

		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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: 0037002 Facility Name: Lexington Health Care Center of Streamwood, Inc. Address: 815 E. Irving Park Road Streamwood 60107 County: Cook Telephone Number: (630) 837-5300 Fax #: (630) 213-9076 HFS ID Number: Date of Initial License for Current Owners: 7/8/91 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Michael W. Martin Telephone Number: (217) 258-8888 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 01/01/2011 to 12/31/2011 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) (Type or Print Name) (Title) Paid Preparer (Signed) SEE ACCOUNTANTS' PREPERATION REPORT (Print Name and Title) (Firm Name & Address) McGladrey & Pullen, LLP 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173 (Telephone) (847) 517-7070 Fax #: (847) 517-7067 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
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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	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			183,661	183,661		183,661	392,521	576,182			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			94,213	94,213		94,213	293,199	387,412			32
33	Real Estate Taxes							645,749	645,749			33
34	Rent-Facility & Grounds			2,031,307	2,031,307		2,031,307	(2,026,969)	4,338			34
35	Rent-Equipment & Vehicles			68,186	68,186		68,186	3,500	71,686			35
36	Other (specify):*											36
37	TOTAL Ownership			2,377,367	2,377,367		2,377,367	(692,000)	1,685,367			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		582,513	6,199	588,712		588,712		588,712			39
40	Barber and Beauty Shops			19,051	19,051		19,051		19,051			40
41	Coffee and Gift Shops			10,851	10,851		10,851		10,851			41
42	Provider Participation Fee			292,922	292,922		292,922		292,922			42
43	Other (specify):* Non-Allow Costs	151,470		182,991	334,461		334,461	(334,461)				43
44	TOTAL Special Cost Centers	151,470	582,513	512,014	1,245,997		1,245,997	(334,461)	911,536			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,405,647	1,402,656	7,971,839	15,780,142		15,780,142	(1,516,669)	14,263,473			45

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

