	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: 1000133

Facility Name: Grand Regency of Peoria

Address: 117 N Western Avenue (Number) Peoria (City) 61604 (Zip Code)

County: Peoria

Telephone Number: (309) 674-2400 **Fax #**

Federal Employer ID Number:

Date Current Owners were Certified: 8/24/2011

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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 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)	5/3/2021 (Date)
	(Print Name and Title)	Steven N. Lavenda, CPA Partner
	(Firm Name & Address)	Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015
	(Telephone)	(847) 282-6300 Fax (847) 282-6301

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda Telephone Number: (847) - 282- 6300
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

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	100	Single Unit Apartment	100	36,600	1
2		Double Unit Apartment			2
3		Other			3
4	100	TOTALS	100	36,600	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	21,042	7,879		28,921	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,042	7,879		28,921	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.02%

D. Indicate the number of paid bed-hold days the SLF had during this year None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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 [X] MODIFIED CASH* [ ] CASH* [ ]

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? N/A
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? N/A
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? N/A
If no, explain.

Facility Name: Grand Regency of Peoria **Report Period Beginning: 1/1/2020 Ending: 12/31/2020**

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	208,600	178,175	50,406	437,181		437,181	1
2	Housekeeping, Laundry and Maintenance	212,314	37,276	154,644	404,234	(16,226)	388,008	2
3	Heat and Other Utilities			150,987	150,987	1,344	152,331	3
4	Other (specify):							4
5	**TOTAL General Services**	420,914	215,451	356,037	992,402	(14,882)	977,520	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	372,582	3,439	65,194	441,215		441,215	6
7	Activities and Social Services	47,762	1,101	2,927	51,790		51,790	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	420,344	4,540	68,121	493,005		493,005	9
	C. General Administration							
10	Administrative and Clerical	195,814	4,574	219,332	419,720	(74,579)	345,141	10
11	Marketing Materials, Promotions and Advertising	39,076		8,581	47,657	1,079	48,736	11
12	Employee Benefits and Payroll Taxes			139,511	139,511		139,511	12
13	Insurance-Property, Liability and Malpractice			114,513	114,513	1,465	115,978	13
14	Other (specify):					5,096	5,096	14
15	**TOTAL General Administration**	234,890	4,574	481,937	721,401	(66,939)	654,462	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,076,148	224,565	906,095	2,206,808	(81,821)	2,124,987	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			48,007	48,007	324,985	372,992	17
18	Interest			1,271	1,271	208,000	209,271	18
19	Real Estate Taxes			104,500	104,500		104,500	19
20	Rent -- Facility and Grounds			579,165	579,165	(571,894)	7,271	20
21	Rent -- Equipment			750	750		750	21
22	Other (specify):							22
23	**TOTAL Ownership**			733,693	733,693	(38,909)	694,784	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,076,148	224,565	1,639,788	2,940,501	(120,730)	2,819,771	24

Grand Regency of Peoria

Report Period Beginning: 1/1/2020
Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ 324,985	17	1
2	Interest Income	(380)	18	2
3	Bad Debts	(1,620)	10	3
4	Bank Charges	(4,301)	10	4
5	Cable Service	(12,424)	02	5
6	Use Tax	(139)	10	6
7	Capitalized R&M	(4,743)	02	7
8	Additional R&M	500	02	8
9				9
10	BUILDING COMPANY			10
11	Rent Revenue	(579,165)	20	11
12	Interest Income	(23)	18	12
13	Mortgage Interest	208,402	18	13
14				14
15				15
16	MANAGEMENT COMPANY			16
17	Housekeeping/Maint/Laundry	441	02	17
18	Utilities	1,344	03	18
19	Administrative and General	90,553	10	19
20	Advertising and Marketing	1,079	11	20
21	Insurance	1,465	13	21
22	Admin Emp Benefits & Payroll Taxes	5,096	14	22
23	Building Rental	7,271	20	23
24	Management Fees	(159,072)	10	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
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99				99
100				100
101	**Total**	(120,730)		101

Facility Name: Grand Regency of Peoria | Report Period Beginning 1/1/2020 | Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.90	$ 25.48	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.45	11.14	3
4	Activity Director & Assistants	1.36	16.83	4
5	Social Service Workers			5
6	Head Cook	0.85	19.42	6
7	Cook Helpers/Assistants	8.10	10.35	7
8	Dishwashers			8
9	Maintenance Workers	1.63	18.83	9
10	Housekeepers	6.45	11.07	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.93	43.21	13
14	Clerical	3.90	13.83	14
15	Marketing	0.62	30.34	15
16	Other			16
17	Total (lines 1 thru 16)	36.19	$ 14.30	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	N/A			$	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
Rockford SLF	Rockford, IL
Coles SLF	Chicago, IL
Jackson Park SLF	Chicago, IL
Robbins SLF	Robbins, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Robbins SLF Realty	Robbins SLF Realty	Building Co
Grand Lifestyles	Grand Lifestyles	Management Co
Grand at Twin Lakes	Grand at Twin Lakes	Ind. Living

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: N/A If yes, what is the value of those services? $ N/A
(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: Grand Regency of Peoria Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 548,029 Year land was acquired 2019

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	100		2019		$ 5,679,575	$ 48,007	35	$ 162,274	$ 114,267	$ 162,274	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				41,868		20	2,093	2,093	2,093	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)				$ 5,721,443	$ 48,007		$ 164,367	$ 116,360	$ 164,367	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	$ 2,086,250	$	$ 208,625	208,625		$ 208,625	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	$ 2,086,250	$	$ 208,625	208,625		$ 208,625	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 & ID Number Grand Regency of Peoria # Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	Tree Removal, Core Aeration	2020	8,955		20	448	448	448	1
2	Back Flow Corrections Made	2020	6,900		20	345	345	345	2
3	Asbestos Abatement	2020	4,700		20	235	235	235	3
4	Carpet Install	2020	16,570		20	828	828	828	4
5	Carpet Install	2020	4,743		20	237	237	237	5
6									6
7									7
8									8
9									9
10									10
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 41,868	$		$ 2,093	$ 2,093	$ 2,093	34

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

Facility Name & ID Number Grand Regency of Peoria # Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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									1
2									2
3									3
4									4
5									5
6									6
7									7
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name & ID Number Grand Regency of Peoria
Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name: Grand Regency of Peoria | Report Period Beginning: 1/1/2020 | Ending: 2/31/2020

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	Allocated from Grand Lifestyles			/ /	7,271			6
7	TOTAL				$ 7,271			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment $ 750

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	NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	MB Financial		X	Mortgage	/ /	$	$ 6,000,000	/ /		$ 208,402	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MB Financial		X	Line of Credit	/ /			/ /		1,271	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$ 6,000,000			$ 209,673	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-380	8
9	Interest Income - Bldg Co		X		/ /			/ /		-23	9
10	TOTALS (lines 7, 8 and 9)					$	$ 6,000,000			$ 209,270	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: Grand Regency of Peoria | Report Period Beginning: 1/1/2020 | 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	$ 580,489	$ 725,548	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	155,127	155,127	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	61,497	61,497	6
7	Other Prepaid Expenses		57,619	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	46,430	92,860	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 843,543	$ 1,092,651	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		548,029	13
14	Buildings, at Historical Cost	8,955	4,941,218	14
15	Leasehold Improvements, at Historical Cost	28,670	775,982	15
16	Equipment, at Historical Cost	10,382	2,086,250	16
17	Accumulated Depreciation (book methods)	(48,007)	(2,938,463)	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):		50,672	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$ 5,463,688	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 843,543	$ 6,556,339	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 22,500	$ 22,500	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	83,439	83,439	30
31	Accrued Taxes Payable	46,430	156,085	31
32	Accrued Interest Payable		15,003	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36		250	250	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 152,619	$ 277,277	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		6,000,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43		293,948	293,948	43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 293,948	$ 6,293,948	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 446,567	$ 6,571,225	45
46	**TOTAL EQUITY**	$ 396,976	$ (14,886)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 843,543	$ 6,556,339	47

*(See instructions.)

Facility Name: Grand Regency of Peoria Report Period Beginning: 1/1/2020 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	$ 3,191,805	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,191,805	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	380	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 380	14
	D. Other Revenue (specify):		
15		269,400	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 269,400	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,461,585	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	992,402	19
20	Health Care/ Personal Care	493,005	20
21	General Administration	721,401	21
	B. Capital Expense		
22	Ownership	733,693	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)**	$ 2,940,501	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 521,084	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 521,084	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,528,742	32
33	Private Pay - Net Inpatient Revenue	1,663,063	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,191,805	37