FOR BHF USE

LL1

2022
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2022)

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: 0048066

Facility Name: Heritage Health Streator

Address: 1525 East Main St (Number) Streator (City) 61364 (Zip Code)

County: LaSalle

Telephone Number: (815) 672-4516 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 2006

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: Daniel Curry **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 1/1/2022 to 12/31/2022 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) Daniel Curry
(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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	130	Skilled (SNF)	130	47,450	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	130	TOTALS	130	47,450	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 Fee for Service	3 Medicaid MLTSS	4 MMAI: Medicaid Primary	5 MMAI: Medicare Primary	6 Private Pay	7 Medicare Part A Only	8 Other	9 Total	
8	SNF	3,364	2,069	4,714	188	6,898	3,966	1,855	23,054	8
9	SNF/PED									9
10	ICF									10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	3,364	2,069	4,714	188	6,898	3,966	1,855	23,054	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 48.59%

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 1976

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

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter certified beds.
number of certified beds 130

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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	417,385	30,017	6,789	454,191		454,191	7,953	462,144			1
2	Food Purchase		121,384		121,384		121,384	(6)	121,378			2
3	Housekeeping	106,938	34,418		141,356		141,356	766	142,122			3
4	Laundry	97,858	21,944		119,802		119,802		119,802			4
5	Heat and Other Utilities			117,708	117,708		117,708	3,201	120,909			5
6	Maintenance	86,964	104,341	132,965	324,270		324,270	33,368	357,638			6
7	Other (specify):*											7
8	TOTAL General Services	709,145	312,104	257,462	1,278,711		1,278,711	45,282	1,323,993			8
	B. Health Care and Programs											
9	Medical Director			2,400	2,400		2,400		2,400			9
10	Nursing and Medical Records	2,776,063	197,334	126,344	3,099,741	101,955	3,201,696	(20,398)	3,181,298			10
10a	Therapy		354,089	9,308	363,397	(358,056)	5,341		5,341			10a
11	Activities	59,653	3,522		63,175		63,175	86	63,261			11
12	Social Services	55,080		5,111	60,191		60,191		60,191			12
13	CNA Training	3,539	4,975		8,514		8,514		8,514			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,894,335	559,920	143,163	3,597,418	(256,101)	3,341,317	(20,312)	3,321,005			16
	C. General Administration											
17	Administrative	71,908			71,908		71,908		71,908			17
18	Directors Fees											18
19	Professional Services			410,112	410,112		410,112	(337,887)	72,225			19
20	Dues, Fees, Subscriptions & Promotions			283,334	283,334	(250,664)	32,670	(18,336)	14,334			20
21	Clerical & General Office Expenses	336,328	21,597	6,771	364,696	(107,296)	257,400	579,598	836,998			21
22	Employee Benefits & Payroll Taxes			757,472	757,472		757,472	32,008	789,480			22
23	Inservice Training & Education			330	330		330	538	868			23
24	Travel and Seminar			1,653	1,653		1,653	3,346	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			95,483	95,483		95,483	30,456	125,939			26
27	Other (specify):* Lost resident items			65,648	65,648		65,648	(65,336)	312			27
28	TOTAL General Administration	408,236	21,597	1,620,803	2,050,636	(357,960)	1,692,676	224,387	1,917,063			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,011,716	893,621	2,021,428	6,926,765	(614,061)	6,312,704	249,357	6,562,061			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 Streator #0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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							240,113	240,113			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			98,516	98,516		98,516	144,500	243,016			32
33	Real Estate Taxes							69,107	69,107			33
34	Rent-Facility & Grounds			569,400	569,400		569,400	(569,400)				34
35	Rent-Equipment & Vehicles			73,053	73,053		73,053	12,963	86,016			35
36	Other (specify):*											36
37	**TOTAL Ownership**			740,969	740,969		740,969	(102,717)	638,252			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			694,751	694,751	363,397	1,058,148	70,570	1,128,718			39
40	Barber and Beauty Shops		142	6,254	6,396		6,396		6,396			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					250,664	250,664		250,664			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		142	701,005	701,147	614,061	1,315,208	70,570	1,385,778			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,011,716	893,763	3,463,402	8,368,881		8,368,881	217,210	8,586,091			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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	(630)			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	(1,403)			17
18	Fines and Penalties				18
19	Entertainment	(6,979)			19
20	Contributions	(100)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(65,236)			24
25	Fund Raising, Advertising and Promotional	(19,273)			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				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (93,621)		$	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)	310,831		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 310,831		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 217,210		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 Streator

ID# 0048066

Report Period Beginning: 1/1/2022

Ending: 12/31/2022

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ (585)	20	1
2	Other Expenses Related to Lobbying Activities			2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11		0	19	11
12		(630)	32	12
13		(65,236)	27	13
14		(19,273)	20	14
15		(818)	20	15
16		(100)	27	16
17		(6,979)	24	17
18				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**	(93,621)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	7,953	0	0	0	0	0	0	0	0	7,953	1
2	Food Purchase	0	0	(6)	0	0	0	0	0	0	0	0	(6)	2
3	Housekeeping	0	0	766	0	0	0	0	0	0	0	0	766	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,201	0	0	0	0	0	0	0	0	3,201	5
6	Maintenance	0	0	33,368	0	0	0	0	0	0	0	0	33,368	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	45,282	0	0	0	0	0	0	0	0	45,282	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	(22,992)	2,594	0	0	0	0	0	0	0	0	(20,398)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	86	0	0	0	0	0	0	0	0	86	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	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	(22,992)	2,680	0	0	0	0	0	0	0	0	(20,312)	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	0	(403,984)	66,097	0	0	0	0	0	0	0	0	(337,887)	19
20	Fees, Subscriptions & Promotions	(20,676)	0	2,340	0	0	0	0	0	0	0	0	(18,336)	20
21	Clerical & General Office Expenses	0	0	579,598	0	0	0	0	0	0	0	0	579,598	21
22	Employee Benefits & Payroll Taxes	0	0	32,008	0	0	0	0	0	0	0	0	32,008	22
23	Inservice Training & Education	0	(108)	646	0	0	0	0	0	0	0	0	538	23
24	Travel and Seminar	(6,979)	0	10,325	0	0	0	0	0	0	0	0	3,346	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	30,456	0	0	0	0	0	0	0	0	30,456	26
27	Other (specify):*	(65,336)	0	0	0	0	0	0	0	0	0	0	(65,336)	27
28	**TOTAL General Administration**	(92,991)	(404,092)	721,470	0	0	0	0	0	0	0	0	224,387	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(92,991)	(427,084)	769,432	0	0	0	0	0	0	0	0	249,357	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	210,732	0	29,381	0	0	0	0	0	0	0	240,113	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(630)	142,998	0	2,132	0	0	0	0	0	0	0	144,500	32
33	Real Estate Taxes	0	69,107	0	0	0	0	0	0	0	0	0	69,107	33
34	Rent-Facility & Grounds	0	(569,400)	0	0	0	0	0	0	0	0	0	(569,400)	34
35	Rent-Equipment & Vehicles	0	0	0	12,963	0	0	0	0	0	0	0	12,963	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(630)	(146,563)	0	44,476	0	0	0	0	0	0	0	(102,717)	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	70,570	0	0	0	0	0	0	0	0	0	70,570	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	70,570	0	0	0	0	0	0	0	0	0	70,570	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(93,621)	(503,077)	769,432	44,476	0	0	0	0	0	0	0	217,210	45

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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
Monroe 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		$ (22,992)	$ (22,992)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy		(108)	(108)	2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		70,570	70,570	3
4	V	19	Adjustment for Related Organization	403,984	Heritage Operations Group, LLC			(403,984)	4
5	V								5
6	V	34	Adjustment for Related Organization	569,400	Heritage Manor Real Estate, LLC			(569,400)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		69,107	69,107	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		137,855	137,855	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		210,732	210,732	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		5,143	5,143	10
11	V								11
12	V								12
13	V								13
14	Total			$ 973,384			$ 470,307	$ * (503,077)	14

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

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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		$	$ 7,953	15
16	V	2	Food Purchase		Heritage Operations Group			(6)	16
17	V	3	Housekeeping		Heritage Operations Group			766	17
18	V	4	Laundry		Heritage Operations Group			0	18
19	V	5	Heat & Other Utilities		Heritage Operations Group			3,201	19
20	V	6	Maintenance		Heritage Operations Group			33,368	20
21	V	7	Other		Heritage Operations Group			0	21
22	V	9	Medical Director		Heritage Operations Group			0	22
23	V	10	Nursing & Medical Records		Heritage Operations Group			2,594	23
24	V	11	Activities		Heritage Operations Group			86	24
25	V	12	Social Service		Heritage Operations Group			0	25
26	V	13	Nurse Aide Training		Heritage Operations Group			0	26
27	V	14	Program Transportation		Heritage Operations Group			0	27
28	V	15	Other		Heritage Operations Group			0	28
29	V	17	Administrative		Heritage Operations Group			0	29
30	V	18	Directors Fees		Heritage Operations Group			0	30
31	V	19	Professional Services		Heritage Operations Group			66,097	31
32	V	20	Fees, Subscription, Promotions		Heritage Operations Group			2,340	32
33	V	21	Clerical & General Office Expenses		Heritage Operations Group			579,598	33
34	V	22	Employee Benefits & Payroll Taxes		Heritage Operations Group			32,008	34
35	V	23	Inservice Training & Education		Heritage Operations Group			646	35
36	V	24	Travel and Seminar		Heritage Operations Group			10,325	36
37	V	25	Other Admin. Staff Transportation		Heritage Operations Group			0	37
38	V	26	Insurance-Prop.Liab.Malpract		Heritage Operations Group			30,456	38
39	Total			$			$ 0	$ * 769,432	39

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

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	15
16	V	30	Depreciation		Heritage Operations Group			29,381	16
17	V	31	Amortization of Pre-Op & Org		Heritage Operations Group			0	17
18	V	32	Interest		Heritage Operations Group			2,132	18
19	V	33	Real Estate Taxes		Heritage Operations Group			0	19
20	V	34	Rent-Facility & Grounds		Heritage Operations Group			0	20
21	V	35	Rent-Equipment & Vehicles		Heritage Operations Group			12,963	21
22	V	36	Other		Heritage Operations Group			0	22
23	V	38	Medically Nec Transportation		Heritage Operations Group			0	23
24	V	39	Ancillary Service Centers		Heritage Operations Group			0	24
25	V	40	Barber and Beauty Shops		Heritage Operations Group			0	25
26	V	41	Coffee and Gift Shops		Heritage Operations Group			0	26
27	V	42	Other		Heritage Operations Group			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			$			$ 0	$ * 44,476	39

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

STATE OF ILLINOIS **Ownership Listing-1**

Heritage Health Streator

ID# **0048066**

Report Period Beginning: **1/1/2022**

Ending: **12/31/2022**

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)
-Owners of companies must be listed instead of company names.
-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Ownership Percentage	
1	Craig		Hart	Hudson	IL	35.86000	1
2	Thomas		Jefferson Trust	Bloomington	IL	6.65000	2
3	Susan		Jefferson Trust	Bloomington	Il	1.49000	3
4	Rose	M	Stadel	Normal	IL	4.00000	4
5	Linda		Hagi Trust	Bloomington	Il	2.41000	5
6	Janice		Hart Trust	Streator	IL	2.41000	6
7	Timothy		Jefferson	Champaign	IL	12.03000	7
8	Paul		Jefferson	Bloomington	IL	12.03000	8
9	Robert		Dickson Family Trust	Naples	FL	1.28000	9
10	Cheryl		Lowney	Lincoln	IL	0.77000	10
11	Steven		Wannemacher	Bloomington	IL	1.84000	11
12	Bruce		Hart	Phoenix	AR	4.83000	12
13	Brian		Hart	Lake Forest	IL	4.83000	13
14	Benjamin		Hart	Bloomington	IL	4.83000	14
15	Nan		Westwood	Naples	FL	1.60000	15
16	Leslie		Friederich	Congerville	IL	0.70000	16
17	Todd		Hart	Bloomington	IL	0.69000	17
18	Allan		Hart	Morton	IL	0.69000	18
19	Connie		Hoselton	Lexington	IL	0.34000	19
20	David		Fehrenbacher	Lincoln	IL	0.08000	20
21	David		Wegman	Normal	IL	0.08000	21
22	David		Hoeper	Fishers	IN	0.05000	22
23	David		Underwood	Peoria	IL	0.08000	23
24	Jane		Hart	Hudson	IL	0.43000	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							49
50							50

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	None								$		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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 2/31/2022

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 Ste 401
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	2,244	23	$ 137,285	$ 137,285	130	$ 7,953	1
2	2	Food Purchase	Beds	2,244	23	(103)	0	130	(6)	2
3	3	Housekeeping	Beds	2,244	23	13,220	0	130	766	3
4	4	Laundry	Beds	2,244	23	0	0	130	0	4
5	5	Heat & Other Utilities	Beds	2,244	23	55,259	0	130	3,201	5
6	6	Maintenance	Beds	2,244	23	575,978	81,511	130	33,368	6
7	7	Other	Beds	2,244	23	0	0	130	0	7
8	9	Medical Director	Beds	2,244	23	0	0	130	0	8
9	10	Nursing & Medical Records	Beds	2,244	23	44,785	(227)	130	2,594	9
10	11	Activities	Beds	2,244	23	1,476	0	130	86	10
11	12	Social Service	Beds	2,244	23	0	0	130	0	11
12	13	Nurse Aide Training	Beds	2,244	23	0	0	130	0	12
13	14	Program Transportation	Beds	2,244	23	0	0	130	0	13
14	15	Other	Beds	2,244	23	0	0	130	0	14
15	17	Administrative	Beds	2,244	23	0	0	130	0	15
16	18	Directors Fees	Beds	2,244	23	0	0	130	0	16
17	19	Professional Services	Beds	2,244	23	1,140,934	0	130	66,097	17
18	20	Fees, Subscription, Promotions	Beds	2,244	23	40,396	0	130	2,340	18
19	21	Clerical & General Office Expens	Beds	2,244	23	10,004,760	9,624,563	130	579,598	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,244	23	552,501	0	130	32,008	20
21	23	Inservice Training & Education	Beds	2,244	23	11,148	0	130	646	21
22	24	Travel and Seminar	Beds	2,244	23	178,234	0	130	10,325	22
23	25	Other Admin. Staff Transportatio	Beds	2,244	23	0	0	130	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,244	23	525,721	0	130	30,456	24
25	TOTALS					$ 13,281,594	$ 9,843,132		$ 769,432	25

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 2/31/2022

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 Ste 401
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	2,244	23	$	$	130	$	1
2	30	Depreciation	Beds	2,244	23	507,153		130	29,381	2
3	31	Amortization of Pre-Op & Org	Beds	2,244	23			130		3
4	32	Interest	Beds	2,244	23	36,800		130	2,132	4
5	33	Real Estate Taxes	Beds	2,244	23			130		5
6	34	Rent-Facility & Grounds	Beds	2,244	23			130		6
7	35	Rent-Equipment & Vehicles	Beds	2,244	23	223,766		130	12,963	7
8	36	Other	Beds	2,244	23			130		8
9	38	Medically Nec Transportation	Beds	2,244	23			130		9
10	39	Ancillary Service Centers	Beds	2,244	23			130		10
11	40	Barber and Beauty Shops	Beds	2,244	23			130		11
12	41	Coffee and Gift Shops	Beds	2,244	23			130		12
13	42	Other	Beds	2,244	23			130		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					$ 767,719	$		$ 44,476	25

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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			$	$ 1,549,100			$ 137,855	1
2	Busey Bank		xx	Loan Fee Amortization							5,143	2
3												3
4												4
5												5
	Working Capital											
6	Busey Bank		xx	Working Capital							98,516	6
7												7
8												8
9	TOTAL Facility Related						$	$ 1,549,100			$ 241,514	9
	B. Non-Facility Related*											
10	Interest Income		xx								(630)	10
11												11
12	Allocated Corporate	xx									2,132	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 1,502	14
15	TOTALS (line 9+line14)						$	$ 1,549,100			$ 243,016	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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2021 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.)		$ 69,107	2
3. Under or (over) accrual (line 2 minus line 1).		$ 69,107	3
4. Real Estate Tax accrual used for 2022 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.		$ 69,107	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2017	72,345	8
	2018	72,790	9
	2019	69,752	10
	2020	68,794	11
	2021	69,107	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2021	$	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.**

2021 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Streator COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0048066

CONTACT PERSON REGARDING THIS REPORT Daniel Curry

TELEPHONE 309-823-7164 FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2021 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 2021.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	3431134000		$ 69,106.64	$ 69,107.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 69,106.64	$ 69,107.00

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? _____ YES xx 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 2021 tax bills which were listed in Section A to this statement. Be sure to use the 2021 tax bill which is normally paid during 2022.

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 Numb Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 39,770 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).

Evergreen Place-Streator - (53) unit supportive living facility - grounds are adjacent but buildings are separated.

F. List the bed capacity for the building if it differs from the licensed total. Same

G. Have you properly capitalized all major repairs and equipment purchases? Yes

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

I. Are you presently operating under a sublease agreement? No

J. 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.

K. 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				$ 50,000	1
2					2
3	TOTALS			$ 50,000	3

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	130				$ 348,848	$		$	$	$	4
5					440,122						5
6					2,594,839						6
7											7
8											8
	Improvement Type**										
9	1980 Improvements			1980	12,172						9
10	1981 Improvements			1981	13,748						10
11	1982 Improvements			1982	18,366						11
12	1983 Improvements			1983	9,250						12
13	1984 Improvements			1984	1,329						13
14	1985 Improvements			1985	4,100						14
15	1986 Improvements			1986	57,336						15
16	1988 Improvements			1988	6,225						16
17	1989 Improvements			1989	48,818						17
18	1990 Improvements			1990	22,687						18
19	1991 Improvements			1991	31,584						19
20	1992 Improvements			1992	3,560						20
21	1993 Improvements			1993	19,172						21
22	1994 Improvements			1994	23,135						22
23	1995 Improvements			1995	61,264						23
24	1996 Improvements			1996	3,910						24
25	1997 Improvements			1997	303,615						25
26	1998 Improvements			1998	14,471						26
27	1999 Improvements			1999	3,675						27
28	2000 Improvements			2000	6,510						28
29	2001 Improvements			2001	48,428						29
30	2002 Improvements			2002	70,668						30
31	2003 Improvements			2003	9,315						31
32											32
33											33
34	C/O Allocation					29,381		29,381			34
35	Book Depreciation					173,315		173,315			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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	2004 Improvements	2004	$ 10,481	$		$	$	$	37
38	2005 Improvements	2005	113,995						38
39	2006 Improvements	2006	85,199						39
40	2007 Improvements	2007	241,527						40
41	2008 Improvements	2008	113,324						41
42	2009 Improvements	2009	29,017						42
43	2010 Improvements	2010	20,685						43
44	2011 Improvements	2011	97,087						44
45	2012 Improvements	2012	189,872						45
46	2013 Improvements	2013	237,537						46
47	2014 Improvements	2014	353,611						47
48	2015 Improvements	2015	59,465						48
49	2016 Improvements - NONE	2016							49
50	2017 Improvements	2017	12,724						50
51									51
52	Install new condensing unit	2018	6,275						52
53									53
54	Remove and replace chimney with partial repair of roof	2019	64,262						54
55	Repair parking lot and main driveway	2019	7,080						55
56									56
57	2020 Improvements - NONE								57
58									58
59	Install wall protection (Acrovyn) in resident rooms	2021	5,566						59
60	Replace ambulance door entrance	2021	6,750						60
61	Replace water heater	2021	8,690						61
62	Replace garbage disposal unit	2021	3,300						62
63									63
64	Upgrade AHU controls (Air Handling Units)	2022	29,524						64
65	Repair driveway concrete	2022	2,900						65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,876,018	$ 202,696		$ 202,696	$	$	70

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

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	$ 1,733,428	$ 30,895	$ 30,895	$		$	71
72	Current Year Purchases	8,382						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,741,810	$ 30,895	$ 30,895	$		$	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		2017 Dodge Grand SW	2016	$ 46,715	$ 6,522	$ 6,522	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 46,715	$ 6,522	$ 6,522	$		$	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)	$ 7,714,543	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 240,113	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 240,113	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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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. [xx] 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:		130		$ 569,400			3
4	Additions							4
5								5
6								6
7	TOTAL		130		$ 569,400 **			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.	/2023	$ 569,400
13.	/2024	$ 569,400
14.	/2025	$ 569,400

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

15. Is Movable equipment rental included in building rental? [ ] YES [xx] NO

16. Rental Amount for movable equipment: $ 73,053 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	None		$	$	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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		4,975		4,975
3	Classroom Wages (a)				
4	Clinical Wages (b)		3,539		3,539
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 8,514	$	$ 8,514
10	SUM OF line 9, col. 1 and 2 (e)	$ 8,514			

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	$		$ 292,457	$		$ 292,457	1
2	Licensed Speech and Language Development Therapist		hrs			54,081			54,081	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			348,213	0		348,213	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				354,089		354,089	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					9,308			9,308	13
14	TOTAL			$		$ 704,059	$ 354,089		$ 1,058,148	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.

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2022 (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	$ 15,668	$	1
2	Cash-Patient Deposits	11,406		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	484,125		3
4	Supply Inventory (priced at)	27,346		4
5	Short-Term Investments			5
6	Prepaid Insurance	3,788		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	303,900		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 846,233	$	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)**	$ 846,233	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,406		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	385,866		30
31	Accrued Taxes Payable (excluding real estate taxes)	(4,174)		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	65,463		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 458,561	$	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)**	$ 458,561	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 387,672	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 846,233	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 511,504	1
2	Restatements (describe):		2
3	Rounding	(3)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 511,501	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(123,829)	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)**	$ (123,829)	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)**	$ 387,672	24 *

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

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	$ 6,970,200	1
2	Discounts and Allowances for all Levels	(1,954,646)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,015,554	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,770,431	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,770,431	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	222,373	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	6,790	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	606,716	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	16,074	19
20	Radiology and X-Ray		20
21	Other Medical Services	38,794	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 890,747	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	630	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 630	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Cares Act 2021 Funds - Recognized in 2022**	567,690	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 567,690	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,245,052	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,278,711	31
32	Health Care	3,597,418	32
33	General Administration	2,050,636	33
	B. Capital Expense		
34	Ownership	740,969	34
	C. Ancillary Expense		
35	Special Cost Centers	701,147	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)***	$ 8,368,881	40
41	**Income before Income Taxes (line 30 minus line 40)****	(123,829)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (123,829)	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	$ 723,588.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	458,679.71	45
46	MMAI-Medicaid is the Primary Payer	1,044,695.29	46
47	MMAI-Medicare is the Primary Payer	33,182.00	47
48	Private Pay	1,519,590.78	48
49	Mediciare Part A	847,461.00	49
50	Other-(specify) **Medicare Bad Debts**	-45,414.00	50
51	Other-(specify) **Medicare Cost Report Settlement**	23,947.00	51
52	Other-(specify) **Private Insurance**	408,579.22	52
53	Other-(specify) **Equipment Rental**	1,245.00	53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,015,554	56

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

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	1,504	1,583	$ 69,365	$ 43.82	1
2	Assistant Director of Nursing	1,289	1,357	56,668	41.76	2
3	Registered Nurses	24,837	26,144	1,024,450	39.18	3
4	Licensed Practical Nurses	12,338	12,988	429,988	33.11	4
5	CNAs & Orderlies	56,096	59,049	1,189,994	20.15	5
6	CNA Trainees	264	264	3,539	13.41	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	289	289	5,598	19.37	8
9	Activity Director					9
10	Activity Assistants	3,509	3,694	59,653	16.15	10
11	Social Service Workers	2,052	2,160	55,080	25.50	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	27,906	29,374	417,385	14.21	15
16	Dishwashers					16
17	Maintenance Workers	4,718	4,966	86,964	17.51	17
18	Housekeepers	6,489	6,830	106,938	15.66	18
19	Laundry	5,857	6,165	97,858	15.87	19
20	Administrator	1,816	1,912	71,908	37.61	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,068	19,019	336,328	17.68	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)	167,032	175,794	$ 4,011,716 *	$ 22.82	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		$ 6,789	Ln 1 Col 3	35
36	Medical Director		2,400	Ln 9 Col 3	36
37	Medical Records Consultant		1,207	Ln 10 Col 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		5,341	Ln 10a Col 3	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		5,111	Ln 12 Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 20,848		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	422	$ 31,180	Ln10 Col 3	50
51	Licensed Practical Nurses	8	487	Ln10 Col 3	51
52	Certified Nurse Assistants/Aides	1,709	87,813	Ln10 Col 3	52
53	TOTAL (lines 50 - 52)	2,139	$ 119,480		53

Facility Name & ID Number Heritage Health Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Bonnie Bradley	Administrator		$ 71,908
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 71,908

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	$ 405,751
Legal adj to Zero		4,361
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 410,112

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 41,579
Unemployment Compensation Insurance	23,047
FICA Taxes	306,896
Employee Health Insurance	348,799
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	37,151
Central Office Allocation	32,008
TOTAL (agree to Schedule V, line 22, col.8)	$ 789,480

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	$
Advertising: Employee Recruitment	4,706
Health Care Worker Background Check	
(Indicate # of checks performed)	5,737
Patient Background Checks	
Association Dues (total from pg 22, #4)	
	13,150
	1,988
	966
Central Office Allocation	2,340
Less: Public Relations Expense	(13,150)
PAC and Lobbying payments	
All non-allowable advertising	(1,403)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,334

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	933
Seminar Expense	720
	3,346
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 Streator # 0048066 Report Period Beginning: 1/1/2022 Ending: 12/31/2022

XX. GENERAL INFORMATION:

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

(2) Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below. Use the drop down list to identify the association.

Association Name	Amount
HEALTH CARE COUNCIL OF IL (HCCI)	585
	585 Total

(3) List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.

HEALTH CARE COUNCIL OF IL (HCCI)	585
	585 Total

(4) EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)

HEALTH CARE COUNCIL OF IL (HCCI)	1,170
	1,170 Total

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

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

(7) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ 250,664
This amount is to be recorded on line 42 of Schedule V.

(8) 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.

(9) 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

(10) 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.

(11) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ None' Has any meal income been offset against related costs? Yes Indicate the amount. $ 196,028

(12) 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. $

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

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

(15) 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	15,668						
1010			CASH IN BANK							
1040			CASH IN BANK-PAYROLL							
1100			ACCOUNTS RECEIVABLE	484,125						
1110			MEDICARE RECEIVABLES							
1125			IPA INCOME RECEIVABLE							
1130			MEDICARE COST REPORT							
1135			ACCOUNTS RECEIVABLE-IC							
1140			UNAPPLIED CASH RECEIPTS							
1145			A/R SUSPENSE-REFUNDS							
1190			ACCRUED INTEREST REC							
1200			PREPAID INSURANCE	3,788						
1220			OTHER PREPAID EXPENSES							
1300			FOOD INVENTORY	27,346						
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	11,406						
1550			LOAN FEES	0						
1560			REAL ESTATE TAX ESCROW							
1575			CIP	0						
1850			INTRACOMPANY	303,900						
2010			ACCOUNTS PAYABLE	0						
2095			BONUSES PAYABLE							
2100			ACCRUED PAYROLL	-156,663						
2110			ACCRUED VACATION PAY	-229,203						
2120			UC TAXES PAYABLE							
2125			FICA TAX PAYABLE	4,174	4,174					
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 PAYABL	0						
2310			SALES TAX PAYABLE							
2320			IPA PAYMENTS PAYABLE	-65,463						
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	-11,406						
2600			PPP LOAN	0						
2650			EQUIPMENT LOAN PAYABLE							
2695			CURRENT PORTION LT DEBT							
2696			MEDICARE ADVANCE LOAN	0						
2710			COMMON STOCK							
2720			RETAINED EARNINGS	-511,501						
2970			PROFIT/LOSS FOR PERIOD	123,829						
3007.1			PATIENT DAYS-PRIVATE	0						
3007.2			PATIENT DAYS-IPA	0						
3007.3			PATIENT DAYS-MEDICARE	0						
3007.4			PATIENT DAYS-CONVERSION							
3007.5			PATIENT DAYS-LICENSED							
3007.6			PATIENT DAYS-TOTAL							
3010		1	BASIC CHARGE-PRIVATE & V	-6,960,461		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	-8,494		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	-606,716		0	0	0	0	
3101		17	DRUGS-OTHER							
3110		6	PT-PRIVATE	-1,770,431		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	51,849						
3140		19	LABORATORY INCOME	-16,074		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	1,954,646		0	0	0	0	
3411		2	MEDICAID PART B DISCOUNT			0	0	0	0	
3420		2	MEDICARE DISCOUNTS			0	0	0	0	
3500			STIMULUS REVENUE	-790,063		42	3	0	0	
3520		16	RENT INCOME	0		6	0	6	0	
3530		13	BEAUTY SHOP	-6,790		0	0	0	0	
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0	
3570		12	VENDING INCOME/EXPENSE	0		0	0	0	0	
3580		12	MANAGEMENT FEES	0		0	0	0	0	
3590		1	EQUIPMENT RENTAL	-1,245		0	0	0	0	
3595		21	RESIDENT TRANSPORTATIOI	-38,729		0	0	0	0	
3600		21	MISC INCOME	-65		0	0	0	0	
4110			GENERAL & ADMINIST WAGE	301,059	336,328	21	1	17	0	
4111			ADMINISTRATOR WAGES	71,908	71,908	17	1	0	0	
4115			VACATION & SICK - G&A	35,269		21	1	0	0	
4120	4475		EMPLOYEE BENEFITS	29,364	757,472	22	3	0	0	
4125			EMPLOYEE HEPETITIS VACC	0		22	3	0	0	
4130			EMPLOYEE SCHOLARSHIP W	8,626	51,849	21	1	0	0	
4135			EMPLOYEE SCHOLARSHIP C	-839		23	3	0	0	
4220			DIRECTORS FEES	0	0	18	3	0	0	
4250	4255		OFFICE SUPPLIES	21,597	21,597	21	2	0	0	
4260			TELEPHONE	6,771	6,771	21	3	0	0	
4275			TRAINING & EMPLOYEE DEVL	330	330	23	3	16	0 **	
4280			GENERAL TRAVEL	933	1,653	24	3	16	0	
4281			MEAL EXPENSE FOR TRAVEL	0		24	3	19	0	
4285			EDUCATION & SEMINAR	720		24	3	19	-6,979 ***	
4290			HELP WANTED ADVERTISING	4,706	231,485	20	3	0	0	-198,815
4291			PROMOTIONAL ADVERTISING	6,123		20	3	25	-6,123	
4292			PUBLIC RELATIONS	13,150		20	3	25	-13,150	
4300			LICENSES & FEES	199,781		20	3	17	0	
4310			DUES & SUBSCRIPTIONS	1,988		20	3	17	-1,403	
4320			CONTRIBUTIONS	100		27	3	20	-100	
4350			PROFESSIONAL FEES	6,128	410,112	19	3	22	0	
4355			MEDICAL DIRECTOR	2,400	2,400	9	3	0	0	
4360			UTILIZATION REVIEW	0		10	3	0	0	
4361			OTHER PHYSICIAN FEES			39	3	0	0	
4362			MEDICAL RECORDS CONSUL	1,207		10	3	0	0	
4363			PHARMACIST FEES	5,341		10	3	0	0	
4364			SOC SERV/ACT CONSULT	5,111	5,111	12	3	0	0	
4370			TV RENTAL	33,418		35	3	5	0	
4380			INCOME TAXES		65,648	27	3	26	0	
4383			BACKGROUND CHECKS	5,737		20	3	26	0	
4400			PAYROLL TAXES	329,943		22	3	0	0	
4401			PAYROLL TAXES ADMINIST	0		22	3	0	0	
4410			GROUP INSURANCE	348,799		22	3	0	0	
4420			LIABILITY INSURANCE	95,483	95,483	26	3	0	0	
4425			INSURANCE-OWNERS			22	3	21	0	
4430			WORKMENS COMP INSURAN	41,579		22	3	0	0	
4450			CENTRAL OFFICE FEES	403,984		19	3	34	0 **	
4460			BAD DEBTS	65,236		27	3	24	-65,236	
4470			LOST ITEMS-RESIDENTS	312		27	3	0		
4490			MISCELLANEOUS	0		27	3	0	0	
4510			REAL ESTATE TAXES	0	0	33	3	0	0	
4600			LEASED EQUIPMENT	39,635	73,053	35	3	16	0	
5110			MAINTENANCE SALARIES	82,976	86,964	6	1	0	0	
5120			MAINTENANCE SICK & VAC	3,988		6	1	0	0	
5130			ELECTRIC	48,242	117,708	5	3	0	0	
5131			NATURAL GAS	32,339		5	3	0	0	
5132			HEATING & DEISEL OIL			5	3	0	0	
5133			WATER & SEWER	37,127		5	3	0	0	
5134			TRASH COLLECTION	11,499	132,965	6	3	0	0	
5140			PROPERTY PLANT REPLACE	22,314	104,341	6	2	0	0	
5160			GENERAL REPAIR & MAINT	82,027		6	2	0	0	
5165			MAINTENANCE CONTRACTS	121,466		6	3	0	0	
5210			DIETARY WAGES	393,767	417,385	1	1	0	0	
5220			DIETARY SICK & VAC	23,618		1	1	0	0	
5240			DIETARY CONSULTANT	6,789	6,789	2	3	13	0	
5248			FOOD PURCHASES	317,412	121,384	2	2	0	0	
5250			SUPPLIES-DISHWASHING	4,530	30,017	1	2	0	0	
5260			DIETARY REPLACEMENT	4,934		1	2	0	0	
5270			KITCHEN SUPPLIES-PAPER	20,553		1	2	0	0	
5295			MEAL CREDIT	-196,028		2	2	0	0	
5310			LAUNDRY WAGES	91,377	97,858	4	1	0	0	
5340			LAUNDRY SICK & VAC	6,481		4	1	0	0	
5370			LAUNDRY REPLACEMENT	16,109	21,944	4	2	0	0	
5380			LAUNDRY REIMBURSEMENT			4	3	0	0	
5390			LAUNDRY SUPPLIES	5,835		4	2	0	0	
5410			HOUSEKEEPING WAGES	100,412	106,938	3	1	0	0	
5440			HOUSEKEEPING SICK & VAC	6,526		3	1	0	0	
5480			HOUSEKEEPING SUPPLIES	34,407	34,418	3	2	0	0	
5490			HOUSEKEEPING SUPPLIES-P	11		3	2	0	0	
6010			RN WAGES-MEDICARE		2,776,063	10	1	0	0	
6020			RN WAGES-NON MEDICARE	929,671		10	1	0	0	
6030			DON WAGES	69,365		10	1	0	0	
6035			ADON	56,668		10	1	0	0	
6040			RN SICK & VACATION	94,779		10	1	0	0	
6110			LPN WAGES-MEDICARE	392,861		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	37,127		10	1	0	0	
6210			AIDE WAGES-MEDICARE			10	1	0	0	
6220			AIDE WAGES-NON MEDICARE	1,109,706		10	1	0	0	
6230			WARD CLERKS			10	1	0	0	
6240			AIDE VACATION & SICK	80,288		10	1	0	0	
6245			CONTRACT NURSES-RN	31,180		10	3	0	0	
6246			CONTRACT NURSES-LPN	487		10	3	0	0	
6247			CONTRACT NURSES-AIDES	87,813		10	3	0	0	
6250			NURSE AIDE TRAINING WAGE	3,539	3,539	13	1	0	0	
6255			NURSE AID TRAINING EXP	4,975	4,975	13	2	0	0	
6260			NURSE AIDE TRAINING REIMB	0		0	0	0	0	
6270			REHAB WAGES	5,598		10	1	0	0	
6275			REHAB SICK & VAC	0		10	1	0	0	
6280			NURSING DEPT EDUCATION			23	3	0	0	
6290			NURSING SUPPLIES	6,791	197,334	10	2	0	0	
6295			NURSING SUPPLIES	185,780		10	2	0	0	
6390			REPLACEMENT-NURSING	4,763		10	2	0	0	
6490			NURSING OTHER	316	126,344	10	3	0	0	
7280			DRUG PURCHASES	354,089	354,089	39	2	0	0 ***	
7281			DRUG PURCHASES-OTHER	0		39	2			
7380			LABORATORY SERVICES	9,308	9,308	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	54,984	59,653	11	1	0	0	
7540			ACTIVITIES SICK & VAC	4,669		11	1	0	0	
7590			ACTIVITIES SUPPLIES	3,522	3,522	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	348,213	694,751	39	3	0	0 ***	
7660			PT SUPPLIES	0		39	2	0	0	
7710			SOCIAL SERVICE WAGES	47,677	55,080	12	1	0	0	
7720			SOCIAL SERVICE SICK & VAC	7,403		12	1	0	0	
7730			SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	
7740			OT FEE	292,457		39	3	0	0 ***	
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770			SPEECH THERAPY FEE	54,081		39	3	0	0 ***	
7800			BEAUTICIAN WAGES		0	40	1	0	0	
7810			BEAUTICIAN SICK & VAC			40	1	0	0	
7820			BEAUTICIAN FEES	6,254	6,254	40	3	0	0	
7890			BEAUTY SHOP SUPPLIES	142	142	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	569,400	569,400	34	3	0	0	
8120			INTEREST EXPENSE	98,516	98,516	32	3	14	-630	
8130			DEPRECIATION	0	0	30	3	9	0	
8150			LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510			INTEREST INCOME	-630		32	0	10	0	
9520			MISC NON-OPERATING INCO	0		0	0	0	0	
9700			INCOME TAXES	0		0	0	0	0	
				8,316,402	8,368,881					
					52,479					
GRAND TOTALS				123,829					-93,621	
				(NET INCOME)						
				0						
			FACILITY NAME:							
			FACILITY ID:	0						
			FACILITY UNITS:	130						

1,009	1,009	CASH	15,668
1,100	1,100	ACCTS RI	676,663
1,101	1,101	ALLOW. F	(192,538)
1,110	1,110	ACCTS RECEIV-M/C	
1,125	1,125	ACCTS RECEIV-IPA	
1,135	1,135	ACCTS RECEIV-IC	
1,140	1,140	UNAPPLIED CASH RECEIPTS	
1,145	1,145	A/R SUSPENSE-REFUNDS	
1,200	1,200	PREPAID	0
1,220	1,220	OTHER PI	3,788
1,300	1,300	DIETARY	27,346
1,310	1,310	SUPPLIES INVENTORY	
1,320	1,320	LINEN INVENTORY	
1,409	1,409	LAND	0
1,450	1,450	FURNITUI	0
1,460			0
1,475	1,475	BUILDING	0
1,490	1,490	ACCUM D	0
1,530	1,530	RESIDEN	11,406
1,550	1,550	LOAN FEE	0
1,551	1,551	LOAN FEES ADDED	
1,850	1,850	INTERCO	303,900
2,010	2,010	ACCOUN	0
2,100	2,095	BONUSES PAYABLE	
2,100	2,100	ACCRUEI	(156,663)
2,100	2,100	PR CLEARING-BENEFITS	
2,100	2,100	PR CLEARING-LABOR	
2,110	2,110	ACCRUEI	(229,203)
2,120	2,120	U.C. TAXE	0
2,125	2,125	FICA TAX	4,174
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 II	0
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GA	0
2,300	2,300	ACCRUEI	0
2,320	2,320	IPA PAYM	(65,463)
2,350	2,350	REAL EST	0
2,385		MEDICAR	0
2,400	2,400	CURRENT PORTION OF LT DEBT	
2,512	2,512	DUE TO F	(11,406)
2,600	2,600	LOC	0
2,600		PPP LOAI	0
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DEBT	
2,720	2,720	RETAINEI	(511,501)
		net income	123,829
		balance	0

3,007	3,007	PATIENT DAYS-I	0
3,007	3,007	PATIENT DAYS-I	0
3,007	3,007	PATIENT DAYS-I	0
3,007			0
3,007			
3,007			
3,007			
3,010	3,010	BASIC CHARGE-	(6,960,461)
3,020	3,020	BASIC CHARGE-	0
3,030	3,030	BASIC CHARGE-	0
3,040		ASSESSMENT	51,849
3,050			0
3,060			0
3,061			0
3,080	3,080	NURSING SUPP	(8,494)
3,081	3,081	NURSING SUPP	0
3,082	3,082	NURSING SUPP	0
3,083	3,083	NURSING SUPP	0
3,100	3,100	DRUGS-MEDICA	(606,716)
3,101			0
3,110	3,110	PHYSICAL THEF	(1,770,431)
3,111			0
3,112	3,112	PHYSICAL THEF	0
3,113	3,113	PHYSICAL THEF	0
3,140	3,140	LABORATORY II	(16,074)
3,150			0
3,151			
3,152	3,152	ST/OT THERAPY	0
3,153	3,153	ST/OT THERAPY	0
3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3,410	3,410	IPA/OTHER DISC	0
3,411	3,411	MEDICARE PT B	0
3,420	3,420	MEDICARE DISC	1,909,232
3,500	3,500	STIMULUS	(790,063)
3,520	3,520	RENT INCOME	0
3,530	3,530	BEAUTY SHOP	(6,790)
3,560			0
3,570	3,570	VENDING INCOI	0
3,590	3,590	EQUIPMENT RE	(1,245)
3,595	3,595	RESIDENT TRAI	(38,729)
3,600	3,600	MISC INCOME	(65)
4,110	4,110	G&A WAGES	301,059
4,111	4,111	ADMINISTRATOI	71,908
4,115	4,115	G&A PTO & RES	35,269
4,120	4,120	EMPLOYEE BEN	29,374
4,121			0
4,130	4,130	EMPLOYEE SCH	8,626
4,135	4,135	EMPLOYEE SCH	(839)
4,250	4,250	OFFICE SUPPLII	10,618
4,255	4,255	POSTAGE	1,757
4,260	4,260	TELEPHONE	6,771
4,275	4,275	TRAINING & EMI	330
4,276			0
4,280	4,280	GENERAL TRAV	933
4,281	4,281	MEAL EXPENSE	0
4,285	4,285	EDUCATION/SEI	720
4,289	4,289	MEETINGS EXPI	0
4,290	4,290	HELP WANTED /	4,706
4,291	4,291	PROMOTIONAL .	6,123
4,292	4,292	PUBLIC RELATIC	13,150
4,300	4,300	LICENSE & FEE	199,781
4,310	4,310	DUES & SUBSCI	1,988
4,320	4,320	CONTRIBUTION	100
4,350	4,350	PROFESSIONAL	6,128
4,355	4,355	MEDICAL DIREC	2,400
4,362			1,207
4,363			5,341
4,364	4,364	SOCIAL SERV/A	5,111
4,370	4,370	TV RENTAL	33,418
4,383	4,383	BACKGROUND (	5,737
4,390	4,390	OTHER TAXES	0
4,400	4,400	PAYROLL TAXES	329,943
4,401	4,401	PAYROLL TAXES	0
4,410	4,410	GROUP INSURA	348,799
4,420	4,420	LIABILITY INSUF	95,483
4,430	4,430	WORKMAN'S CC	39,228
4,435	4,435	W/C-FIRST AID (	0
4,436	4,436	DRUG TESTING	2,351
4,450	4,450	MANAGEMENT F	403,984
4,460	4,460	BAD DEBTS	65,236
4,461	4,461	BAD DEBTS	45,414
4,470	4,470	LOST ITEMS-RE	312
4,475	4,475	UNIFORM EXP/F	(10)
4,486	4,486	SERVICE CONTI	100,996
4,490	4,490	MISC EXPENSE	509
4,496	4,496	MISC. M.I.S. EXF	9,222
4,510	4,510	REAL ESTATE T	0
4,600	4,600	LEASED EQUIPI	39,635
5,110	5,110	MAINTENANCE	82,976
5,120	5,120	MAINTENANCE I	3,988
5,130	5,130	ELECTRIC	48,242
5,131	5,131	NATURAL GAS	32,339
5,133	5,133	WATER & SEWE	37,127
5,134	5,134	TRASH COLLEC	11,499
5,140	5,140	PROP/PLANT RE	22,314
5,160	5,160	GENERAL REPA	82,027
5,165	5,165	MAINTENANCE (	20,470
5,210	5,210	DIETARY WAGE	393,767
5,220	5,220	DIETARY PTO &	23,618
5,248	5,248	FOOD PURCHAS	316,903
5,250	5,250	SUPPLIES DISH	4,530
5,260	5,260	REPLACEMENT-	4,934
5,270	5,270	KITCHEN SUPPL	20,553
5,295	5,295	MEAL INCOME	(196,028)
5,310	5,310	LAUNDRY WAGE	91,377
5,340	5,340	LAUNDRY PTO &	6,481
5,370	5,370	REPLACEMENT-	16,109
5,230	5,230	DIETARY CONSI	6,789
5,390	5,390	LAUNDRY SUPP	5,835
5,410	5,410	HOUSEKEEPING	100,412
5,440	5,440	HOUSEKEEPING	6,526
5,480	5,480	SUPPLIES-CLEA	34,407
5,490	5,490	SUPPLIES-HOUS	11
6,020	6,020	RN WAGES	929,671
6,030	6,030	DON WAGES	69,365
6,035	6,035	ADON WAGES	56,668
6,040	6,040	RN PTO & RESE	94,779
6,120	6,120	LPN WAGES	392,861
6,140	6,140	LPN PTO & RESI	37,127
6,220	6,220	AIDES WAGES	1,109,706
6,240	6,240	AIDES PTO & RE	80,288
6,245		RN CONTR	31,180
6,246		LPN CONTR	487
6,247		AIDES CONTR	87,813
6,250			3,539
6,255			4,975
6,260			0
6,270	6,270	REHAB WAGES	5,598
6,275	6,275	REHAB PTO & R	0
6,290	6,290	NURSING SUPP	6,791
6,295	6,295	NURSING SUPP	185,780
6,390	6,390	REPLACEMENT-	4,763
6,490	6,490	OTHER	316
7,280	7,280	DRUG PURCHAS	354,089
7,281	7,281	DRUG PURCHAS	0
7,380	7,380	LABORATORY S	(48)
7,391	7,390	X-RAY SERVICE	4,632
7,393			4,724
7,510	7,510	ACTIVITIES WAC	54,984
7,540	7,540	ACTIVITIES PTO	4,669
7,590	7,590	ACTIVITIES SUP	3,522
7,620	7,620	PHYSICAL THEF	348,213
7,660	7,660	P.T. SUPPLY - B	0
7,710	7,710	SOCIAL SERVIC	47,677
7,720	7,720	SOCIAL SERVIC	7,403
7,730	7,730	SOCIAL SERVIC	0
7,740	7,740	OCCUPATIONAL	292,457
7,750			
7,770	7,770	SPEECH THERA	54,081
7,820	7,820	BEAUTICIAN FEI	6,254
7,890			142
7,960			0
8,120	8,120	INTEREST	0
8,125			98,516
8,130	8,130	DEPRECIATION	0
8,150			0
9,510	9,510	INTEREST INCO	(630)
9,520	9,520	MISC NON-OPEI	0
9,530	4,220		0
	8,100		569,400
	9,702		0
	5,230		0
			123,829
	Expenses Fixed Assets		
			0

Heritage Manor - Streator
2022 Illinois Public Aid Cost Report
Supplemental Schedules
Reclassification Entries

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

Line Item		
Purchased Drugs and Medications	$	354,089
Purchased Hospital Services		4,724
Purchased Laboratory Services		(48)
Purchased Radiology Services		4,632
Amount Reclassified to Line 39	$	363,397

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

Line Item		
Provider Participation Fee - L&F	$	(198,815)
Provider Assessment Fee - Pre-July (A/C 3022)		(51,849)
		(250,664)
Provider Participation Fee		250,664

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

Line Item		
Pharmacy Consultant	$	5,341

4. Schedule V - Line 21 to Lines 10 & 12 - Reclassification of Wages

Line Item		
MDS Coordinators/Care Planners - Line 21, Col 1	$	(97,416)
Medical Records - Line 21, Col 1		(9,880)
		(107,296)
Nursing & Medical Records Line 10		107,296