

		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: 1000064

Facility Name: Village at Morse Farm

Address: 1050 West Main St Carlinville 62626

County: Macoupin

Telephone Number: ( 217- ) 854-8142 Fax # 217 854-9600

Federal Employer ID Number:

Date Current Owners were Certified: 6/26/2006

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input checked="" 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 checked="" type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		Municipal
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

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

Name: Dionne Wyatt Telephone Number: 217 854-8142

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 10/1/2020 to 9/30/2021 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)	Dionne Wyatt	
Paid Preparer	(Title)	Chief Executive Officer	
	(Signed)		(Date)
	(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: 10/1/20 Ending: 9/30/21**

## 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.**

**18** Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. **64 (Do not include bed-hold days in Section B.)**

## STATE OF ILLINOIS

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Facility Name: Village at Morse Farm

Report Period Beginning:

10/1/2020

Ending:

9/30/2021

## 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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	82,620	99,184		181,804		181,804	1
2	Housekeeping, Laundry and Maintenance	23,990	11,122	23,421	58,533		58,533	2
3	Heat and Other Utilities			43,101	43,101		43,101	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	106,610	110,306	66,522	283,438		283,438	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	131,827	1,075		132,902		132,902	6
7	Activities and Social Services							7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	131,827	1,075		132,902		132,902	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	136,680	7,339	48,299	192,318		192,318	10
11	Marketing Materials, Promotions and Advertising		398	3,116	3,514		3,514	11
12	Employee Benefits and Payroll Taxes			148,914	148,914		148,914	12
13	Insurance-Property, Liability and Malpractice			10,358	10,358		10,358	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	136,680	7,737	210,687	355,104		355,104	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	375,117	119,118	277,209	771,444		771,444	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			157,051	157,051		157,051	17
18	Interest			178,878	178,878		178,878	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			335,929	335,929		335,929	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	375,117	119,118	613,138	1,107,373		1,107,373	24

Facility Name: Village at Morse Farm

Report Period Beginning 10/1/2020 Ending: 9/30/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 24.95	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	11.75	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	14.71	6
7	Cook Helpers/Assistants	3	11.18	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	11.28	10
11	Laundry			11
12	Managers	1	19.62	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other Resident assistant	7	11.00	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

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 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: Village at Morse Farm

Report Period Beginning:

10/1/2020

Ending:

9/30/2021

**VIII. OWNERSHIP COSTS**A. Purchase price of land 80,055 Year land was acquired 1981 & 2012

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			2002	2006	\$ 4,972,024	\$ 124,584	40	\$ 124,584	\$	\$ 1,839,527	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Sprinkler System		2012		113,734	5,687	20	5,687		52,128	6
7	Sprinkler Revisions		2017		12,292	614	20	614		2,510	7
8	Sprinkler System		2018		231,410	11,571	20	11,571		37,604	8
9	Sprinkler Revisions		2018		5,484	274	20	274		1,051	9
10	Sprinkler Revisions		2018		4,995	250	20	250		749	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,339,939	\$ 142,980		\$ 142,980	\$	\$ 1,933,569	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	\$ 89,639	\$ 14,071	14,071	\$	5	\$ 54,794	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 89,639	\$ 14,071	\$ 14,071	\$	\$ 54,794	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

Facility Name: Village at Morse Farm

Report Period Beginning: 10/1/2020 Ending: 9/30/20 9/30/2021

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 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	Lancaster Pollard		X	Mortgage	3/24/10	\$ 5,236,000	\$ 4,442,958	4/1/45	3.9800	\$ 178,878	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,236,000	\$ 4,442,958			\$ 178,878	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,236,000	\$ 4,442,958			\$ 178,878	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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 141,799	\$	1
2	Cash-Patient Deposits	32,139		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	43,302		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,358		6
7	Other Prepaid Expenses			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>	\$ 227,598	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	80,055		13
14	Buildings, at Historical Cost	4,972,024		14
15	Leasehold Improvements, at Historical Cost	367,915		15
16	Equipment, at Historical Cost	89,639		16
17	Accumulated Depreciation (book methods)	(1,988,362)		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>	\$ 3,521,271	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,748,869	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 152,935	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	38,000		28
29	Short-Term Notes Payable	116,003		29
30	Accrued Salaries Payable	22,769		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	14,736		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Tenant Prepaid Rents	51,475		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 395,918	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	4,326,955		38
39	Mortgage Payable			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>	\$ 4,326,955	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 4,722,873	\$	45
46	<b>TOTAL EQUITY</b>	\$ (974,004)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 3,748,869	\$	47

\*(See instructions.)

Facility Name: Village at Morse Farm

Report Period Beginning: 10/1/2020

Ending:

9/30/2021

**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	\$ 983,587	1
2	Discounts and Allowances	(2,175)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 981,412	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services	2,440	5
6	Special Grants	10,037	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>	\$ 12,477	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	35	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 35	14
	<b>D. Other Revenue (specify):</b>		
15	Nonrental Income	32,874	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 32,874	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 1,026,798	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	283,438	19
20	Health Care/ Personal Care	132,902	20
21	General Administration	355,104	21
	<b>B. Capital Expense</b>		
22	Ownership	335,929	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>	\$ 1,107,373	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (80,575)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (80,575)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		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>	\$	37