FOR BHF USE

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)

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: 1000001

Facility Name: Evergreen Place Beardstown

Address: 8570 St Lukes Drive (Number) Beardstown (City) 62618 (Zip Code)

County: Cass

Telephone Number: (217) 323-1860 **Fax #** ( )

Federal Employer ID Number:

Date Current Owners were Certified: 1999

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: David M Underwood **Telephone Number:** ( )
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 1/1/2018 to 12/31/2018 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) David M Underwood
(Title) EVP/CFO

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 Evergreen Place Beardstown Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	26	Single Unit Apartment	26	9,490	1
2		Double Unit Apartment			2
3		Other			3
4	26	TOTALS	26	9,490	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	3,860	5,164		9,024	5
6	Double Unit					6
7	Other					7
8	TOTALS	3,860	5,164		9,024	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.09%

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.** _____ **(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 [x] NO [ ]

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: _____ **Fiscal Year:** _____
*** All facilities other than governmental must report on the accrual basis.**

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

Facility Name: Evergreen Place Beardstown **Report Period Beginning: 1/1/2018 Ending: 12/31/2018**

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	61,371	68,568		129,940		129,940	1
2	Housekeeping, Laundry and Maintenance	64,987	12,871		77,858		77,858	2
3	Heat and Other Utilities			58,073	58,073		58,073	3
4	Other (specify):							4
5	**TOTAL General Services**	126,358	81,440	58,073	265,870		265,870	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	229,664	527		230,191		230,191	6
7	Activities and Social Services	17,290	6,106		23,396		23,396	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	246,954	6,633		253,587		253,587	9
	C. General Administration							
10	Administrative and Clerical	60,059	9,392		69,451		69,451	10
11	Marketing Materials, Promotions and Advertising			9,200	9,200		9,200	11
12	Employee Benefits and Payroll Taxes			109,216	109,216		109,216	12
13	Insurance-Property, Liability and Malpractice			9,493	9,493		9,493	13
14	Other (specify):							14
15	**TOTAL General Administration**	60,059	9,392	127,909	197,360		197,360	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	433,371	97,465	185,982	716,817		716,817	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			59,456	59,456		59,456	17
18	Interest			29,463	29,463		29,463	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			113,880	113,880		113,880	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			202,799	202,799		202,799	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	433,371	97,465	388,781	919,616		919,616	24

Facility Name: Evergreen Place Beardstown Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.76	$ 29.87	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6.81	13.95	3
4	Activity Director & Assistants	0.58	15.25	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.06	10.27	7
8	Dishwashers			8
9	Maintenance Workers	0.79	17.66	9
10	Housekeepers	1.87	10.33	10
11	Laundry			11
12	Managers	1.00	27.73	12
13	Other Administrative			13
14	Clerical	0.18	17.35	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	15.05	$ 14.77	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	None			$	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
Heritage Manor-Beardstown LLC	Beardstown			
Heritage Manor RE-Beardstown LLC	Bloomington			

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: Evergreen Place Beardstown Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	26				$	$ 59,456		$ 59,456	$	$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Replace compressor			2012	14,538						6
7	Elevator door restrictor			2013	6,300						7
8	Duct heater replacement			2013	3,341						8
9	Replace dishwasher			2014	5,478						9
10	Rebuild fan motor			2014	3,608						10
11	Chiller replacement			2014	150,950						11
12	Duct heater replacement			2015	6,295						12
13	Window replacements			2015	53,001						13
14	Replaced electric water heater			2017	9,174						14
15	Replaced motherboard - chiller			2018	2,795						15
16	Installed infared protection system			2018	3,068						16
17	TOTAL (lines 1 thru 16)				$ 258,548	$ 59,456		$ 59,456	$	$	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	$	$	$	$		$ -	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$	$	$	$		$	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: Evergreen Place Beardstown Report Period Beginning: 1/1/2018 Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Heritage Manor Real Estate LLC

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 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		26	/ /	$ 113,880			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		26		$ 113,880			7

8. Is movable equipment rental included in building rental? [ ] YES [x] 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					/ /	$	$	/ /		$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Busey Bank		x		/ /			/ /		29,463	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$			$ 29,463	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$			$ 29,463	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: Evergreen Place Beardstown **Report Period Beginning:** 1/1/2018 **Ending:** 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 3,590	$	1
2	Cash-Patient Deposits	17,448		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	803,316		3
4	Supply Inventory (priced FIFO)	26,372		4
5	Short-Term Investments			5
6	Prepaid Insurance	2,760		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(627,502)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 225,984	$	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			16
17	Accumulated Depreciation (book methods)			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)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 225,984	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 186,203	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,448		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	195,837		30
31	Accrued Taxes Payable	9,211		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)**	$ 408,699	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			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)**	$	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 408,699	$	45
46	**TOTAL EQUITY**	$ (182,715)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 225,984	$	47

***(See instructions.)**

Facility Name: Evergreen Place Beardstown Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	$ 836,253	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 836,253	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		13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$	14
	D. Other Revenue (specify):		
15	**Miscellaneous**		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)**	$ 836,253	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	265,870	19
20	Health Care/ Personal Care	253,587	20
21	General Administration	197,360	21
	B. Capital Expense		
22	Ownership	202,799	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)**	$ 919,616	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (83,363)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (83,363)	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