

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000156

Facility Name: Stonebridge of Gurnee

Address: 5980 Washington St Gurnee 60031

County: Lake

Telephone Number: (847) 596-3211 Fax # 847 855-2170

Federal Employer ID Number:

Date Current Owners # # 3/28/2018

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 Schulkins Telephone Number: (847) 596-3211

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 Schulkins

(Title) Exec Director

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

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

/ /

E. Does page 3 include expenses for services or investments not directly related to SLF services?

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X

YES ☐

X

(E.g., day care, "meals on wheels", outpatient therapy)

MODIFIED

CASH*	
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CASH*	
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☒ YES ☐ NO

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

outstanding? No If yes, did the facility make all of the

required payments of interest and principal?

If no, explain.

outstanding? No If yes, did the facility make all of the

required payments of interest and principal?

If no, explain.

Economic Opportunity outstanding?	No	If yes, did the facility
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make all of the required payments of interest and principal?

If no, explain.

bed days on line 4, column 4.) 95.83%

3,450

Also, indicate the number of unpaid bed-hold days the SLF

had during this year. **1200** **(Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

Page 3

Facility Name: Stonebridge of Gurnee

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 32			
	A. General Services							
1	Dietary and Food Purchase	425,775	269,511	1,918	697,204		697,204	1
2	Housekeeping, Laundry and Maintenance	122,448	21,996	61,220	205,664		205,664	2
3	Heat and Other Utilities			152,975	152,975		152,975	3
4	Other (specify):							4
5	TOTAL General Services	548,223	291,507	216,113	1,055,843		1,055,843	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	560,173	23,901	64,670	648,744		648,744	6
7	Activities and Social Services	4,294	511		4,805		4,805	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	564,467	24,412	64,670	653,549		653,549	9
	C. General Administration							
10	Administrative and Clerical	239,045	426,634	9,250	674,929		674,929	10
11	Marketing Materials, Promotions and Advertising	40,713	3,172		43,885		43,885	11
12	Employee Benefits and Payroll Taxes			139,906	139,906		139,906	12
13	Insurance-Property, Liability and Malpractice			148,004	148,004		148,004	13
14	Other (specify):							14
15	TOTAL General Administration	279,758	429,806	297,160	1,006,724		1,006,724	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,392,448	745,725	577,943	2,716,116		2,716,116	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest							18
19	Real Estate Taxes			140,422	140,422		140,422	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			140,422	140,422		140,422	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,392,448	745,725	718,365	2,856,538		2,856,538	24

Facility Name: Stonebridge of Gurnee

Report Per 2021 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	\$ 38.00	1
2	Licensed Practical Nurses	2	32.00	2
3	Certified Nurse Assistants	11	15.00	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	4	16.00	6
7	Cook Helpers/Assistants	9	11.00	7
8	Dishwashers			8
9	Maintenance Workers	1	22.00	9
10	Housekeepers	3	14.00	10
11	Laundry			11
12	Managers	2	28.00	12
13	Other Administrative			13
14	Clerical	3	15.00	14
15	Marketing	1	24.00	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$	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

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 iter 1200

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
2021				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Stonebridge of Gurnee

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		9								
6											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	2	3	32	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				14			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		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	3450				/ /			/ /					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.

Facility Name: Stonebridge of Gurnee

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

2021

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 196,020	\$	1
2	Cash-Patient Deposits	2 39,077 #		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	# 500,548		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9 9,093		6
7	Other Prepaid Expenses	750		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	11,914		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 757,402	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,383,052		13
14	Buildings, at Historical Cost	19,293,391		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	669,096		16
17	Accumulated Depreciation (book methods)	(1,956,785)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(128,164)		20
21	Restricted Funds	2,115,063		21
22	Other Long-Term Assets (specify):	920,967		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 1 thru 23)	\$ 23,296,620	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 24,054,022	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 88,738	\$	26
27	Officer's Accounts Payable	1,423,288		27
28	Accounts Payable-Patient Deposits	39,075		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	142,337		31
32	Accrued Interest Payable	657,311		32
33	Deferred Compensation	(1,189,143)		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)	\$ 1,161,606	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	23,490,000		39
40	Bonds Payable			40
41	Deferred Compensation	(729,350)		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 22,760,650	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 23,922,256	\$	45
46	TOTAL EQUITY	\$ 131,766	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 24,054,022	\$	47

*(See instructions.)

Facility Name: Stonebridge of Gurnee

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	\$ 5,398,121	1
2	Discounts and Allowances	(44,632)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,353,489	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	57,948	5
6	Special Grants		6
7	Gift and Coffee Shop		
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)	\$ 57,948	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	586	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 586	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,412,023	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,055,843	19
20	Health Care/ Personal Care	653,549	20
21	General Administration	1,006,724	21
	B. Capital Expense		
22	Ownership		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)	\$ 2,716,116	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,695,907	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,695,907	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,203,699	32
33	Private Pay - Net Inpatient Revenue	1,208,324	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,412,023	37