	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: 1000147

Facility Name: Blue Island SLF, LLC

Address: 1546 W. Water Street (Number) Blue Island (City) 60406 (Zip Code)

County: Cook

Telephone Number: (708) 489-1503 **Fax #** (708) 489-1506

Federal Employer ID Number:

Date Current Owners were Certified: 10/29/2014

Type of Ownership:

VOLUNTARY, NON-PROFIT	PROPRIETARY	GOVERNMENTAL
[ ]	[X]	[ ]
[ ] 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 1/1/20 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)	(Date)
	(Type or Print Name)	Steve Hippel
	(Title)	Chief Financial Officer
Paid Preparer	(Signed)	(Date)
	(Print Name and Title)	Denise A. Leonard, CPA Partner
	(Firm Name & Address)	Plante Moran, PLLC 1111 Superior Ave, Suite 1250 Cleveland, OH 44114
	(Telephone)	(216) 274-6514 Fax (248) 233-7349

In the event there are further questions about this report, please contact:
Name: Anna Kobrzak Telephone Number: (312) 673-4360
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

Facility Name: Blue Island SLF, LLC — Report Period Beginning: 1/1/20 Ending: 12/31/20

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	120	Single Unit Apartment	120	43,920	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,920	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	33,408	2,823		36,231	5
6	Double Unit					6
7	Other					7
8	TOTALS	33,408	2,823		36,231	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.49%

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)
None

H. ACCOUNTING BASIS

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

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/20 Fiscal Year: 12/31/20
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principal? Yes
If no, explain. N/A

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. N/A

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. N/A

Facility Name: Blue Island SLF, LLC | Report Period Beginning: 1/1/20 | 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	329,442	318,509	1,692	649,643	(107,986)	541,657	1
2	Housekeeping, Laundry and Maintenance	162,192	146,081		308,273	(19,884)	288,389	2
3	Heat and Other Utilities			122,909	122,909		122,909	3
4	Other (specify):			11,141	11,141		11,141	4
5	TOTAL General Services	491,634	464,590	135,742	1,091,966	(127,870)	964,096	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	839,396	78,821	8,762	926,979		926,979	6
7	Activities and Social Services	67,661	1,989	2,428	72,078	(250)	71,828	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	907,057	80,810	11,190	999,057	(250)	998,807	9
	C. General Administration							
10	Administrative and Clerical	230,586	26,601	423,149	680,336	(11,191)	669,145	10
11	Marketing Materials, Promotions and Advertising	84,883	5,829	108,066	198,778		198,778	11
12	Employee Benefits and Payroll Taxes			206,096	206,096		206,096	12
13	Insurance-Property, Liability and Malpractice			167,654	167,654		167,654	13
14	Other (specify):			16,692	16,692	(16,692)		14
15	TOTAL General Administration	315,469	32,430	921,657	1,269,556	(27,883)	1,241,673	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,714,160	577,830	1,068,589	3,360,579	(156,003)	3,204,576	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			599,971	599,971	99,323	699,294	17
18	Interest			773,092	773,092	(12,159)	760,933	18
19	Real Estate Taxes			437,590	437,590		437,590	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			32,659	32,659		32,659	21
22	Other (specify):			66,827	66,827	(66,827)		22
23	TOTAL Ownership			1,910,139	1,910,139	20,337	1,930,476	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,714,160	577,830	2,978,728	5,270,718	(135,666)	5,135,052	24

Facility Name: Blue Island SLF, LLC

Report Period Beginning 1/1/20 Ending: 12/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.16	$ 20.99	1
2	Licensed Practical Nurses	2.94	25.31	2
3	Certified Nurse Assistants	13.10	14.74	3
4	Activity Director & Assistants	1.88	17.30	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.34	16.96	7
8	Dishwashers			8
9	Maintenance Workers	2.57	20.61	9
10	Housekeepers	1.82	13.74	10
11	Laundry			11
12	Managers (AL Director)	0.86	33.90	12
13	Other Administrative (ED)	0.46	39.62	13
14	Clerical	3.69	25.57	14
15	Marketing	1.04	42.15	15
16	Other COVID-19 Wage Adj	5.30	19.16	16
17	**Total (lines 1 thru 16)**	43.16	$ 19.16	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	Senior Lifestyle Management, LLC	$ 282,930	1
2			2
	Total	$ 282,930	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

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 [ ] NO [X]

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: Blue Island SLF, LLC Report Period Beginning: 1/1/20 Ending: 12/31/20

VIII. OWNERSHIP COSTS

A. Purchase price of land 750,677 Year land was acquired 2014

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	120		2014	2014	$ 14,831,544	$	27	$ 549,316	$ 549,316	$ 3,845,215	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2017	42,952		20	2,148	2,148	8,591	6
7	Disposal			2018	(10,499)		20	(525)	(525)	(1,575)	7
8	Community Flooring Replacement			2019	78,945		20	3,947	3,947	7,894	8
9	Disposal of 2019 Assets			2020	(78,397)		20	(3,920)	(3,920)	(3,920)	9
10											10
11											11
12											12
13											13
14											14
15											15
16	Book Depreciation					599,971			(599,971)		16
17	TOTAL (lines 1 thru 16)				$ 14,864,545	$ 599,971		$ 550,966	$ (49,005)	$ 3,856,205	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	$ 1,423,284	$	$ 142,328	142,328	10	$ 1,560,372	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 1,423,284	$	$ 142,328	142,328		$ 1,560,372	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: Blue Island SLF, LLC   Report Period Beginning: 1/1/20   Ending: 12/31/20

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 [X] NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	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 [X] NO

9. Rental amount for movable equipment $ 32,659

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	IHDA		X	Home Loan	10/29/14	$ 2,202,042	$ 3,488,035	6/1/43	4.3000	$	1
2	IHDA		X	Bonds	10/29/14	12,355,149	13,155,503	6/1/43	5.7500	773,092	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 14,557,191	$ 16,643,538			$ 773,092	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-12,159	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 14,557,191	$ 16,643,538			$ 760,933	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: Blue Island SLF, LLC | Report Period Beginning: 1/1/20 | 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	$ 1,611,372	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,286,462 (512,142)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	125,921		6
7	Other Prepaid Expenses	3,949		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,515,562	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	750,677		13
14	Buildings, at Historical Cost	14,207,656		14
15	Leasehold Improvements, at Historical Cost	692,388		15
16	Equipment, at Historical Cost	1,423,284		16
17	Accumulated Depreciation (book methods)	(4,871,046)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	633,510		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(246,506)		20
21	Restricted Funds	234,202		21
22	Other Long-Term Assets (specify):	1,047,475		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 13,871,640	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 16,387,202	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 213,371	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,442		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	89,227		30
31	Accrued Taxes Payable	462,828		31
32	Accrued Interest Payable	167,876		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Other Accruals	40,012		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 977,756	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	3,488,035		38
39	Mortgage Payable			39
40	Bonds Payable	13,155,503		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany	2,270,553		42
43	Deferred Revenues	110,362		43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 19,024,453	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 20,002,209	$	45
46	**TOTAL EQUITY**	$ (3,615,007)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 16,387,202	$	47

*(See instructions.)

Facility Name: Blue Island SLF, LLC   Report Period Beginning: 1/1/20   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	$ 4,377,781	1
2	Discounts and Allowances	(5,228)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,372,553	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	345,755	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	107,986	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 453,741	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	12,160	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 12,160	14
	D. Other Revenue (specify):		
15	**Other Miscellaneous Income**	1,668	15
16	**Other Rental Income**	19,884	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 21,552	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,860,006	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,091,966	19
20	Health Care/ Personal Care	999,057	20
21	General Administration	1,269,556	21
	B. Capital Expense		
22	Ownership	1,910,139	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)**	$ 5,270,718	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (410,712)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (410,712)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 4,061,213	32
33	Private Pay - Net Inpatient Revenue	311,340	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,372,553	37