FOR BHF USE

LL1

2021
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2021)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0048918

Facility Name: Heritage Health Jacksonville

Address: 873 Grove Street (Number) Jacksonville (City) 62650 (Zip Code)

County: Morgan

Telephone Number: 217-479-3400 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2007

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: David M Underwood **Telephone Number:** (309)8237135
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 1/1/2021 to 12/31/2021 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
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	175	Skilled (SNF)	175	63,875	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	23	Sheltered Care (SC)	23	8,395	5
6		ICF/DD 16 or Less			6
7	198	TOTALS	198	72,270	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	16,444	10,020	6,041	32,505	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC	196	31		227	12
13	DD 16 OR LESS					13
14	TOTALS	16,640	10,051	6,041	32,732	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 45.29%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [xx]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [xx]

I. On what date did you start providing long term care at this location?
Date started July 2007

J. Was the facility purchased or leased after January 1, 1978?
YES [xx] Date 2005 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified 175 and days of care provided 6,041

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [xx] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	465,585	25,581	7,655	498,821		498,821	10,169	508,990			1
2	Food Purchase		245,801		245,801		245,801	(448)	245,353			2
3	Housekeeping	259,442	38,636		298,078		298,078	3,478	301,556			3
4	Laundry	156,155	11,795		167,950		167,950	175	168,125			4
5	Heat and Other Utilities			222,105	222,105		222,105	271	222,376			5
6	Maintenance	172,382	100,568	165,881	438,831		438,831	32,260	471,091			6
7	Other (specify):*											7
8	TOTAL General Services	1,053,564	422,381	395,641	1,871,586		1,871,586	45,905	1,917,491			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	2,527,739	216,611	1,353,634	4,097,984	(7,378)	4,090,606	58,392	4,148,998			10
10a	Therapy		359,551	67,454	427,005	(419,627)	7,378		7,378			10a
11	Activities	127,774	5,556		133,330		133,330	39	133,369			11
12	Social Services	85,121	1,310	4,810	91,241		91,241	125	91,366			12
13	CNA Training	2,484	978		3,462		3,462		3,462			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,743,118	584,006	1,449,898	4,777,022	(427,005)	4,350,017	58,556	4,408,573			16
	C. General Administration											
17	Administrative	97,018			97,018		97,018		97,018			17
18	Directors Fees											18
19	Professional Services			534,792	534,792		534,792	(485,633)	49,159			19
20	Dues, Fees, Subscriptions & Promotions			315,177	315,177	(252,139)	63,038	(29,551)	33,487			20
21	Clerical & General Office Expenses	353,183	27,390	12,987	393,560		393,560	812,266	1,205,826			21
22	Employee Benefits & Payroll Taxes			1,010,522	1,010,522		1,010,522	39,105	1,049,627			22
23	Inservice Training & Education			493	493		493	2,095	2,588			23
24	Travel and Seminar			4,756	4,756		4,756	243	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			119,012	119,012		119,012	104,969	223,981			26
27	Other (specify):* Lost resident items			5,372	5,372		5,372	(4,025)	1,347			27
28	TOTAL General Administration	450,201	27,390	2,003,111	2,480,702	(252,139)	2,228,563	439,469	2,668,032			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,246,883	1,033,777	3,848,650	9,129,310	(679,144)	8,450,166	543,930	8,994,096			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Health Jacksonville #0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation							364,259	364,259			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			78,191	78,191		78,191	101,604	179,795			32
33	Real Estate Taxes							98,308	98,308			33
34	Rent-Facility & Grounds			1,038,060	1,038,060		1,038,060	(1,026,495)	11,565			34
35	Rent-Equipment & Vehicles			55,091	55,091		55,091	19,923	75,014			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,171,342	1,171,342		1,171,342	(442,401)	728,941			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			1,034,992	1,034,992	427,005	1,461,997	146,192	1,608,189			39
40	Barber and Beauty Shops		292	22,198	22,490		22,490		22,490			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					252,139	252,139		252,139			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		292	1,057,190	1,057,482	679,144	1,736,626	146,192	1,882,818			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,246,883	1,034,069	6,077,182	11,358,134		11,358,134	247,721	11,605,855			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(1,883)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(10,088)			17
18	Fines and Penalties	(4,025)			18
19	Entertainment	(12,280)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(31,872)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(22,453)			25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Non-care utilities and repair	(3,605)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (86,206)		$	30

BHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	333,927		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 333,927		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 247,721		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Heritage Health Jacksonville

ID# 0048918

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Cottages - Electric	$ (827)	5	1
2	Cottages - Natural Gas	(1,308)	5	2
3	Cottages - Water and Sewer	(971)	5	3
4	Cottages - Repairs and Maintenance	(499)	6	4
5				5
6				6
7				7
8				8
9				9
10				10
11		(31,872)	19	11
12		(1,883)	32	12
13		0	27	13
14		(22,453)	20	14
15		(10,088)	20	15
16		(4,025)	27	16
17		(12,280)	24	17
18		0	34	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(86,206)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	10,169	0	0	0	0	0	0	0	0	10,169	1
2	Food Purchase	0	0	(448)	0	0	0	0	0	0	0	0	(448)	2
3	Housekeeping	0	0	3,478	0	0	0	0	0	0	0	0	3,478	3
4	Laundry	0	0	175	0	0	0	0	0	0	0	0	175	4
5	Heat and Other Utilities	(3,106)	0	3,377	0	0	0	0	0	0	0	0	271	5
6	Maintenance	(499)	0	32,759	0	0	0	0	0	0	0	0	32,260	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,605)	0	49,510	0	0	0	0	0	0	0	0	45,905	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(24,963)	83,355	0	0	0	0	0	0	0	0	58,392	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	39	0	0	0	0	0	0	0	0	39	11
12	Social Services	0	0	125	0	0	0	0	0	0	0	0	125	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	(24,963)	83,519	0	0	0	0	0	0	0	0	58,556	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(31,872)	(498,134)	44,373	0	0	0	0	0	0	0	0	(485,633)	19
20	Fees, Subscriptions & Promotions	(32,541)	0	2,990	0	0	0	0	0	0	0	0	(29,551)	20
21	Clerical & General Office Expenses	0	0	812,266	0	0	0	0	0	0	0	0	812,266	21
22	Employee Benefits & Payroll Taxes	0	0	39,105	0	0	0	0	0	0	0	0	39,105	22
23	Inservice Training & Education	0	(108)	2,203	0	0	0	0	0	0	0	0	2,095	23
24	Travel and Seminar	(12,280)	0	12,523	0	0	0	0	0	0	0	0	243	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	104,969	0	0	0	0	0	0	0	0	104,969	26
27	Other (specify):*	(4,025)	0	0	0	0	0	0	0	0	0	0	(4,025)	27
28	**TOTAL General Administration**	(80,718)	(498,242)	1,018,429	0	0	0	0	0	0	0	0	439,469	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(84,323)	(523,205)	1,151,458	0	0	0	0	0	0	0	0	543,930	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	318,764	0	45,495	0	0	0	0	0	0	0	364,259	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,883)	100,540	0	2,947	0	0	0	0	0	0	0	101,604	32
33	Real Estate Taxes	0	98,308	0	0	0	0	0	0	0	0	0	98,308	33
34	Rent-Facility & Grounds	0	(1,038,060)	0	11,565	0	0	0	0	0	0	0	(1,026,495)	34
35	Rent-Equipment & Vehicles	0	0	0	19,923	0	0	0	0	0	0	0	19,923	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,883)	(520,448)	0	79,930	0	0	0	0	0	0	0	(442,401)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	146,192	0	0	0	0	0	0	0	0	0	146,192	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	146,192	0	0	0	0	0	0	0	0	0	146,192	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(86,206)	(897,461)	1,151,458	79,930	0	0	0	0	0	0	0	247,721	45

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Center SNF Services LLC	100	Attached Following This Page		Heritage Operations G	Bloomington	Mgmt. Services
				Green Tree Pharmacy	Minonk	Pharmacy
				Heritage Manor Real E	Bloomington	Propert rental

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [xx] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	10	Adjustment for Related Organiza	$	GreenTree Pharmacy		$ (24,963)	$ (24,963)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy		(108)	(108)	2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		146,192	146,192	3
4	V	19	Adjustment for Related Organization	498,134	Heritage Operations Group, LLC			(498,134)	4
5	V								5
6	V	34	Adjustment for Related Organization	1,038,060	Heritage Manor Real Estate, LLC			(1,038,060)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		98,308	98,308	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		94,616	94,616	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		318,764	318,764	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		5,924	5,924	10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,536,194			$ 638,733	$ * (897,461)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [xx] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Operations Group		$ 10,169	$ 10,169	15
16	V	2	Food Purchase		Heritage Operations Group		(448)	(448)	16
17	V	3	Housekeeping		Heritage Operations Group		3,478	3,478	17
18	V	4	Laundry		Heritage Operations Group		175	175	18
19	V	5	Heat & Other Utilities		Heritage Operations Group		3,377	3,377	19
20	V	6	Maintenance		Heritage Operations Group		32,759	32,759	20
21	V	7	Other		Heritage Operations Group		0	0	21
22	V	9	Medical Director		Heritage Operations Group		0	0	22
23	V	10	Nursing & Medical Records		Heritage Operations Group		83,355	83,355	23
24	V	11	Activities		Heritage Operations Group		39	39	24
25	V	12	Social Service		Heritage Operations Group		125	125	25
26	V	13	Nurse Aide Training		Heritage Operations Group		0	0	26
27	V	14	Program Transportation		Heritage Operations Group		0	0	27
28	V	15	Other		Heritage Operations Group		0	0	28
29	V	17	Administrative		Heritage Operations Group		0	0	29
30	V	18	Directors Fees		Heritage Operations Group		0	0	30
31	V	19	Professional Services		Heritage Operations Group		44,373	44,373	31
32	V	20	Fees, Subscription, Promotions		Heritage Operations Group		2,990	2,990	32
33	V	21	Clerical & General Office Expenses		Heritage Operations Group		812,266	812,266	33
34	V	22	Employee Benefits & Payroll Taxes		Heritage Operations Group		39,105	39,105	34
35	V	23	Inservice Training & Education		Heritage Operations Group		2,203	2,203	35
36	V	24	Travel and Seminar		Heritage Operations Group		12,523	12,523	36
37	V	25	Other Admin. Staff Transportation		Heritage Operations Group		0	0	37
38	V	26	Insurance-Prop.Liab.Malpract		Heritage Operations Group		104,969	104,969	38
39	Total			$			$ 1,151,458	$ * 1,151,458	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [xx] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Operations Group		$ 0	$ 0	15
16	V	30	Depreciation		Heritage Operations Group		45,495	45,495	16
17	V	31	Amortization of Pre-Op & Org		Heritage Operations Group		0	0	17
18	V	32	Interest		Heritage Operations Group		2,947	2,947	18
19	V	33	Real Estate Taxes		Heritage Operations Group		0	0	19
20	V	34	Rent-Facility & Grounds		Heritage Operations Group		11,565	11,565	20
21	V	35	Rent-Equipment & Vehicles		Heritage Operations Group		19,923	19,923	21
22	V	36	Other		Heritage Operations Group		0	0	22
23	V	38	Medically Nec Transportation		Heritage Operations Group		0	0	23
24	V	39	Ancillary Service Centers		Heritage Operations Group		0	0	24
25	V	40	Barber and Beauty Shops		Heritage Operations Group		0	0	25
26	V	41	Coffee and Gift Shops		Heritage Operations Group		0	0	26
27	V	42	Other		Heritage Operations Group		0	0	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 79,930	$ * 79,930	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Center SNF Services LLC			100.00	0	0			$ 0		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 2/31/2021

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [xx] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Heritage Operations Group
Street Address: 115 W Jefferson Street
City / State / Zip Code: Bloomington, IL 61701
Phone Number: (309 828-4361
Fax Number: (309 829-5477

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,489	25	$ 127,832	$ 127,675	198	$ 10,169	1
2	2	Food Purchase	Beds	2,489	25	(5,629)	0	198	(448)	2
3	3	Housekeeping	Beds	2,489	25	43,722	0	198	3,478	3
4	4	Laundry	Beds	2,489	25	2,206	0	198	175	4
5	5	Heat & Other Utilities	Beds	2,489	25	42,446	0	198	3,377	5
6	6	Maintenance	Beds	2,489	25	411,798	84,095	198	32,759	6
7	7	Other	Beds	2,489	25	0	0	198	0	7
8	9	Medical Director	Beds	2,489	25	0	0	198	0	8
9	10	Nursing & Medical Records	Beds	2,489	25	1,047,831	27,065	198	83,355	9
10	11	Activities	Beds	2,489	25	490	0	198	39	10
11	12	Social Service	Beds	2,489	25	1,569	1,569	198	125	11
12	13	Nurse Aide Training	Beds	2,489	25	0	0	198	0	12
13	14	Program Transportation	Beds	2,489	25	0	0	198	0	13
14	15	Other	Beds	2,489	25	0	0	198	0	14
15	17	Administrative	Beds	2,489	25	0	0	198	0	15
16	18	Directors Fees	Beds	2,489	25	0	0	198	0	16
17	19	Professional Services	Beds	2,489	25	557,800	0	198	44,373	17
18	20	Fees, Subscription, Promotions	Beds	2,489	25	37,583	0	198	2,990	18
19	21	Clerical & General Office Expens	Beds	2,489	25	10,210,760	9,798,398	198	812,266	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,489	25	491,573	0	198	39,105	20
21	23	Inservice Training & Education	Beds	2,489	25	27,689	0	198	2,203	21
22	24	Travel and Seminar	Beds	2,489	25	157,423	0	198	12,523	22
23	25	Other Admin. Staff Transportatio	Beds	2,489	25	0	0	198	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,489	25	1,319,532	0	198	104,969	24
25	TOTALS					$ 14,474,625	$ 10,038,802		$ 1,151,458	25

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 2/31/2021

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [xx] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Heritage Operations Group
Street Address: 115 W Jefferson Street
City / State / Zip Code: Bloomington, IL 61701
Phone Number: (309 828-4361
Fax Number: (309 829-5477

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,489	25	$	$	198	$	1
2	30	Depreciation	Beds	2,489	25	571,907		198	45,495	2
3	31	Amortization of Pre-Op & Org	Beds	2,489	25			198		3
4	32	Interest	Beds	2,489	25	37,052		198	2,947	4
5	33	Real Estate Taxes	Beds	2,489	25			198		5
6	34	Rent-Facility & Grounds	Beds	2,489	25	145,375		198	11,565	6
7	35	Rent-Equipment & Vehicles	Beds	2,489	25	250,448		198	19,923	7
8	36	Other	Beds	2,489	25			198		8
9	38	Medically Nec Transportation	Beds	2,489	25			198		9
10	39	Ancillary Service Centers	Beds	2,489	25			198		10
11	40	Barber and Beauty Shops	Beds	2,489	25			198		11
12	41	Coffee and Gift Shops	Beds	2,489	25			198		12
13	42	Other	Beds	2,489	25			198		13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,004,782	$		$ 79,930	25

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Busey Bank		xx	Mortgage			$	$			$ 94,616	1
2	Busey Bank		xx	Loan Fee Amortization							5,924	2
3												3
4												4
5												5
	Working Capital											
6	Busey Bank		xx	Working Capital							78,191	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 178,731	9
	B. Non-Facility Related*											
10	Interest Income										(1,883)	10
11												11
12	Allocated Corporate										2,947	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 1,064	14
15	TOTALS (line 9+line14)						$	$			$ 179,795	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2020 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	98,308	2
3. Under or (over) accrual (line 2 minus line 1).	$	98,308	3
4. Real Estate Tax accrual used for 2021 report. (Detail and explain your calculation of this accrual on the lines below.)	$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	98,308	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2016	91,521	8
2017	95,117	9
2018	97,250	10
2019	97,596	11
2020	98,308	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2020	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.** **This denial must be no more than four years old at the time the cost report is filed.**

2020 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Jacksonville COUNTY Morgan

FACILITY IDPH LICENSE NUMBER 0048918

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2020 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2020.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	0920308003		$ 129,352.28	$ 98,308.00
2.	0920308004		$ 4,549.38	$
3.	0920308015		$ 4,327.12	$
4.	0920308017		$ 2,326.78	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 140,555.56	$ 98,308.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? xx YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach copies of the original 2020 tax bills which were listed in Section A to this statement. Be sure to use the 2020 tax bill which is normally paid during 2021.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,102 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [xx] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [xx] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Apartments/cottages located on adjacent property but included on the same tax bill.
Allocation has been made and is shown in a separate schedule to this report.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [xx] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1			2005	$ 129,000	1
2					2
3	TOTALS			$ 129,000	3

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	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	
4	198				$ 3,295,725	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	2005 Improvements			2005	42,430						9
10	2006 Improvements			2006	346,785						10
11	2007 Improvements			2007	99,775						11
12	2008 Improvements			2008	472,394						12
13	2009 Improvements			2009	141,658						13
14	2010 Improvements			2010	115,991						14
15	2011 Improvements			2011	211,281						15
16	2012 Improvements			2012	206,638						16
17	2013 Improvements			2013	97,545						17
18	2014 Improvements			2014	95,554						18
19	2015 Improvements			2015	17,425						19
20											20
21											21
22	Replace control switch panel in kitchen			2016	3,192						22
23	Install (2) new boilers to replace existing Kewanee boiler			2016	16,656						23
24											24
25	Installed (2) mini-split system heating units			2017	4,685						25
26	Replaced alternator and hoses on existing generator			2017	9,394						26
27	Installed new exterior sign w/LED lighting			2017	9,691						27
28	Replaced laundry condensing unit			2017	5,485						28
29	Replace laundry room water heater			2017	6,986						29
30											30
31											31
32											32
33											33
34	C/O Allocation					45,495		45,495			34
35	Book Depreciation					266,233		266,233			35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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	
37			$	$		$	$	$	37
38	Replace cooling chassis	2018	23,505						38
39	Replace air handler compressors - kitchen, Younkin wing	2018	25,871						39
40	and laundry								40
41	Install circulator pump	2018	2,590						41
42									42
43	Repair sewer drain	2019	5,968						43
44	Repalce power supply on Notifier NFS2-3030	2019	2,845						44
45	Replace hot water heater	2019	7,285						45
46									46
47	Install new generator	2020	46,866						47
48	Replace compressor - Younkin wing	2020	4,695						48
49	Replace sewage/lift pump - Younkin wing	2020	4,476						49
50	Replace evaporator/condensor - 121 Christian Hall	2020	2,765						50
51	Replace HVAC and Air Handling Unit - Hockenhall Wing	2020	47,136						51
52									52
53	Replace aluminum door, relay and closer - Hockenhall Wing	2021	3,533						53
54	Install new shower room - Hockenhall Wing	2021	36,163						54
55	Install new booster heater	2021	4,414						55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,417,402	$ 311,728		$ 311,728	$	$	70

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,649,963	$ 49,550	$ 49,550	$		$	71
72	Current Year Purchases	20,010						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,669,973	$ 49,550	$ 49,550	$		$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		2014 Dodge Grand Caravan	2015	$ 41,736	$ 2,981	$ 2,981	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 41,736	$ 2,981	$ 2,981	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 7,258,111	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 364,259	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 364,259	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: None

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☒ XX NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2022	$
13.	/2023	$
14.	/2024	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 55,091 Description: Office equipment and televisions
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- COMMUNITY COLLEGE ☐
- HOURS PER CNA ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		978		978
3	Classroom Wages (a)				
4	Clinical Wages (b)		2,484		2,484
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 3,462	$	$ 3,462
10	SUM OF line 9, col. 1 and 2 (e)	$ 3,462			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 385,181	$		$ 385,181	1
2	Licensed Speech and Language Development Therapist		hrs			153,607			153,607	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			496,204	0		496,204	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				359,551		359,551	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					67,454			67,454	13
14	TOTAL			$		$ 1,102,446	$ 359,551		$ 1,461,997	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,279	$	1
2	Cash-Patient Deposits	49,361		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,347,678		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,131		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(7,346,067)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (5,946,618)	$	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)**	$ (5,946,618)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	49,361		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	523,587		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,880		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Bed Tax	28,752		36
37	Deferred Stimulus	648,673		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,256,253	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,256,253	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (7,202,871)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (5,946,618)	$	48

*(See instructions.)

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (5,965,627)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (5,965,627)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,237,244)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,237,244)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (7,202,871)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 8,641,890	1
2	Discounts and Allowances for all Levels	(3,479,340)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,162,550	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,228,747	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,228,747	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	1,008,022	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	7,120	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	668,073	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	44,495	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,727,710	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,883	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,883	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,120,890	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,871,586	31
32	Health Care	4,777,022	32
33	General Administration	2,480,702	33
	B. Capital Expense		
34	Ownership	1,171,342	34
	C. Ancillary Expense		
35	Special Cost Centers	1,057,482	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,358,134	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,237,244)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,237,244)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$	49

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,727	1,799	$ 62,351	$ 34.66	1
2	Assistant Director of Nursing	2,585	2,692	98,728	36.67	2
3	Registered Nurses	3,830	3,989	175,354	43.96	3
4	Licensed Practical Nurses	24,287	25,299	845,019	33.40	4
5	CNAs & Orderlies	60,894	63,431	1,317,575	20.77	5
6	CNA Trainees	157	164	2,484	15.15	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,074	1,119	28,712	25.66	8
9	Activity Director					9
10	Activity Assistants	8,054	8,390	127,774	15.23	10
11	Social Service Workers	3,346	3,485	85,121	24.42	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	29,003	30,211	465,585	15.41	15
16	Dishwashers					16
17	Maintenance Workers	8,185	8,526	172,382	20.22	17
18	Housekeepers	17,845	18,589	259,442	13.96	18
19	Laundry	10,527	10,966	156,155	14.24	19
20	Administrator	2,135	2,224	97,018	43.62	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,460	15,063	353,183	23.45	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	188,109	195,947	$ 4,246,883 *	$ 21.67	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 7,655	L1 C3	35
36	Medical Director		24,000	L9 C3	36
37	Medical Records Consultant		1,537	L10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		7,378	L10A C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		4,810	L12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 45,380		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 206,274	L10 C3	50
51	Licensed Practical Nurses		399,744	L10 C3	51
52	Certified Nurse Assistants/Aides		737,955	L10 C3	52
53	TOTAL (lines 50 - 52)		$ 1,343,973		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Courtney Sweatman	Administrator		$ 97,018
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 97,018

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Management	$ 502,920
Legal adj to Zero		31,872
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 534,792

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 84,092
Unemployment Compensation Insurance	16,885
FICA Taxes	324,887
Employee Health Insurance	344,757
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	239,901
Central Office Allocation	39,105
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,049,627

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 605
Advertising: Employee Recruitment	17,180
Health Care Worker Background Check	
(Indicate # of checks performed)	222
Patient Background Checks	
PR	6,134
Dues & Subscriptions	19,671
License & Fees	2,907
Central Office Allocation	2,990
Less: Public Relations Expense	(6,134)
Non-allowable advertising	(10,088)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 33,487

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	4,151
	0
Seminar Expense	605
	243
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **HCCI - $13,134**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **xx** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **252,139**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? Indicate the amount. $ **140**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **NA**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ 0

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **MCK CPA's & Advisors**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **None Claimed**
Attach invoices and a summary of services for all architect and appraisal fees

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3/4 Line #	Sch 5 pg 3/4 Col #	Sch 6 pg 5 Line #	Adjustment Amount	
1009	PETTY CASH	1,279						
1010	CASH IN BANK							
1040	CASH IN BANK-PAYROLL							
1100	ACCOUNTS RECEIVABLE	1,347,678						
1110	MEDICARE RECEIVABLES							
1125	IPA INCOME RECEIVABLE							
1130	MEDICARE COST REPORT							
1132	US HHS STIMULUS SETTLEMENT	0						
1140	UNAPPLIED CASH RECEIPTS							
1145	A/R SUSPENSE-REFUNDS							
1190	ACCRUED INTEREST REC							
1200	PREPAID INSURANCE	1,131						
1220	OTHER PREPAID EXPENSES							
1300	FOOD INVENTORY	0						
1310	SUPPLIES INVENTORY							
1409	LAND	0						
1450	FURNITURE & EQUIPMENT	0						
1460	ACCUM DEPR-FURN & EQUIP	0						
1475	BUILDING & IMPROVEMENTS	0						
1490	ACCUM DEPR-BUILDING	0						
1530	RESIDENT FUNDS	49,361						
1550	LOAN FEES	0						
1560	REAL ESTATE TAX ESCROW							
1575	REIMBURSABLE PURCHASES							
1850	INTRACOMPANY	-7,346,067						
2010	ACCOUNTS PAYABLE	0						
2095	BONUSES PAYABLE							
2100	ACCRUED PAYROLL	-250,977						
2110	ACCRUED VACATION PAY	-272,610						
2120	UC TAXES PAYABLE							
2125	FICA TAX PAYABLE	-5,880	-5,880					
2130	FIT PAYABLE							
2140	STATE W/H PAYABLE		0					
2145	EARNED INCOME CREDIT							
2150	UC FED CREDIT REDUCTION							
2230	PAYROLL SAVINGS							
2235	IRA W/HOLDINGS							
2240	UNITED WAY							
2245	GROUP INSURANCE PAYABLE							
2246	GROUP INSURANCE - IBNR	0						
2260	WAGE GARNISHMENTS							
2280	MISC PAYROLL DEDUCTIONS							
2300	ACCRUED INTEREST PAYABLE	0						
2310	SALES TAX PAYABLE							
2320	IPA PAYMENTS PAYABLE	-28,752						
2350	REAL ESTATE TAX PAYABLE	0						
2385	ACTIVITY FUND	0						
2390	SECURITY DEPOSITS							
2391	VOLUNTEER FUND							
2393	HEART FUND/BAZAAR							
2395	DEFERRED INC EMP & MEM							
2400	CURRENT PORTION LT DEBT							
2460	INCOME TAXES PAYABLE							
2512	DUE TO RESIDENTS	-49,361						
2600	PPP LOAN	0						
2650	EQUIPMENT LOAN PAYABLE							
2695	CURRENT PORTION LT DEBT							
2696	DEFERRED STIMULUS	-648,673						
2710	COMMON STOCK							
2720	RETAINED EARNINGS	5,965,627						
2970	PROFIT/LOSS FOR PERIOD	1,237,244						
3007.1	PATIENT DAYS-PRIVATE	10,020						
3007.2	PATIENT DAYS-IPA	16,444						
3007.3	PATIENT DAYS-MEDICARE	6,041						
3007.4	PATIENT DAYS-CONVERSION							
3007.5	PATIENT DAYS-LICENSED							
3007.6	PATIENT DAYS-TOTAL							
3010	1 BASIC CHARGE-PRIVATE & VA	-8,625,452		0	0	0	0	
3015	1 PRIVATE ASSESSMENT TAX INCOME			0	0	0	0	
3020	1 BASIC CHARGE-IPA	0		0	0	0	0	
3030	1 BASIC CHARGE-MEDICARE	0		0	0	0	0	
3035	4 DAY CARE/HOME CARE			0	0	0	0	
3040	1 LIGHT NURSING CARE	0		0	0	0	0	
3050	1 MEDIUM NURSING CARE			0	0	0	0	
3060	1 HEAVY NURSING CARE			0	0	0	0	
3061	1 SKILLED NURSING CARE							
3080	1 NURSING SUPPLIES-PRIVATE	-13,494		0	0	0	0	
3081	1 NURSING SUPPLIES-IPA			0	0	0	0	
3082	1 NURSING SUPPLIES MED PT A			0	0	0	0	
3083	1 NURSING SUPPLIES MED PT B							
3100	17 DRUGS	-668,073		0	0	0	0	
3101	17 DRUGS-OTHER							
3110	6 PT-PRIVATE	-3,228,747		0	0	0	0	
3111	6 PT-IPA			0	0	0	0	
3112	6 PT-MEDICARE PART A			0	0	0	0	
3113	6 PT-MEDICARE PART B			0	0	0	0	
3130	1 PUBLIC AID ASSESSMENT INC	156,326						
3140	19 LABORATORY INCOME			0	0	0	0	
3150	6 SPEECH/OT-PRIVATE			0	0	0	0	
3151	6 SPEECH/OT-IPA			0	0	0	0	
3152	6 SPEECH/OT-MED PART A			0	0	0	0	
3153	6 SPEECH/OT MED PART B							
3410	2 IPA DISCOUNTS	3,479,340		0	0	0	0	
3411	2 MEDICAID PART B DISCOUNT			0	0	0	0	
3420	2 MEDICARE DISCOUNTS			0	0	0	0	
3452	10 HHS STIMULUS REVENUE	-1,008,022		42	3	0	0	
3520	16 RENT INCOME	0		6	0	6	0	
3530	13 BEAUTY SHOP	-7,120		0	0	0	0	
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0	
3570	12 VENDING INCOME/EXPENSE	-889		0	0	0	0	
3580	12 MANAGEMENT FEES			0	0	0	0	
3590	1 EQUIPMENT RENTAL	-2,944		0	0	0	0	
3595	21 RESIDENT TRANSPORTATION	-43,580		0	0	0	0	
3600	21 MISC INCOME	-26		0	0	0	0	
4110	GENERAL & ADMINIST WAGES	307,569	353,183	21	1	17	0	
4111	ADMINISTRATOR WAGES	97,018	97,018	17	1	0	0	
4115	VACATION & SICK - G&A	45,614		21	1	0	0	
4120 4475	EMPLOYEE BENEFITS	239,901	1,010,522	22	3	0	0	
4125	EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0	
4130	EMPLOYEE SCHOLARSHIP WAGE	0	156,326	21	1	0	0	
4135	EMPLOYEE SCHOLARSHIP COST	0		23	3	0	0	
4220	DIRECTORS FEES	0	0	18	3	0	0	
4250 4255	OFFICE SUPPLIES	27,390	27,390	21	2	0	0	
4260	TELEPHONE	12,987	12,987	21	3	0	0	
4275	TRAINING & EMPLOYEE DEVL	493	493	23	3	16	0 **	
4280	GENERAL TRAVEL	4,151	4,756	24	3	16	0	
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0	
4285	EDUCATION & SEMINAR	605		24	3	19	-12,280 ***	
4290	HELP WANTED ADVERTISING	17,180	158,851	20	3	0	0	-95,813
4291	PROMOTIONAL ADVERTISING	16,319		20	3	25	-16,319	
4292	PUBLIC RELATIONS	6,134		20	3	25	-6,134	
4300	LICENSES & FEES	99,325		20	3	17	-1,990	
4310	DUES & SUBSCRIPTIONS	19,671		20	3	17	-8,098	
4320	CONTRIBUTIONS	0		27	3	20	0	
4350	PROFESSIONAL FEES	36,658	534,792	19	3	22	-31,872	
4355	MEDICAL DIRECTOR	24,000	24,000	9	3	0	0	
4360	UTILIZATION REVIEW	0		10	3	0	0	
4361	OTHER PHYSICIAN FEES			39	3	0	0	
4362	MEDICAL RECORDS CONSULT	1,537		10	3	0	0	
4363	PHARMACIST FEES	7,378		10	3	0	0	
4364	SOC SERV/ACT CONSULT	4,810	4,810	12	3	0	0	
4370	TV RENTAL	17,377		35	3	5	0	
4380	INCOME TAXES		5,372	27	3	26	0	
4383	BACKGROUND CHECKS	222		20	3	26	0	
4400	PAYROLL TAXES	341,772		22	3	0	0	
4401	PAYROLL TAXES ADMINIST	0		22	3	0	0	
4410	GROUP INSURANCE	344,757		22	3	0	0	
4420	LIABILITY INSURANCE	119,012	119,012	26	3	0	0	
4425	INSURANCE-OWNERS			22	3	21	0	
4430	WORKMENS COMP INSURANCE	84,092		22	3	0	0	
4450	CENTRAL OFFICE FEES	498,134		19	3	34	0 **	
4460	BAD DEBTS	0		27	3	24	0	
4470	LOST ITEMS-RESIDENTS	1,347		27	3	0	0	
4490	MISCELLANEOUS	0		27	3	0	0	
4510	REAL ESTATE TAXES	0	0	33	3	0	0	
4600	LEASED EQUIPMENT	37,714	55,091	35	3	16	0	
5110	MAINTENANCE SALARIES	147,197	172,382	6	1	0	0	
5120	MAINTENANCE SICK & VAC	25,185		6	1	0	0	
5130	ELECTRIC	120,314	222,105	5	3	0	-827	
5131	NATURAL GAS	60,781		5	3	0	-1,308	
5132	HEATING & DEISEL OIL			5	3	0	0	
5133	WATER & SEWER	41,010		5	3	0	-971	
5134	TRASH COLLECTION	22,562	165,881	6	3	0	0	
5140	PROPERTY PLANT REPLACEMNT	732	100,568	6	2	0	0	
5160	GENERAL REPAIR & MAINT	99,836		6	2	0	-499	
5165	MAINTENANCE CONTRACTS	143,319		6	3	0	0	
5210	DIETARY WAGES	419,352	465,585	1	1	0	0	
5220	DIETARY SICK & VAC	46,233		1	1	0	0	
5240	DIETARY CONSULTANT	7,655	7,655	2	3	13	0	
5248	FOOD PURCHASES	245,941	245,801	2	2	0	0	
5250	SUPPLIES-DISHWASHING	6,901	25,581	1	2	0	0	
5260	DIETARY REPLACEMENT	1,378		1	2	0	0	
5270	KITCHEN SUPPLIES-PAPER	17,302		1	2	0	0	
5295	MEAL CREDIT	-140		2	2	0	0	
5310	LAUNDRY WAGES	138,340	156,155	4	1	0	0	
5340	LAUNDRY SICK & VAC	17,815		4	1	0	0	
5370	LAUNDRY REPLACEMENT	5,084	11,795	4	2	0	0	
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	
5390	LAUNDRY SUPPLIES	6,711		4	2	0	0	
5410	HOUSEKEEPING WAGES	236,528	259,442	3	1	0	0	
5440	HOUSEKEEPING SICK & VAC	22,914		3	1	0	0	
5480	HOUSEKEEPING SUPPLIES	38,636	38,636	3	2	0	0	
5490	HOUSEKEEPING SUPPLIES-PPR	0		3	2	0	0	
6010	RN WAGES-MEDICARE		2,527,739	10	1	0	0	
6020	RN WAGES-NON MEDICARE	156,704		10	1	0	0	
6030	DON WAGES	62,351		10	1	0	0	
6035	ADON	98,728		10	1	0	0	
6040	RN SICK & VACATION	18,650		10	1	0	0	
6110	LPN WAGES-MEDICARE	784,833		10	1	0	0	
6120	LPN WAGES-NON MEDICARE	0		10	1	0	0	
6130	LPN WAGES OTHER			10	1	0	0	
6140	LPN SICK & VACATION	60,186		10	1	0	0	
6210	AIDE WAGES-MEDICARE			10	1	0	0	
6220	AIDE WAGES-NON MEDICARE	1,231,721		10	1	0	0	
6230	WARD CLERKS			10	1	0	0	
6240	AIDE VACATION & SICK	85,854		10	1	0	0	
6245	CONTRACT NURSES-RN	206,274		10	3	0	0	
6246	CONTRACT NURSES-LPN	399,744		10	3	0	0	
6247	CONTRACT NURSES-AIDES	737,955		10	3	0	0	
6250	NURSE AIDE TRAINING WAGES	2,484	2,484	13	1	0	0	
6255	NURSE AID TRAINING EXP	978	978	13	2	0	0	
6260	NURSE AIDE TRAINING REIMB	0		0	0	0	0	
6270	REHAB WAGES	28,073		10	1	0	0	
6275	REHAB SICK & VAC	639		10	1	0	0	
6280	NURSING DEPT EDUCATION			23	3	0	0	
6290	NURSING SUPPLIES	19,190	216,611	10	2	0	0	
6295	NURSING SUPPLIES	195,095		10	2	0	0	
6390	REPLACEMENT-NURSING	2,326		10	2	0	0	
6490	NURSING OTHER	746	1,353,634	10	3	0	0	
7280	DRUG PURCHASES	359,551	359,551	39	2	0	0 ***	
7281	DRUG PURCHASES-OTHER	0		39	2			
7380	LABORATORY SERVICES	67,454	67,454	39	3	0	0	
7410	HOME HEALTH SALARY			39	1	0	0	
7440	HOME HEALTH SICK & VAC			39	1	0	0	
7450	HOME HEALTH EXPENSES			39	3	0	0	
7510	ACTIVITES WAGES	114,908	127,774	11	1	0	0	
7540	ACTIVITIES SICK & VAC	12,866		11	1	0	0	
7590	ACTIVITIES SUPPLIES	5,556	5,556	11	2	0	0	
7595	ACTIVITIES FEES	0	0	11	3	0	0	
7610	PT WAGES			39	1	0	0	
7611	PT SICK & VACATION			39	1	0	0	
7620	PT FEES	496,204	1,034,992	39	3	0	0 ***	
7660	PT SUPPLIES	0		39	2	0	0	
7710	SOCIAL SERVICE WAGES	67,797	85,121	12	1	0	0	
7720	SOCIAL SERVICE SICK & VAC	17,324		12	1	0	0	
7730	SOCIAL SERVICE EXPENSES	1,310	1,310	12	2	0	0	
7740	OT FEE	385,181		39	3	0	0 ***	
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770	SPEECH THERAPY FEE	153,607		39	3	0	0 ***	
7800	BEAUTICIAN WAGES		0	40	1	0	0	
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	22,198	22,198	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	292	292	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	0		21	2	0	0	
8100	RENT	1,038,060	1,038,060	34	3	0	0	
8120	INTEREST EXPENSE	78,191	78,191	32	3	14	-1,883	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-1,883		32	0	10	0	
9520	MISC NON-OPERATING INCOME	0		0	0	0	0	
9700	INCOME TAXES	4,025		0	0	0	-4,025	
		11,199,925	11,358,134					
			158,209					
GRAND TOTALS		1,237,244 (NET INCOME)					-86,206	
		0						
	FACILITY NAME:							
	FACILITY ID:	0						
	FACILITY UNITS:	162						
	BALANCE SHEET TOTAL	0						

1,009	1,009 CASH	1,279
1,100	1,100 ACCTS RECE	1,428,215
1,101	1,101 ALLOW. FOR	(80,537)
1,110	1,110 ACCTS RECEIV-M/C	
1,125	1,125 ACCTS RECEIV-IPA	
1,132	1,132 US HHS STIM	0
1,140	1,140 UNAPPLIED CASH RECEIPTS	
1,145	1,145 A/R SUSPENSE-REFUNDS	
1,200	1,200 PREPAID INS	0
1,220	1,220 OTHER PREF	1,131
1,300	1,300 DIETARY INV	0
1,310	1,310 SUPPLIES INVENTORY	
1,320	1,320 LINEN INVENTORY	
1,409	1,409 LAND	0
1,450	1,450 FURNITURE	0
1,460		0
1,475	1,475 BUILDINGS	0
1,490	1,490 ACCUM DEP	0
1,530	1,530 RESIDENT FI	49,361
1,550	1,550 LOAN FEES	0
1,551	1,551 LOAN FEES ADDED	
1,850	1,850 INTERCOMP.	(7,346,067)
2,010	2,010 ACCOUNTS I	0
2,100	2,095 BONUSES PAYABLE	
2,100	2,100 ACCRUED P.	(250,977)
2,100	2,100 PR CLEARING-BENEFITS	
2,100	2,100 PR CLEARING-LABOR	
2,110	2,110 ACCRUED P	(272,610)
2,120	2,120 U.C. TAXES I	0
2,125	2,125 FICA TAXES	(5,880)
2,130	2,130 FEDERAL W/H TAX PAYABLE	
2,140	2,140 STATE W/H TAX PAYABLE	
2,152	2,152 WORKERS COMP ACCRUAL	
2,225	2,225 EMPLOYEEE INSURANCE REFUND	
2,230	2,230 PAYROLL SAVINGS	
2,235	2,240 UNITED FUND	
2,240	2,246 GROUP INSU	0
2,246	2,250 401K W/H	
2,250		
2,260	2,260 WAGE GARN	0
2,300	2,300 ACCRUED IN	0
2,320	2,320 IPA PAYMEN	(28,752)
2,350	2,350 REAL ESTAT	0
2,385	DEFERRED S	(648,673)
2,400	2,400 CURRENT PORTION OF LT DEBT	
2,512	2,512 DUE TO RES	(49,361)
2,600	2,600 LOC	0
2,600	PPP LOAN	0
2,625	2,625 LASALLE CONSTR. LOAN #2	
2,625		
2,695	2,695 CURRENT PORTION OF LT DEBT	
2,720	2,720 RETAINED E.	5,965,627
	net income	1,237,244
	balance	0

3,007	3,007 PATIENT DAY	10,020
3,007	3,007 PATIENT DAY	16,444
3,007	3,007 PATIENT DAY	6,041
3,007		0
3,007		
3,007		
3,007		
3,010	3,010 BASIC CHARG	(8,625,452)
3,020	3,020 BASIC CHARG	0
3,030	3,030 BASIC CHARG	0
3,040	ASSESSMENT	156,326
3,050		0
3,060		0
3,061		0
3,080	3,080 NURSING SUF	(13,494)
3,081	3,081 NURSING SUF	0
3,082	3,082 NURSING SUF	0
3,083	3,083 NURSING SUF	0
3,100	3,100 DRUGS-MEDI	(668,073)
3,101		0
3,110	3,110 PHYSICAL TH	(3,228,747)
3,111		0
3,112	3,112 PHYSICAL TH	0
3,113	3,113 PHYSICAL TH	0
3,140	3,140 LABORATORY INCOME	
3,150		0
3,151		
3,152	3,152 ST/OT THERA	0
3,153	3,153 ST/OT THERA	0
3,160	3,185 REHAB/ISOLATION/OTHER CHG	
3,410	3,410 IPA/OTHER DI	0
3,411	3,411 MEDICARE PT	0
3,420	3,420 MEDICARE DI	3,245,782
3,452	3,452 HHS STIMULU	(1,008,022)
3,520	3,520 RENT INCOME	0
3,530	3,530 BEAUTY SHOI	(7,120)
3,560		0
3,570	3,570 VENDING INC	(889)
3,590	3,590 EQUIPMENT F	(2,944)
3,595	3,595 RESIDENT TR	(43,580)
3,600	3,600 MISC INCOME	(26)
4,110	4,110 G&A WAGES	307,569
4,111	4,111 ADMINISTRAT	97,018
4,115	4,115 G&A PTO & RE	45,614
4,120	4,120 EMPLOYEE BE	239,891
4,121		0
4,130	4,130 EMPLOYEE S	0
4,135	4,135 EMPLOYEE S	0
4,250	4,250 OFFICE SUPP	8,075
4,255	4,255 POSTAGE	1,452
4,260	4,260 TELEPHONE	12,987
4,275	4,275 TRAINING & E	493
4,276		(102)
4,280	4,280 GENERAL TRA	4,151
4,281	4,281 MEAL EXPENS	0
4,285	4,285 EDUCATION/S	605
4,289	4,289 MEETINGS EX	0
4,290	4,290 HELP WANTEI	17,180
4,291	4,291 PROMOTIONA	16,319
4,292	4,292 PUBLIC RELA	6,134
4,300	4,300 LICENSE & FE	99,325
4,310	4,310 DUES & SUBS	19,671
4,320	4,320 CONTRIBUTIC	0
4,350	4,350 PROFESSION	36,658
4,355	4,355 MEDICAL DIRI	24,000
4,362		1,537
4,363		7,378
4,364	4,364 SOCIAL SERV	4,810
4,370	4,370 TV RENTAL	17,377
4,383	4,383 BACKGROUNI	222
4,390	4,390 OTHER TAXES	4,025
4,400	4,400 PAYROLL TAX	341,772
4,401	4,401 PAYROLL TAX	0
4,410	4,410 GROUP INSUF	344,757
4,420	4,420 LIABILITY INSI	119,012
4,430	4,430 WORKMAN'S (	81,311
4,435	4,435 W/C-FIRST AII	0
4,436	4,436 DRUG TESTIN	2,883
4,450	4,450 MANAGEMEN	498,134
4,460	4,460 BAD DEBTS	0
4,461	4,461 BAD DEBTS	233,558
4,470	4,470 LOST ITEMS-F	1,347
4,475	4,475 UNIFORM EXF	10
4,486	4,486 SERVICE CON	87,297
4,490	4,490 MISC EXPENS	1,038
4,496	4,496 MISC. M.I.S. E	17,863
4,510	4,510 REAL ESTATE	0
4,600	4,600 LEASED EQUI	37,714
5,110	5,110 MAINTENANC	147,197
5,120	5,120 MAINTENANC	25,185
5,130	5,130 ELECTRIC	120,314
5,131	5,131 NATURAL GAS	60,781
5,133	5,133 WATER & SEW	41,010
5,134	5,134 TRASH COLLE	22,562
5,140	5,140 PROP/PLANT	732
5,160	5,160 GENERAL REI	99,836
5,165	5,165 MAINTENANC	56,022
5,210	5,210 DIETARY WAC	419,352
5,220	5,220 DIETARY PTO	46,233
5,248	5,248 FOOD PURCH	244,903
5,250	5,250 SUPPLIES DIS	6,901
5,260	5,260 REPLACEMEN	1,378
5,270	5,270 KITCHEN SUP	17,302
5,295	5,295 MEAL INCOME	(140)
5,310	5,310 LAUNDRY WA	138,340
5,340	5,340 LAUNDRY PT(	17,815
5,370	5,370 REPLACEMEN	5,084
5,230	5,230 DIETARY CON	7,655
5,390	5,390 LAUNDRY SUI	6,711
5,410	5,410 HOUSEKEEPI	236,528
5,440	5,440 HOUSEKEEPI	22,914
5,480	5,480 SUPPLIES-CLI	38,636
5,490	5,490 SUPPLIES-HO	0
6,020	6,020 RN WAGES	156,704
6,030	6,030 DON WAGES	62,351
6,035	6,035 ADON WAGES	98,728
6,040	6,040 RN PTO & RES	18,650
6,120	6,120 LPN WAGES	784,833
6,140	6,140 LPN PTO & RE	60,186
6,220	6,220 AIDES WAGES	1,231,721
6,240	6,240 AIDES PTO &	85,854
6,245	RN CONTR	206,274
6,246	LPN CONTR	399,744
6,247	AIDES CONTR	737,955
6,250		2,484
6,255		978
6,260		0
6,270	6,270 REHAB WAGE	28,073
6,275	6,275 REHAB PTO &	639
6,290	6,290 NURSING SUF	19,190
6,295	6,295 NURSING SUF	195,095
6,390	6,390 REPLACEMEN	2,326
6,490	6,490 OTHER	746
7,280	7,280 DRUG PURCH	359,551
7,281	7,281 DRUG PURCH	0
7,380	7,380 LABORATORY	42,992
7,391	7,390 X-RAY SERVIC	7,650
7,393		16,812
7,510	7,510 ACTIVITIES W	114,908
7,540	7,540 ACTIVITIES PT	12,866
7,590	7,590 ACTIVITIES SI	5,556
7,620	7,620 PHYSICAL TH	496,204
7,660	7,660 P.T. SUPPLY -	0
7,710	7,710 SOCIAL SERV	67,797
7,720	7,720 SOCIAL SERV	17,324
7,730	7,730 SOCIAL SERV	1,310
7,740	7,740 OCCUPATION	385,181
7,750		
7,770	7,770 SPEECH THEI	153,607
7,820	7,820 BEAUTICIAN F	22,198
7,890		292
7,960		0
8,120	8,120 INTEREST	0
8,125		78,191
8,130	8,130 DEPRECIATIC	0
8,150		0
9,510	9,510 INTEREST INC	(1,883)
9,520	9,520 MISC NON-OF	0
9,530	4,220	0
	8,100	1,038,060
	9,702	0
	5,230	0
		1,237,244
	Expenses Fixed Assets	
		0

Heritage Manor - Jacksonville
IDPH ID# 48918
HFS Cost Report - December 31, 2021
Schedule V - Column 5 Reclassifications

1. Schedule V - Line 10a to Line 39 - Reclassifications

Line Item		
Purchased Drugs and Medications	$	359,551
Purchased Hospital Services		16,812
Purchased Laboratory Services		42,992
Purchased Radiology Services		7,650
Amount Reclassified to Line 39	$	427,005

2. Schedule V - Line 20 to Line 42 - Reclassification

Line Item		
Provider Participation Fee - $1.50	$	(95,813)
Provider Assesment Fee - $6.07		(156,326)
	$	(252,139)
Provider Participation Fee	$	252,139

3. Schedule V - Line 10 to Line 10a - Reclass Pharmacy Consultant cost

Line Item		
Pharmacy Consultant	$	7,378