FOR BHF USE

LL2

Supportive Living Facility

2020
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: 1000159

Facility Name: Cedarhurst of Quincy

Address: 319 South 48th St (Number) Quincy (City) 62305 (Zip Code)

County: Adams

Telephone Number: (217) 557-2019 **Fax #** (217) 214-7944

Federal Employer ID Number:

Date Current Owners were Certified: 3/13/2020

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Keven Wellen **Telephone Number:** (314) 925-4300
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 03/13/2020 to 12/31/2020 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)
(Title)

Paid Preparer

(Signed)
(Date)
(Print Name and Title) Kevin Wellen, Director
(Firm Name & Address) CLA, LLP, 600 Washington Ave. Ste. 1800, St. Louis, MO 63101
(Telephone) (314) 925-4300 Fax # (314) 925-4350

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 Cedarhurst of Quincy Report Period Beginning: 03/13/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units 03/13/2020

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1		Single Unit Apartment	56	16,464	1
2		Double Unit Apartment			2
3		Other			3
4		TOTALS	56	16,464	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	2,033	4,583		6,616	5
6	Double Unit					6
7	Other					7
8	TOTALS	2,033	4,583		6,616	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 40.18%

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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL	MODIFIED CASH*	CASH*
[X]	[ ]	[ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/2020 Fiscal Year: 12/31/2020
* 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.

Facility Name: Cedarhurst of Quincy **Report Period Beginning: 03/13/2020 Ending: 12/31/2020**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	64,081	50,639	3,051	117,771		117,771	1
2	Housekeeping, Laundry and Maintenance	37,851	26,808	11,481	76,140		76,140	2
3	Heat and Other Utilities			39,529	39,529		39,529	3
4	Other (specify):							4
5	**TOTAL General Services**	101,932	77,447	54,061	233,440		233,440	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	332,515	1,745	4,269	338,529		338,529	6
7	Activities and Social Services	55,294	4,805	764	60,863		60,863	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	387,809	6,550	5,033	399,392		399,392	9
	C. General Administration							
10	Administrative and Clerical	132,757	25,297	236,197	394,251	(24,664)	369,587	10
11	Marketing Materials, Promotions and Advertising	57,174	82	96,977	154,233		154,233	11
12	Employee Benefits and Payroll Taxes			130,347	130,347		130,347	12
13	Insurance-Property, Liability and Malpractice			39,720	39,720	362	40,082	13
14	Other (specify):							14
15	**TOTAL General Administration**	189,931	25,379	503,241	718,551	(24,302)	694,249	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	679,672	109,376	562,335	1,351,383	(24,302)	1,327,081	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			15,579	15,579	171,031	186,610	17
18	Interest			40,702	40,702	370,665	411,367	18
19	Real Estate Taxes			70,771	70,771		70,771	19
20	Rent -- Facility and Grounds			394,969	394,969	(394,969)		20
21	Rent -- Equipment			546	546		546	21
22	Other (specify):							22
23	**TOTAL Ownership**			522,567	522,567	146,727	669,294	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	679,672	109,376	1,084,902	1,873,950	122,425	1,996,375	24

Facility Name: Cedarhurst of Quincy Report Period Beginning: 03/13/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		$	1
2	Licensed Practical Nurses	0.47	22.00	2
3	Certified Nurse Assistants	5.17	11.98	3
4	Activity Director & Assistants	0.91	17.10	4
5	Social Service Workers			5
6	Head Cook	0.54	17.10	6
7	Cook Helpers/Assistants	1.28	13.40	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	0.06	12.00	10
11	Laundry			11
12	Managers	4.32	25.53	12
13	Other Administrative	0.52	12.25	13
14	Clerical			14
15	Marketing	0.98	27.23	15
16	Other			16
17	Total (lines 1 thru 16)	14.25	$ 17.62	17

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

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
Cedarhurst of Quincy Real Estate, LLC		Quincy, IL		Real Estate - Landlo
Cedarhurst of Quincy Holdings, LLC		Clayon, MO		Holding Company
Cedarhust of Quincy Operator, LLC		Quincy, IL		Operating Company

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 [X]
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 [X] 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: Cedarhurst of Quincy Report Period Beginning: 03/13/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 658,172 Year land was acquired 2018

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	56			2019	$ 6,605,031	$ 132,280	40	$ 132,280	$	$ 288,970	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Wiring for Washer/Dryer Units			2019	800	33	20	33		54	6
7	SLF Repairs/Renovations			2020	105,366	3,951	20	3,951		3,951	7
8	Fire Door from Lobby to B & C Unit			2020	1,576	13	20	13		13	8
9	Repair water run-off drainage			2019	4,496	513	7	513		749	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 6,717,269	$ 136,790		$ 136,790	$	$ 293,737	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	$ 414,773	$ 34,241	$ 34,241	$		$ 72,991	18
19	Vehicles	97,230	15,579	15,579		5	34,030	19
20	TOTAL (lines 18 and 19)	$ 512,003	$ 49,820	$ 49,820	$		$ 107,021	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: Cedarhurst of Quincy Report Period Beginning: 03/13/2020 Ending: 2/31/2020

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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	Town & Country Bank		X	Note Payable - Mortgage	3/13/19	$ 8,850,000	$ 8,850,000	3/13/24	5.1500	$ 370,665	1
2	Steven W. Lanter	X		Note Payable	10/1/19	500,000	500,000	9/30/21	8.0000	40,702	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 9,350,000	$ 9,350,000			$ 411,367	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 9,350,000	$ 9,350,000			$ 411,367	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: Cedarhurst of Quincy **Report Period Beginning:** 03/13/2020 **Ending:** 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 60,271	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	166,165		3
4	Supply Inventory (priced at)	1,978		4
5	Short-Term Investments			5
6	Prepaid Insurance	12,875		6
7	Other Prepaid Expenses	2,546		7
8	Accounts Receivable (owners or related parties)	22		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 243,857	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	97,980		16
17	Accumulated Depreciation (book methods)	(34,030)		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	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 63,950	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 307,807	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 4,420	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,639		30
31	Accrued Taxes Payable	3,141		31
32	Accrued Interest Payable	50,556		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Prepaid Rent (deferred income)	40,030		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 147,786	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	500,000		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Due to Related Party	1,209,325		42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 1,709,325	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 1,857,111	$	45
46	**TOTAL EQUITY**	$ (1,549,304)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 307,807	$	47

***(See instructions.)**

Facility Name: Cedarhurst of Quincy **Report Period Beginning: 03/13/2020 Ending: 12/31/2020**

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,356,152	1
2	Discounts and Allowances	(273,333)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,082,819	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	21,553	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	(12)	8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 21,541	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	**Other Revenue - Rental Income**	250	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 250	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,104,610	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	233,440	19
20	Health Care/ Personal Care	399,392	20
21	General Administration	718,551	21
	B. Capital Expense		
22	Ownership	522,567	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Non-certified mnths Loss	202,491	25
26			26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 2,076,441	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (971,831)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (971,831)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 492,743	32
33	Private Pay - Net Inpatient Revenue	590,076	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,082,819	37