

		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: <u>0035030</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																		
Facility Name: <u>Taylor House</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>10/01/10</u> to <u>9/30/11</u> 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.																		
Address: <u>3021 Taylor Ave</u> <u>Springfield</u> <u>62704</u>																				
Number City Zip Code																				
County: <u>Sangamon</u>																				
Telephone Number: <u>(217) 529-2053</u> Fax # <u>(217) 529-1880</u>																				
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Laura Kelly</u></td></tr><tr><td>(Title) <u>Director of Operations</u></td></tr><tr><td>(Signed) <u>See Attached Independent Accountant's Report</u></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) <u>McGladrey & Pullen, LLP</u></td></tr><tr><td><u>117 E. Main St., Suite 210</u></td></tr><tr><td>(Firm Name & Address) <u>P.O. Box 1070</u></td></tr><tr><td colspan="2" rowspan="4"></td><td><u>Galesburg, IL 61401</u></td></tr><tr><td>(Telephone) <u>(309) 342-1175</u> Fax # <u>(309) 342-7816</u></td></tr><tr><td colspan="2" rowspan="2">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</td></tr><tr><td></</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Laura Kelly</u>	(Title) <u>Director of Operations</u>	(Signed) <u>See Attached Independent Accountant's Report</u>	Paid Preparer	(Date) _____	(Print Name and Title) <u>McGladrey & Pullen, LLP</u>	<u>117 E. Main St., Suite 210</u>	(Firm Name & Address) <u>P.O. Box 1070</u>			<u>Galesburg, IL 61401</u>	(Telephone) <u>(309) 342-1175</u> Fax # <u>(309) 342-7816</u>	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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