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: 1000119

Facility Name: Hickory Grove Apartments SLF

Address: 400 South Adams (Number) Carthage (City) 62321 (Zip Code)

County: Hancock

Telephone Number: (217) 357-8800 **Fax #** (217) 357-8890

Federal Employer ID Number:

Date Current Owners were Certified: 10/30/2009

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Teresa Smith **Telephone Number:** (217) 357-8573
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 01/01/2020 to 12/31/20 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) TeresaSmith 4/29/2020 (Date)
(Type or Print Name) Teresa Smith
(Title) Chief Financial Officer

Paid Preparer

(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

Facility Name Hickory Grove Apartments SLF Report Period Beginning: 01/01/2020 Ending: 12/31/20

III. STATISTICAL DATA

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

	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	27	Single Unit Apartment	27	9,882	1
2	15	Double Unit Apartment	15	5,490	2
3		Other		744	3
4	42	TOTALS	42	16,116	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	4,013	8,687		12,700	5
6	Double Unit	366	1,549		1,915	6
7	Other	366	378		744	7
8	TOTALS	4,745	10,614		15,359	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.30%

D. Indicate the number of paid bed-hold days the SLF had during this year 417 **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 Fiscal Year: 12/31
* 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? YES **If yes, did the facility make all of the required payments of interest and principal?** YES
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: Hickory Grove Apartments SLF **Report Period Beginning: 01/01/2020 Ending: 12/31/20**

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	273,909	153,444	5,981	433,334		433,334	1
2	Housekeeping, Laundry and Maintenance		27,475	44,358	71,833		71,833	2
3	Heat and Other Utilities			79,094	79,094	(5,222)	73,872	3
4	Other (specify):	427,566	11,592		439,158		439,158	4
5	**TOTAL General Services**	701,475	192,511	129,432	1,023,419	(5,222)	1,018,197	5
	B. Health Care and Programs							
6	Health Care/ Personal Care							6
7	Activities and Social Services		12,593	5,141	17,733		17,733	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**		12,593	5,141	17,733		17,733	9
	C. General Administration							
10	Administrative and Clerical	102,032	24,088	89,392	215,512		215,512	10
11	Marketing Materials, Promotions and Advertising			6,697	6,697		6,697	11
12	Employee Benefits and Payroll Taxes			118,282	118,282		118,282	12
13	Insurance-Property, Liability and Malpractice			34,381	34,381		34,381	13
14	Other (specify):							14
15	**TOTAL General Administration**	102,032	24,088	248,752	374,872		374,872	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	803,508	229,192	383,325	1,416,024	(5,222)	1,410,802	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			307,348	307,348		307,348	17
18	Interest			230,298	230,298		230,298	18
19	Real Estate Taxes			49,992	49,992		49,992	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			587,637	587,637		587,637	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	803,508	229,192	970,962	2,003,661	(5,222)	1,998,439	24

Facility Name: Hickory Grove Apartments SLF Report Period Beginning: 01/01/2020 Ending: 12/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 26.66	1
2	Licensed Practical Nurses	2	20.18	2
3	Certified Nurse Assistants	14	14.92	3
4	Activity Director & Assistants	1	13.26	4
5	Social Service Workers			5
6	Head Cook	1	16.28	6
7	Cook Helpers/Assistants	3	12.66	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	2	25.93	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24	$	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				OTHER RELATED BUSINESS ENTITIES				
Name	1	City	2	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).

Facility Name: Hickory Grove Apartments SLF Report Period Beginning: 01/01/2020 Ending: 12/31/20

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	22			2009	$ 3,078,496	$ 79,331	39	$ 78,936	$ (395)	$ 865,680	1
2	20			2016	3,880,941	154,698	25	155,238	539	648,692	2
3											3
4											4
5											5
	Improvement Type										
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)				$ 6,959,437	$ 234,029		$ 234,173	$ 144	$ 1,514,372	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	$ 518,188	$ 43,418	$ 43,182	(236)	11	$ 328,452	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 518,188	$ 43,418	$ 43,182	(236)		$ 328,452	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		$ 449,932	$ $ 28,093	$ $ 112,045	21
22		35,260	2,046	25,412	22
23					23
24	TOTALS (lines 21, 22 and 23)	$ 485,192	$ 30,139	$ 137,457	24

Facility Name: Hickory Grove Apartments SLF Report Period Beginning: 01/01/2020 Ending: 12/31/20

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			X	Permanent Mortgage	7/6/10	$ 2,700,000	$ 2,490,836	7/1/35	6.5800	$ 128,623	1
2			X	Permanent Mortgage	11/2/16	3,965,000	3,751,713	11/2/46	2.3750	91,673	2
3					/ /			/ /		10,001	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 6,665,000	$ 6,242,549			$ 230,297	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 6,665,000	$ 6,242,549			$ 230,297	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: Hickory Grove Apartments SLF **Report Period Beginning:** 01/01/2020 **Ending:** 12/31/20

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 493,343	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	48,471		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	61,591		5
6	Prepaid Insurance	8,642		6
7	Other Prepaid Expenses	28,666		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	23,502		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 664,216	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	104,880		12
13	Land	119,254		13
14	Buildings, at Historical Cost	7,118,290		14
15	Leasehold Improvements, at Historical Cost	485,192		15
16	Equipment, at Historical Cost	525,953		16
17	Accumulated Depreciation (book methods)	(1,980,281)		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): Interest Receivable	2,077		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,375,366	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,039,581	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 36,520	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	133,315		29
30	Accrued Salaries Payable	23,962		30
31	Accrued Taxes Payable	20,827		31
32	Accrued Interest Payable			32
33	Deferred Compensation			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)**	$ 214,624	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	6,109,234		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 6,109,234	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 6,323,857	$	45
46	**TOTAL EQUITY**	$ 715,724	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 7,039,581	$	47

***(See instructions.)**

Facility Name: Hickory Grove Apartments SLF **Report Period Beginning: 01/01/2020 Ending: 12/31/20**

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	$ 1,788,518	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,788,518	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	29,501	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 29,501	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)**	$ 1,818,019	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,014,612	19
20	Health Care/ Personal Care	17,733	20
21	General Administration	374,872	21
	B. Capital Expense		
22	Ownership	587,637	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)**	$ 1,994,854	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (176,835)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (176,835)	31
	III. Net Resident Care Revenue detailed by Payer Source		
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	TOTAL (This total must agree to Line 3)	$	37

	Operating Expenses	Costs Per General Ledger Salary/Wag 1	Supplies 2	Other 3	Total 4	Reclassificatid Adjustme 5	Adjusted Total 6		
3	Heat and Other Utilities			**75,078**	**75,078**	**(4,790)**	**70,288**	**3**	Adjustment for nonallowable expenses (Resident Cable)

	Nature of Purchase	Facility Book Valu	Actual Cost
Line 2 Other	Maintanence	15,212.88	15,212.88
Line 10 Other	Fiscal Services	59,611.80	59,611.80