASSISTIVE LVG

Address: 1515 EAST 154TH ST DOLTON 60419

Number City Zip Code

County: COOK

Telephone Number: (708) 841-5560 Fax # (708) 849-4676

Federal Employer ID Number:

Date Current Owners were Certified: 9/28/2007

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

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) MARC SIEBZENER

(Title) MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)

(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

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

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

Email Address:

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	ROYAL ESTATES ASSISTIVE LVG
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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		2		3		4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period			
1	126	Single Unit Apartment	126	45,990	1		
2		Double Unit Apartment			2		
3		Other			3		
4	126	TOTALS	126	45,990	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	7,022			7,022	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,022			7,022	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **15.27%**

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		MODIFIED	
		CASH*	CASH*
	X		

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

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Facility Name: ROYAL ESTATES ASSISTIVE LVG

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		79,468	81,912	161,380		161,380	1
2	Housekeeping, Laundry and Maintenance	56,921	158,951	2,352	218,224		218,224	2
3	Heat and Other Utilities			122,005	122,005	(3,811)	118,194	3
4	Other (specify): Scavengr & Exterminating Services			5,091	5,091		5,091	4
5	TOTAL General Services	56,921	238,419	211,360	506,700	(3,811)	502,889	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	429,116	2,649		431,765		431,765	6
7	Activities and Social Services	12,691	2,563		15,254		15,254	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	441,807	5,212		447,019		447,019	9
	C. General Administration							
10	Administrative and Clerical	114,972	8,837	66,239	190,048	3,715	193,763	10
11	Marketing Materials, Promotions and Advertising			75,705	75,705		75,705	11
12	Employee Benefits and Payroll Taxes			78,965	78,965		78,965	12
13	Insurance-Property, Liability and Malpractice			161,562	161,562		161,562	13
14	Other (specify):							14
15	TOTAL General Administration	114,972	8,837	382,471	506,280	3,715	509,995	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	613,700	252,468	593,831	1,459,999	(96)	1,459,903	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					75,927	75,927	17
18	Interest			5,200	5,200	189,732	194,932	18
19	Real Estate Taxes					104,800	104,800	19
20	Rent -- Facility and Grounds			299,919	299,919	(299,919)		20
21	Rent -- Equipment			1,103	1,103		1,103	21
22	Other (specify):							22
23	TOTAL Ownership			306,222	306,222	70,540	376,762	23
24	GRAND TOTAL (Sum of lines 16 and 23)	613,700	252,468	900,053	1,766,221	70,444	1,836,665	24

Facility Name: ROYAL ESTATES ASSISTIVE LVG

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	\$ 34.81	1
2	Licensed Practical Nurses	2	32.18	2
3	Certified Nurse Assistants	7	13.94	3
4	Activity Director & Assistants	1	16.99	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1	19.31	9
10	Housekeepers	1	14.57	10
11	Laundry			11
12	Managers	1	26.44	12
13	Other Administrative			13
14	Clerical	2	13.58	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	16	\$	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
ROYAL ESTATES REALTY, LLC		DOLTON		PROPCO	

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: ROYAL ESTATES ASSISTIVE LVG

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	126		2018		\$ 2,088,000	\$ 75,927	27.5	\$ 75,927		\$ 227,781	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	VARIOUS		1988		669,396		20			669,396	6
7	VARIOUS		1994		204,953		20			204,953	7
8	VARIOUS		1995		36,576		20			36,576	8
9	VARIOUS		1996		54,697		20			54,697	9
10	VARIOUS		1997		7,186		20			7,186	10
11	VARIOUS		1998		95,840		20			95,840	11
12	VARIOUS		1999		161,107		20	(7,383)	(7,383)	161,107	12
13	VARIOUS		2000		77,566		20			77,240	13
14	VARIOUS		2001		50,554		20	1,475	1,475	49,295	14
15			2002		2,964		20	86	86	2,738	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,448,839	\$ 75,927		\$ 70,105	\$ (5,822)	\$ 1,586,809	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	\$ 252,000	\$	\$ 25,200	25,200	10 yrs	\$ 75,600	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 252,000	\$	\$ 25,200		\$ 75,600	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	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 3,448,839	\$ 75,927		\$ 70,105	\$ (5,822)	\$ 1,586,809	1
2									2
3	VARIOUS	2004	8,320		20	243	243	6,871	3
4	CARPET INSTALLATION	2005	910		20	27	27	711	4
5	CARPET INSTALLATION	2005	455		20	13	13	352	5
6	ROOFING	2006	94,405		20	2,753	2,753	68,440	6
7	DVR/ CAMERAS	2008	8,400		20	245	245	5,250	7
8	SURVEILANCE	2009	8,800		20	257	257	5,062	8
9	BUILDING RENOVATION	2009	9,967,885		20	290,730	290,730	5,731,533	9
10	DORCHESTER ROOF REPAIR	2011	91,100		20	2,657	2,657	38,717	10
11	DORCHESTER DECK	2011	10,000		20	292	292	4,252	11
12	PARKING LOT	2011	8,900		20	260	260	3,785	12
13	DORCHESTER AVE PAVE	2011	196,558		20	5,742	5,742	83,667	13
14	FIRE HYDRANTPROJECT	2011	1,824		20	53	53	773	14
15	DORCHESTER PARKING LOT	2011	4,000		20	117	117	1,702	15
16	FIRE HYDRANTPROJECT	2011	33,209		20	968	968	14,109	16
17	DORCHESTER PARKING LOT	2011	6,000		20	175	175	2,550	17
18	A/C INSTALL	2011	6,090		20	178	178	2,592	18
19	VIL HALL ROOF REPAIR	2011	36,266		20	1,058	1,058	15,414	19
20	DORCHESTER PARKING LOT	2012	5,000		20	146	146	2,126	20
21	DORCHESTER DECK	2012	57,000		20	1,663	1,663	24,228	21
22	A/C INSTALL	2012	5,380		20	157	157	2,287	22
23	A/C INSTALL	2012	6,310		20	316	316	3,343	23
24	LAMPS/ FIXTURES	2012	21,073		20	1,054	1,054	11,154	24
25	LAMPS/ FIXTURES	2012	7,578		20	379	379	4,011	25
26	FIRE HYDRANT PROJECT	2012	2,429		20	121	121	1,282	26
27	LUBE - KIT SYSTEM (COMPRESSOR)	2014	8,900		20	445	445	3,375	27
28	DORCHESTER PARKING LOT	2014	7,000		20	350	350	2,654	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,052,631	\$ 75,927		\$ 380,504	\$ 304,577	\$ 7,627,049	34

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

Facility Name: ROYAL ESTATES ASSISTIVE LVG

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

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	PROVIDENCE BANK		X	CONSTRUCTION LOAN	12/1/19	\$ 2,066,228	\$ 3,576,288	3/1/21	5.2500	\$ 189,732	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	CHASE CREDIT CARD		X		/ /			/ /		5,200	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,066,228	\$ 3,576,288			\$ 194,932	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 2,066,228	\$ 3,576,288			\$ 194,932	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: ROYAL ESTATES ASSISTIVE LVG

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	\$ 272,951	\$ 273,343	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	352,217	352,217	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	217,833	217,833	7
8	Accounts Receivable (owners or related parties)	48,362	48,362	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 891,363	\$ 891,755	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		260,000	13
14	Buildings, at Historical Cost		2,088,000	14
15	Leasehold Improvements, at Historical Cost		252,000	15
16	Equipment, at Historical Cost		(482,945)	16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charge Deferred Loan Cost-Net		50,308	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): CONSTRUCTION IN PROGRESS		2,184,983	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 4,352,346	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 891,363	\$ 5,244,101	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 507,191	\$ 363,714	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		3,576,288	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		104,800	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	BCBS ADVANCE	37,400	37,400	35
36	INSURANCE CLAIM	283,253	283,253	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 827,844	\$ 4,365,455	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		1,201,637	38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	MEMBERS' LOAN	1,087,155	1,087,155	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,087,155	\$ 2,288,792	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,914,999	\$ 6,654,247	45
46	TOTAL EQUITY	\$ (1,023,636)	\$ (1,410,146)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 891,363	\$ 5,244,101	47

*(See instructions.)

Facility Name: ROYAL ESTATES ASSISTIVE LVG

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	\$ 936,172	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 936,172	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	RENTAL INCOME	82,006	15
16	PPP LOAN FORGIVEN, ERTC	498,533	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 580,539	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,516,711	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	506,700	19
20	Health Care/ Personal Care	447,019	20
21	General Administration	506,280	21
	B. Capital Expense		
22	Ownership	306,222	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)	\$ 1,766,221	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (249,510)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (249,510)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 936,172	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)	\$ 936,172	37

ROYAL ESTATES ASSISTED LIVING LLC
12/31/2021

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 10	CONTRIBUTIONS	(1,000)
LINE 10	CABLE TV-RESIDENT ROOMS	(3,811)

RELATED PARTY LANDLORD

LINE 20	RENT	(299,919)
LINE 10	PROFESSIONAL FEES	4,715
LINE 17	DEPRECIATION	75,927
LINE 18	MORTGAGE INTEREST	189,732
LINE 19	REAL ESTATE TAXES	104,800
LINE 24	GRAND TOTAL	70,444