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: 1000106

Facility Name: WOODRIDGE SL RES GALESBURG

Address: 261 NORTH LINWOOD RD (Number) GALESBURG (City) 61401 (Zip Code)

County: KNOX

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

Federal Employer ID Number:

Date Current Owners were Certified: 10/15/2008

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: 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 1/1/2020 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) 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 607
(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

Facility Name WOODRIDGE SL RES GALESBURG Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	52	Single Unit Apartment	52	19,032	1
2	8	Double Unit Apartment	8	2,928	2
3		Other			3
4	60	TOTALS	60	21,960	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	5,637	12,229		17,866	5
6	Double Unit		1,464		1,464	6
7	Other					7
8	TOTALS	5,637	13,693		19,330	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.02%

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: 2020 Fiscal Year: 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: WOODRIDGE SL RES GALESBURG **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				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	154,608	144,228	1,103	299,939	(1,584)	298,355	1
2	Housekeeping, Laundry and Maintenance	81,378	46,241	10,785	138,404		138,404	2
3	Heat and Other Utilities			69,409	69,409		69,409	3
4	Other (specify) Scavenger & Exterminating Services			6,489	6,489		6,489	4
5	**TOTAL General Services**	235,986	190,469	87,786	514,241	(1,584)	512,657	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	454,436	28,643		483,079		483,079	6
7	Activities and Social Services	41,161	4,733		45,894		45,894	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	495,597	33,376		528,973		528,973	9
	C. General Administration							
10	Administrative and Clerical	65,761	12,373	158,948	237,082	12,200	249,282	10
11	Marketing Materials, Promotions and Advertising			2,604	2,604		2,604	11
12	Employee Benefits and Payroll Taxes			137,015	137,015		137,015	12
13	Insurance-Property, Liability and Malpractice			42,469	42,469	9,371	51,840	13
14	Other (specify):							14
15	**TOTAL General Administration**	65,761	12,373	341,036	419,170	21,571	440,741	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	797,344	236,218	428,822	1,462,384	19,987	1,482,371	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,236	4,236	83,939	88,175	17
18	Interest			161	161	163,783	163,944	18
19	Real Estate Taxes					81,612	81,612	19
20	Rent -- Facility and Grounds			420,000	420,000	(420,000)		20
21	Rent -- Equipment			13,052	13,052		13,052	21
22	Other (specify) Mortgage Insurance					27,131	27,131	22
23	**TOTAL Ownership**			437,449	437,449	(63,535)	373,914	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	797,344	236,218	866,271	1,899,833	(43,548)	1,856,285	24

Facility Name: WOODRIDGE SL RES GALESBURG 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	1	$ 26.30	1
2	Licensed Practical Nurses	3	23.24	2
3	Certified Nurse Assistants	9	12.41	3
4	Activity Director & Assistants	1	12.68	4
5	Social Service Workers			5
6	Head Cook	3	13.59	6
7	Cook Helpers/Assistants	4	10.05	7
8	Dishwashers			8
9	Maintenance Workers	1	16.05	9
10	Housekeepers	2	12.76	10
11	Laundry			11
12	Managers	1	31.58	12
13	Other Administrative			13
14	Clerical	1	10.00	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	27	$ 16.86	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	MARSHALL MAUER		1.5	$ 9,406	1
2	DANIEL AARON		0.25	1,077	2
3					3
4					4
5					5
			Total	$ 10,483	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
WOODRIDGE OF GENESEO	GENESEO			
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 [X] NO [ ]
Name of related entity: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? $ 139,616
(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: WOODRIDGE SL RES GALESBURG Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	60		2008	2008	$ 4,270,281	$ 109,494	27.5	$ 109,494	$	$ 1,662,806	1
2											2
3	RELATED PARTY				13,585			388	388		3
4											4
5											5
	Improvement Type										
6	WATERSOFTENER			2009	9,217	335	27.5	335		3,839	6
7	SIDEWALK REPAIR			2010	3,300	120	27.5	120		1,255	7
8	CARPETING			2010	3,268	119	27.5	119		1,244	8
9	FURNACE REPAIRS			2012	706	26	27.5	26		232	9
10	CARPETING			2012	6,195	225	27.5	225		1,809	10
11	REPLACED CAMERAS & DVR			2013	4,982	181	27.5	181		1,372	11
12	OFFSET SUPPLY TRAP			2013	2,126	77	27.5	77		545	12
13	NURSE CALL, PENDANT, WIRELESS CONNECTION			2014	18,640	678	27.5	678		4,249	13
14	REPAIR LEAK, INSTALL RECIRCULATING PUMP			2014	6,505	237	27.5	237		1,611	14
15	ROOF WORK			2014	1,522	55	27.5	55		335	15
16	DOOR			2015	2,025	74	27.5	74		382	16
17	TOTAL (lines 1 thru 16)				$ 4,342,352	$ 111,621		$ 112,009	$ 388	$ 1,679,679	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	$ 294,770	$ 308	$ 28,408	28,100	10	$ 281,873	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 294,770	$ 308	$ 28,408	28,100		$ 281,873	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 WOODRIDGE SL RES GALESBURG # 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	Totals from Page 5, Carried Forward		$ 4,342,352	$ 111,621		$ 112,009	$ 388	$ 1,679,679	1
2	CONCRETE WORK	2016	3,250	118	27.5	118		511	2
3	VENT REPAIR	2016	3,800	138	27.5	138		598	3
4	FLOORING	2017	2,001	73	27.5	73		255	4
5	SIDING	2017	36,685	1,334	27.5	1,334		4,669	5
6	INSTALL NEW SECURITY CAMERAS	2018	3,801	138	27.5	138		339	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21	RELATED PARTY: GALESBURG NORTHWEST HOLDINGS LLC								21
22	INSTALL NEW ROOF	2018	86,684	2,222	39	2,222		6,308	22
23	CONCRETE WORK	2020	4,840	323	15	323		323	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,483,413	$ 115,967		$ 116,355	$ 388	$ 1,692,682	34

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

Facility Name: WOODRIDGE SL RES GALESBURG 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				/ /				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	MIDLAND BANK		X	MORTGAGE	4/9/14	$ 4,743,200	$ 4,124,715	5/1/44	4.0000	$ 166,996	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 4,743,200	$ 4,124,715			$ 166,996	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 4,743,200	$ 4,124,715			$ 166,996	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 GALESBURG **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	$ 11,149	$ 12,546	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 9,033)	105,618	105,618	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,185	49,206	6
7	Other Prepaid Expenses	908	908	7
8	Accounts Receivable (owners or related parties)	522,573	522,573	8
9	Other(specify): ESCROWS		201,078	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 675,433	$ 891,929	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		89,000	13
14	Buildings, at Historical Cost		4,270,281	14
15	Leasehold Improvements, at Historical Cost	108,024	199,548	15
16	Equipment, at Historical Cost	77,669	294,770	16
17	Accumulated Depreciation (book methods)	(87,957)	(1,645,615)	17
18	Deferred Charg **Deferred Loan Costs -Net**		88,589	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): DEPOSIT ON FIXED ASSETS	6,237	6,237	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 103,973	$ 3,302,810	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 779,406	$ 4,194,739	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 196,351	$ 203,351	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		108,646	29
30	Accrued Salaries Payable	67,648		30
31	Accrued Taxes Payable	3,313	84,313	31
32	Accrued Interest Payable		13,756	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	INTERCOMPANY PAYABLE	373,778		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 641,090	$ 410,066	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,018,070	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)**	$	$ 4,018,070	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 641,090	$ 4,428,136	45
46	**TOTAL EQUITY**	$ 138,316	$ (233,397)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 779,406	$ 4,194,739	47

***(See instructions.)**

Facility Name: WOODRIDGE SL RES GALESBURG 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	$ 1,961,359	1
2	Discounts and Allowances	(91,797)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,869,562	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	3,213	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 3,213	14
	D. Other Revenue (specify):		
15			15
16	**STIMULUS PAYMENT**	40,473	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 40,473	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,913,248	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	514,241	19
20	Health Care/ Personal Care	528,973	20
21	General Administration	419,170	21
	B. Capital Expense		
22	Ownership	437,449	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**PRIOR YEAR ADJUSTMENT**	1,309	26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 1,901,142	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 12,106	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 12,106	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 565,904	32
33	Private Pay - Net Inpatient Revenue	1,395,455	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,961,359	37

WOODBRIDGE OF GALESBURG
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
WOODBRIDGE	CHICAGO

OTHER RELATED BUSINESSES

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

12/31/2020

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 1	SALES TAX ON FOOD	(1,584)
LINE 17	STRAIGHT LINE DEPRECIATION	(28,100)
LINE 18	INTEREST INCOME	(3,213)

RELATED PARTY LANDLORD

LINE 20	RENT	(420,000)
LINE 10	PROFESSIONAL FEES	12,200
LINE 13	INSURANCE-PROPERTY	9,371
LINE 17	DEPRECIATION	112,039
LINE 18	MORTGAGE INTEREST	166,996
LINE 19	REAL ESTATE TAXES	81,612
LINE 22	MORTGAGE INSURANCE	27,131
LINE 24	GRAND TOTAL	(43,548)

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES		108,000
	UTILITIES	712	
	REPAIR & MAINT	4,426	
	NURSE CONSULTANT	7,716	
	PROFESSIONAL FEES	2,099	
	DUES & SUBCRIPTIONS	1,280	
	CLERICAL & GENERAL	16,081	
	SEMINAR & TRAVEL	168	
	AUTO EXPENSE	1,665	
	INSURANCE	2,080	
	DEPRECIATION	756	
	INTEREST	1,401	