

		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: 1000098

Facility Name: WOODRIDGE SL RES OF GENESEO

Address: 620 OLIVIA COURT GENESEO 61254

County: HENRY

Telephone Number: ( 847 ) 679-8219 Fax # ( 847 ) 679-7377

Federal Employer ID Number:

Date Current Owners were Certified: 07/02/2008

Type of Ownership:

VOLUNTARY, NON-PROFIT Charitable Corp. Trust

X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other

GOVERNMENTAL State County Other

IRS Exemption Code

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

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

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) (Date)
(Type or Print Name) MARSHALL MAUER
(Title) TREASURER

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 601
(Telephone) ( 847 ) 675-3585 Fax # ( 847 ) 675-5777

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?**

\_\_\_\_\_

YES ☐ NO ☒

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

**MODIFIED**

CASH*	
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**I. Is your fiscal year identical to your tax year?**

☒ YES ☐ NO

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

**required payments of interest and principal?**

**required payments of interest and principal?**

**make all of the required payments of interest and principal?**

**If no, explain.**

**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.)**

## STATE OF ILLINOIS

Page 3

Facility Name: WOODRIDGE SL RES OF GENESEO

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	133,177	143,379	1,288	277,844	(967)	276,877	1
2	Housekeeping, Laundry and Maintenance	59,552	37,238	3,958	100,748		100,748	2
3	Heat and Other Utilities			84,764	84,764		84,764	3
4	Other (specify): Scavenger & Exterminating Services			7,076	7,076		7,076	4
5	<b>TOTAL General Services</b>	192,729	180,617	97,086	470,432	(967)	469,465	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	412,864	4,496		417,360		417,360	6
7	Activities and Social Services	40,685	2,175		42,860		42,860	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	453,549	6,671		460,220		460,220	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	129,901	10,159	186,648	326,708	12,399	339,107	10
11	Marketing Materials, Promotions and Advertising			3,604	3,604		3,604	11
12	Employee Benefits and Payroll Taxes			169,861	169,861		169,861	12
13	Insurance-Property, Liability and Malpractice			20,670	20,670	7,682	28,352	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	129,901	10,159	380,783	520,843	20,081	540,924	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	776,179	197,447	477,869	1,451,495	19,114	1,470,609	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			4,374	4,374	105,330	109,704	17
18	Interest			142	142	140,295	140,437	18
19	Real Estate Taxes					49,585	49,585	19
20	Rent -- Facility and Grounds			360,000	360,000	(360,000)		20
21	Rent -- Equipment			13,531	13,531		13,531	21
22	Other (specify): Mortgage Insurance					22,794	22,794	22
23	<b>TOTAL Ownership</b>			378,047	378,047	(41,996)	336,051	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	776,179	197,447	855,916	1,829,542	(22,882)	1,806,660	24

Facility Name: WOODRIDGE SL RES OF GENESEO

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	\$ 23.78	1
2	Licensed Practical Nurses	2	20.19	2
3	Certified Nurse Assistants	10	13.70	3
4	Activity Director & Assistants	2	12.32	4
5	Social Service Workers			5
6	Head Cook	1	12.11	6
7	Cook Helpers/Assistants	4	12.29	7
8	Dishwashers			8
9	Maintenance Workers	1	15.37	9
10	Housekeepers	1	12.11	10
11	Laundry			11
12	Managers	1	36.36	12
13	Other Administrative			13
14	Clerical	1	24.71	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24	\$ 15.61	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
WOODRIDGE OF GALESBURG	GALESBURG
SEE ATTACHED	

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	MARSHALL MAUER		1.5	\$ 9,406	1
2	DANIEL AARON		0.25	1,050	2
3					3
4					4
5					5
Total				\$ 10,456	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
SEE ATTACHED	SEE ATTACHED	

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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 112,060

(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: WOODRIDGE SL RES OF GENESEO

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			2008	2008	\$ 4,064,630	\$ 105,434	39	\$ 105,434		\$ 1,744,475	1
2											2
3	RELATED PARTY				13,585	349	35	388	39	9,262	3
4											4
5											5
	Improvement Type										
6	PLUMBING WORK			2010	2,938	107	27.5	107		1,190	6
7	DOOR			2011	1,925	70	27.5	70		744	7
8	CARPENTRY AND LABOR			2011	6,219	226	27.5	226		2,307	8
9	REPAIR WALLPAPER			2012	1,122	41	27.5	41		299	9
10	SIDEWALK			2012	11,344	378	15.0	378		9,641	10
11	LANDSCAPING			2013	4,553	304	15.0	304		2,457	11
12	WINDOW TREATMENTS/DECORATING			2013	5,463	199	27.5	199		1,657	12
13	DATA WIRING/DVR'S			2013	3,507	203	27.5	203		1,531	13
14	SPRINKLER REPAIRS, OFFSET TRAP SUPPLY			2013	3,620	57	27.5	57		630	14
15	NURSE CALL PAGERS,PENDANT,WIRELESS CONNE			2014	19,320	703	27.5	703		5,929	15
16	ALARM, WATER HEATER, SOFTENER, GRAVEL PAI			2015	23,371	850	27.5	850		5,931	16
17	TOTAL (lines 1 thru 16)				\$ 4,161,597	\$ 108,921		\$ 108,960	\$ 39	\$ 1,786,053	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	\$ 344,313	\$ 8,503	\$	(8,503)	10	\$ 311,019	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 8,503	\$	(8,503)		\$ 311,019	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 5, Carried Forward		\$ 4,161,597	\$ 108,921		\$ 108,960	\$ 39	\$ 1,786,053	1
2	KITCHEN FLOORING	2017	7,680	279	27.5	279		1,256	2
3	INSTALL NEW CAMERA SYSTEM	2018	3,784	138	27.5	138		512	3
4	ACTIVITY ROOM REMODEL	2018	4,495	518	5	518		3,718	4
5	MECHANICAL ROOM FIX ALL LEAKS	2020	5,430	197	27.5	197		287	5
6									6
7									7
8									8
9									9
10									10
11									11
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,182,986	\$ 110,053		\$ 110,092	\$ 39	\$ 1,791,826	34

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

IX. RENTAL COSTS

A. Building and Fixed Equipment N/A

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 BANK		X	MORTGAGE	4/9/14	\$ 4,089,500	\$ 3,464,306	5/1/44	4.0000	\$ 140,302	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,089,500	\$ 3,464,306			\$ 140,302	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,089,500	\$ 3,464,306			\$ 140,302	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: **WOODRIDGE SL RES OF GENESEO**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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 159,984	\$ 212,266	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>42,719</u> )	25,286	25,286	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,930	21,956	6
7	Other Prepaid Expenses	528,997	528,997	7
8	Accounts Receivable (owners or related parties)	446,001	611,001	8
9	Other(specify): <u>ESCROWS</u>		183,243	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,169,198	\$ 1,582,749	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	104,771	104,771	15
16	Equipment, at Historical Cost	58,670	344,313	16
17	Accumulated Depreciation (book methods)	(76,221)	(1,725,562)	17
18	Deferred Charge <b>Deferred Loan Costs-Net</b>		86,228	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets <b>Deposit on Fixed Assets</b>	8,020	8,020	22
23	Other(specify): <u>Security Deposit</u>	3,000	3,000	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 98,240	\$ 3,136,548	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 1,267,438	\$ 4,719,297	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 100,598	\$ 100,598	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		97,489	29
30	Accrued Salaries Payable	90,120	90,120	30
31	Accrued Taxes Payable	2,713	53,713	31
32	Accrued Interest Payable		11,548	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>INTERCOMPANY PAYABLE</u>	56,942	509,943	35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 250,373	\$ 863,411	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		3,366,817	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</b> (sum of lines 38 thru 43)	\$	\$ 3,366,817	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 250,373	\$ 4,230,228	45
46	<b>TOTAL EQUITY</b>	\$ 1,017,065	\$ 489,069	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 1,267,438	\$ 4,719,297	47

\*(See instructions.)



Facility Name: WOODRIDGE SL RES OF GENESEO

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	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 2,062,912	1
2	Discounts and Allowances	(9,449)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 2,053,463	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	7	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 7	14
	<b>D. Other Revenue (specify):</b>		
15	FOOD STAMPS	28,748	15
16	STIMULUS, PPP LOAN FORGIVEN, ERTC	511,960	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 540,708	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 2,594,178	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	470,432	19
20	Health Care/ Personal Care	460,220	20
21	General Administration	520,843	21
	<b>B. Capital Expense</b>		
22	Ownership	378,047	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>	\$ 1,829,542	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 764,636	29
30	<b>Income Taxes</b>	\$ 14,000	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 750,636	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 730,272	32
33	Private Pay - Net Inpatient Revenue	1,332,640	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>	\$ 2,062,912	37

WOODBIDGE OF GENESEO  
RELATED HEALTHCARE ENTITIES

NAME	CITY
BRADLEY	BRADLEY
BRIDGEVIEW HEALTHCARE CENTER	BRIDGEVIEW
GROSSE POINT	NILES
OTTAWA PAVILION	OTTAWA
PARK RIDGE	PARK RIDGE
STERLING PAVILION	STERLING
WATERFRONT TERRACE	CHICAGO
WILLOW CREST	SANDWICH
WINDMILL NURSING PAVILION	SOUTH HOLLAND
WOODBIDGE	CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS	SKOKIE	BOOKKEEPING
SEASONS HOSPICE	PARK RIDGE	HOSPICE
NORTHWEST ILLINOIS HOLDINGS	SKOKIE	REALTY

WOODBIDGE OF GENESEO LLC  
12/31/2020

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 1	SALES TAX ON FOOD	(967)
LINE 10	PENALTIES	(101)
LINE 17	STRAIGHT LINE DEPRECIATION	(8,503)
LINE 18	INTEREST INCOME	(7)

RELATED PARTY LANDLORD

LINE 20	RENT	(360,000)
LINE 10	PROFESSIONAL FEES	12,500
LINE 13	INSURANCE-PROPERTY	7,682
LINE 17	DEPRECIATION	113,833
LINE 18	MORTGAGE INTEREST	140,302
LINE 19	REAL ESTATE TAXES	49,585
LINE 22	MORTGAGE INSURANCE	22,794
LINE 24	GRAND TOTAL	(22,882)

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	108,000
	UTILITIES	673
	REPAIR & MAINT	2,657
	NURSE CONSULTANT	7,746
	PROFESSIONAL FEES	1,974
	DUES & SUBSCRIPTIONS	60
	CLERICAL & GENERAL	12,139
	SEMINAR & TRAVEL	170
	INSURANCE	2,562