

		FOR BHF USE					

LL1

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0048082

Facility Name: Heritage Health-Normal

Address: 509 N Adelaide Normal 61761
Number City Zip Code

County: McLean

Telephone Number: (309) 452-7468 Fax # ()

HFS ID Number:

Date of Initial License for Current Owners: 07/2006

Type of Ownership:

VOLUNTARY,NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

x PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
x Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Craig Ater Telephone Number: (309) 823-7135
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 01/01/12 to 12/31/12 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) Craig Ater
(Title) Exec VP & CFO

Paid
Preparer

(Signed)
(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-Normal# 0048082 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>162</u>	Skilled (SNF)	<u>162</u>	<u>59,292</u>	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	<u>162</u>	TOTALS	<u>162</u>	<u>59,292</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>24,503</u>	<u>22,244</u>	<u>2,417</u>	<u>49,164</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>24,503</u>	<u>22,244</u>	<u>2,417</u>	<u>49,164</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 82.92%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold 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? _____

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

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

Date started 07/2006

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified _____ and days of care provided 2,417Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☐ NO ☐

Tax Year: _____ Fiscal Year: _____

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total						
		1	2	3	4	5	6	7	8	9	10
	A. General Services										
1	Dietary	507,420	32,660		540,080		540,080	10,040	550,120		1
2	Food Purchase		330,594		330,594		330,594	74	330,668		2
3	Housekeeping	207,787	61,522		269,309		269,309		269,309		3
4	Laundry	149,462	36,512		185,974		185,974		185,974		4
5	Heat and Other Utilities			141,524	141,524		141,524	2,395	143,919		5
6	Maintenance	166,184	137,595	84,558	388,337		388,337	24,719	413,056		6
7	Other (specify):*										7
8	TOTAL General Services	1,030,853	598,883	226,082	1,855,818		1,855,818	37,228	1,893,046		8
	B. Health Care and Programs										
9	Medical Director			9,600	9,600		9,600	4,206	13,806		9
10	Nursing and Medical Records	3,009,949	210,155	17,084	3,237,188		3,237,188	2	3,237,190		10
10a	Therapy		500,037	645,032	1,145,069	(513,942)	631,127	177,760	808,887		10a
11	Activities	149,660	2,908		152,568		152,568		152,568		11
12	Social Services	98,259		4,214	102,473		102,473		102,473		12
13	CNA Training	14,471	3,508		17,979		17,979	1,676	19,655		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,272,339	716,608	675,930	4,664,877	(513,942)	4,150,935	183,644	4,334,579		16
	C. General Administration										
17	Administrative	83,256			83,256		83,256		83,256		17
18	Directors Fees										18
19	Professional Services			416,500	416,500		416,500	(389,907)	26,593		19
20	Dues, Fees, Subscriptions & Promotions			140,500	140,500	(90,036)	50,464	(10,267)	40,197		20
21	Clerical & General Office Expenses	439,850	24,663	10,515	475,028		475,028	456,050	931,078		21
22	Employee Benefits & Payroll Taxes			1,032,851	1,032,851		1,032,851	64,746	1,097,597		22
23	Inservice Training & Education			7,378	7,378		7,378	(5,379)	1,999		23
24	Travel and Seminar			3,051	3,051		3,051	(1,052)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			90,479	90,479		90,479	17,649	108,128		26
27	Other (specify):*										27
28	TOTAL General Administration	523,106	24,663	1,701,274	2,249,043	(90,036)	2,159,007	131,840	2,290,847		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,826,298	1,340,154	2,603,286	8,769,738	(603,978)	8,165,760	352,712	8,518,472		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.

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							389,020	389,020			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			43,366	43,366		43,366	180,762	224,128			32
33	Real Estate Taxes							96,847	96,847			33
34	Rent-Facility & Grounds			718,320	718,320		718,320	(713,307)	5,013			34
35	Rent-Equipment & Vehicles			20,496	20,496		20,496	1,582	22,078			35
36	Other (specify):*											36
37	TOTAL Ownership			782,182	782,182		782,182	(45,096)	737,086			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					513,942	513,942		513,942			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					90,036	90,036		90,036			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers					603,978	603,978		603,978			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,826,298	1,340,154	3,385,468	9,551,920		9,551,920	307,616	9,859,536			45

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(5,237)			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	(6,903)			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)	(5,379)			16
17	Non-Care Related Fees	(787)			17
18	Fines and Penalties				18
19	Entertainment	(7,125)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,561)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(21,589)			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)	\$ (50,581)		\$	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	2	
		Amount	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)	358,197		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 358,197		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 307,616		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	2	3	4	
		Yes	No	Amount	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-Normal

ID# 0048082
Report Period Beginning: 01/01/12
Ending: 12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2				2
3				3
4				4
5		0	35	5
6		0	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(787)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(3,561)	19	22
23				23
24		0	27	24
25		(21,589)	20	25
26				26
27				27
28				28
29			33	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	(25,937)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Normal # 0048082 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	10,040	0	0	0	0	0	0	0	0	10,040	1
2	Food Purchase	0	0	74	0	0	0	0	0	0	0	0	74	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,395	0	0	0	0	0	0	0	0	2,395	5
6	Maintenance	0	0	24,719	0	0	0	0	0	0	0	0	24,719	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	37,228	0	0	0	0	0	0	0	0	37,228	8
	B. Health Care and Programs													
9	Medical Director	0	0	4,206	0	0	0	0	0	0	0	0	4,206	9
10	Nursing and Medical Records	0	0	2	0	0	0	0	0	0	0	0	2	10
10a	Therapy	0	177,760	0	0	0	0	0	0	0	0	0	177,760	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,676	0	0	0	0	0	0	0	0	1,676	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	177,760	5,884	0	0	0	0	0	0	0	0	183,644	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	(3,561)	(412,939)	26,593	0	0	0	0	0	0	0	0	(389,907)	19
20	Fees, Subscriptions & Promotions	(22,376)	0	12,109	0	0	0	0	0	0	0	0	(10,267)	20
21	Clerical & General Office Expenses	0	0	456,050	0	0	0	0	0	0	0	0	456,050	21
22	Employee Benefits & Payroll Taxes	0	0	64,746	0	0	0	0	0	0	0	0	64,746	22
23	Inservice Training & Education	(5,379)	0	0	0	0	0	0	0	0	0	0	(5,379)	23
24	Travel and Seminar	(7,125)	0	6,073	0	0	0	0	0	0	0	0	(1,052)	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	17,649	0	0	0	0	0	0	0	0	17,649	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(38,441)	(412,939)	583,220	0	0	0	0	0	0	0	0	131,840	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(38,441)	(235,179)	626,332	0	0	0	0	0	0	0	0	352,712	29

Summary B

12/31/12

[illegible]

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
Heritage Enterprises, Inc.	100	See Pg 25				

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.

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			\$			\$		1
2	V	10a	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	177,760	177,760	2
3	V								3
4	V	19	Adjustment for Related Organization	412,939	Heritage Operations Group, LLC	0.00%		(412,939)	4
5	V								5
6	V	34	Adjustment for Related Organization	718,320	Heritage Manor Real Estate, LLC	0.00%		(718,320)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		96,778	96,778	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		182,261	182,261	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		361,616	361,616	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		4,773	4,773	10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,131,259			\$ 823,188	\$ * (308,071)	14

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

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.

☐ 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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	\$	Heritage Enterprises, Inc.		\$	\$ 10,040	15
16	V	2	Food Purchase					74	16
17	V	3	Housekeeping					0	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					2,395	19
20	V	6	Maintenance					24,719	20
21	V	7	Other					0	21
22	V	9	Medical Director					4,206	22
23	V	10	Nursing & Medical Records					2	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,676	26
27	V	14	Program Transportation					0	27
28	V	15	Other					0	28
29	V	17	Administrative					0	29
30	V	18	Directors Fees					0	30
31	V	19	Professional Services					26,593	31
32	V	20	Fees, Subscription, Promotions					12,109	32
33	V	21	Clerical & General Office Expenses					456,050	33
34	V	22	Employee Benefits & Payroll Taxes					64,746	34
35	V	23	Inservice Training & Education					0	35
36	V	24	Travel and Seminar					6,073	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					17,649	38
39	Total			\$			\$ 0	\$ * 626,332	39

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

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.

☐ 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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	\$	Heritage Enterprises, Inc.		\$	0	15
16	V	30	Depreciation					27,404	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					631	18
19	V	33	Real Estate Taxes					69	19
20	V	34	Rent-Facility & Grounds					10,250	20
21	V	35	Rent-Equipment & Vehicles					1,582	21
22	V	36	Other					0	22
23	V	38	Medically Nec Transportation					0	23
24	V	39	Ancillary Service Centers					0	24
25	V	40	Barber and Beauty Shops					0	25
26	V	41	Coffee and Gift Shops					0	26
27	V	42	Other					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	\$ * 39,936	39

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								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

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Heritage Enterprises Inc.	Member		100.00					\$ 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-Normal # 0048082 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 ☒ NO ☐

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

Name of Related Organization Heritage Operations Group
Street Address box 3188
City / State / Zip Code Bloomington, IL 61701
Phone Number ()
Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,735	26	\$ 169,500	\$ 168,827	162	\$ 10,040	1
2	2	Food Purchase	Beds	2,735	26	1,241	0	162	74	2
3	3	Housekeeping	Beds	2,735	26	0	0	162	0	3
4	4	Laundry	Beds	2,735	26	0	0	162	0	4
5	5	Heat & Other Utilities	Beds	2,735	26	40,426	0	162	2,395	5
6	6	Maintenance	Beds	2,735	26	417,328	78,403	162	24,719	6
7	7	Other	Beds	2,735	26	0	0	162	0	7
8	9	Medical Director	Beds	2,735	26	71,007	0	162	4,206	8
9	10	Nursing & Medical Records	Beds	2,735	26	33	70,119	162	2	9
10	11	Activities	Beds	2,735	26	0	0	162	0	10
11	12	Social Service	Beds	2,735	26	0	0	162	0	11
12	13	Nurse Aide Training	Beds	2,735	26	28,290	22,496	162	1,676	12
13	14	Program Transportation	Beds	2,735	26	0	0	162	0	13
14	15	Other	Beds	2,735	26	0	0	162	0	14
15	17	Administrative	Beds	2,735	26	0	0	162	0	15
16	18	Directors Fees	Beds	2,735	26	0	0	162	0	16
17	19	Professional Services	Beds	2,735	26	448,954	0	162	26,593	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	204,427	0	162	12,109	18
19	21	Clerical & General Office Expenses	Beds	2,735	26	7,699,360	7,229,609	162	456,050	19
20	22	Employee Benefits & Payroll Taxes	Beds	2,735	26	1,093,087	0	162	64,746	20
21	23	Inservice Training & Education	Beds	2,735	26	0	0	162	0	21
22	24	Travel and Seminar	Beds	2,735	26	102,532	0	162	6,073	22
23	25	Other Admin. Staff Transportation	Beds	2,735	26	0	0	162	0	23
24	26	Insurance-Prop.Liab.Malpractice	Beds	2,735	26	297,962	0	162	17,649	24
25	TOTALS					\$ 10,574,147	\$ 7,569,454		\$ 626,332	25

Facility Name & ID Number Heritage Health-Normal # 0048082 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 ☒ NO ☐

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

Name of Related Organization Heritage Operations Group
Street Address box 3188
City / State / Zip Code Bloomington, IL 61701
Phone Number ()
Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,735	26	\$	\$	162	\$	1
2	30	Depreciation	Beds	2,735	26	462,659		162	27,404	2
3	31	Amortization of Pre-Op & Org	Beds	2,735	26			162		3
4	32	Interest	Beds	2,735	26	10,650		162	631	4
5	33	Real Estate Taxes	Beds	2,735	26	1,164		162	69	5
6	34	Rent-Facility & Grounds	Beds	2,735	26	173,045		162	10,250	6
7	35	Rent-Equipment & Vehicles	Beds	2,735	26	26,702		162	1,582	7
8	36	Other	Beds	2,735	26			162		8
9	38	Medically Nec Transportation	Beds	2,735	26			162		9
10	39	Ancillary Service Centers	Beds	2,735	26			162		10
11	40	Barber and Beauty Shops	Beds	2,735	26			162		11
12	41	Coffee and Gift Shops	Beds	2,735	26			162		12
13	42	Other	Beds	2,735	26			162		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					\$ 674,220	\$		\$ 39,936	25

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	Bank of America		x	Mortgage			\$	3,988,464			\$	182,261	1	
2	Bank of America		x	Loan Fee Amort								4,773	2	
3													3	
4													4	
5													5	
	Working Capital													
6	Bank of America		xx	Working Capital								43,366	6	
7													7	
8													8	
9	TOTAL Facility Related						\$	3,988,464				\$	230,400	9
	B. Non-Facility Related*													
10	Interest Income											(6,903)	10	
11													11	
12	Allocated Corporate											631	12	
13													13	
14	TOTAL Non-Facility Related						\$					\$	(6,272)	14
15	TOTALS (line 9+line14)						\$	3,988,464				\$	224,128	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 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.)		\$	96,778	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	96,778	3	
4. Real Estate Tax accrual used for 2012 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.		\$	96,778	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007		8	
		2008		9	
		2009		10	
		2010		11	
		2011	96,778	12	
				13	FOR BHF USE ONLY
				13	FROM R. E. TAX STATEMENT FOR 2011 \$ 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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME	<u>Heritage Health-Normal</u>	COUNTY	<u>McLean</u>
---------------	-------------------------------	--------	---------------

FACILITY IDPH LICENSE NUMBER 0048082

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 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. 1429227016		\$ 133,336.00	\$ 96,778.00
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 133,336.00	\$ 96,778.00

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 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 a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	51,164	B. General Construction Type:	Exterior	Brick	Frame	Wood	Number of Stories	1
------------------------	---------------	--------------------------------------	-----------------	--------------	--------------	-------------	--------------------------	----------

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (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 ☒ (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).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ 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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ 60,687	1
2					2
3	TOTALS			\$ 60,687	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	162				\$ 1,860,193	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	1979 Improvements		1979		66,917					9
10	1980 Improvements		1980		48,089					10
11	1981 Improvements		1981		17,747					11
12	1982 Improvements		1982		18,009					12
13	1983 Improvements		1983		19,892					13
14	1984 Improvements		1984		25,484					14
15	1985 Improvements		1985		531,851					15
16	1986 Improvements		1986		82,460					16
17	1987 Improvements		1987		17,447					17
18	1988 Improvements		1988		133,532					18
19	1989 Improvements		1989		39,555					19
20	1990 Improvements		1990		18,557					20
21	1991 Improvements		1991		5,776					21
22	1992 Improvements		1992		8,016					22
23	1993 Improvements		1993		188,048					23
24	1994 Improvements		1994		187,325					24
25	1995 Improvements		1995		10,664					25
26	A/C Basement Laundry		1996		6,741					26
27	Asphalt Repair		1996		21,401					27
28	Remodel/Painting		1996		1,912					28
29	Fire Alarm Repair/Replace		1996		8,069					29
30	Kitchen Floor/Backsplash		1996		1,395					30
31										31
32										32
33	C/O Allocation					27,404			(27,404)	33
34	Book Depreciation					324,632		324,632		34
35										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

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	Tubes--Boiler	1997	\$ 12,279	\$		\$	\$	\$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removal	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						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)		\$ 5,277,428	\$ 352,036		\$ 324,632	\$ (27,404)	\$	70

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

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	
1	Totals from Page 12A, Carried Forward		\$ 5,277,428	\$ 352,036		\$ 324,632	\$ (27,404)	\$	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordian Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,451,834	\$ 352,036		\$ 324,632	\$ (27,404)	\$	34

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

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	
1	Totals from Page 12B, Carried Forward		\$ 7,451,834	\$ 352,036		\$ 324,632	\$ (27,404)	\$	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4	Capital Report Adjustments	2000	(2,985)						4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28	Capital Report Adjustments	2002	(3,184)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,539,528	\$ 352,036		\$ 324,632	\$ (27,404)	\$	34

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

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	
1	Totals from Page 12C, Carried Forward		\$ 7,539,528	\$ 352,036		\$ 324,632	\$ (27,404)		1
2	Fire System	2003	8,614						2
3	Flag Pole	2003							3
4	Security Door	2003	5,990						4
5	A/C Unit	2003	1,580						5
6	Condensing Unit	2003	1,137						6
7	Compressor	2003	2,067						7
8	Sewage Ejection	2003	17,028						8
9	A/C Unit	2003	1,628						9
10									10
11	Sewage Ejection	2004	12,312						11
12	A/C Unit	2004	1,175						12
13	Water Softener	2004	18,667						13
14	Exterior Referbish	2004	2,202						14
15	Boiler	2004	16,060						15
16									16
17	Boiler	2005	388						17
18	Nurses Station	2005	8,146						18
19	Smoke Detectors	2005	3,884						19
20	Windows	2005	6,146						20
21	Tempering Valve	2005	2,510						21
22	Sewage Ejection	2005	1,310						22
23	Ansul System	2005	2,320						23
24	Accelerator	2005	1,548						24
25	A/C Unit	2005	2,550						25
26	A/C Unit	2005	1,275						26
27	Sidewalk Replacement	2005	21,297						27
28	Capital Report Adjustment	2005	(22,995)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,656,367	\$ 352,036		\$ 324,632	\$ (27,404)		34

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

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	
1	Totals from Page 12D, Carried Forward		\$ 7,656,367	\$ 352,036		\$ 324,632	\$ (27,404)	\$	1
2									2
3	A/C Unit	2006	5,900						3
4									4
5									5
6	Capital Report Adj	2007	(16,473)						6
7	Interior Door	2007	425						7
8	Generator	2007	16,165						8
9	Mixing valve	2007	1,955						9
10	Water pipe	2007	2,350						10
11	Water Heater	2007	27,451						11
12	Window	2007	906						12
13	AC Condensing Unit	2007	2,345						13
14	Flooring	2007	775						14
15									15
16	Handrails	2008	2,904						16
17	Grinder Pump	2008	2,566						17
18	Exterior Panting	2008	13,372						18
19	Dining Room Windows	2008	8,150						19
20	Dining Room Roof	2008	78,218						20
21	Driveway Improvements	2008	4,400						21
22	boiler	2008	5,680						22
23	Duct Replacement	2008	16,973						23
24	Carpet	2008	54,088						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,884,517	\$ 352,036		\$ 324,632	\$ (27,404)	\$	34

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

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	
1	Totals from Page 12E, Carried Forward		\$ 7,884,517	\$ 352,036		\$ 324,632	\$ (27,404)	\$	1
2	Capital Report Adj	2009	(33,138)						2
3	Fire Alarm	2009	4,458						3
4	Air Handler	2009	7,544						4
5	Landscaping	2009	31,059						5
6	Sprinkler	2009	29,630						6
7	Gutter	2009	3,800						7
8	Dinning room windows	2009	2,280						8
9	Dinning room roof	2009	17,408						9
10	Parking lot surface	2009	87,268						10
11	Boiler	2009	7,625						11
12	Parapet Walls	2009	11,000						12
13	Water Main	2009	6,130						13
14	Nurse Call & Phone system	2009	297,156						14
15									15
16	Retaining wall	2010	21,000						16
17	Air Handler	2010	38,790						17
18	Carpet - Legacy care wing	2010	52,529						18
19	water Meter	2010	5,855						19
20									20
21	West Nurse's Station	2011	35,324						21
22	Sprinkler system	2011	295,806						22
23	Sewer pipe	2011	6,561						23
24	Air Compressor	2011	7,313						24
25	Flooring repair	2011	5,580						25
26	Air Handler	2011	21,534						26
27	Sign	2011	8,500						27
28	Dry pendent sprinkler	2011	48,620						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,904,149	\$ 352,036		\$ 324,632	\$ (27,404)	\$	34

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

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	
1	Totals from Page 12F, Carried Forward		\$ 8,904,149	\$ 352,036		\$ 324,632	\$ (27,404)		1
2									2
3	Water Heater	2012	8,166						3
4	Dry Pendant Sprinkler	2012	6,300						4
5	Loading Dock	2012	5,140						5
6	Condensing Unit	2012	6,505						6
7	Disposer	2012	3,131						7
8	Roof	2012	131,830						8
9	Parking Lot	2012	32,607						9
10	Lighting Upgrade	2012	2,663						10
11	Air Handler	2012	12,456						11
12	East Wing Heat Line	2012	8,347						12
13	Heat Pump	2012	3,337						13
14									14
15									15
16									16
17									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	TOTAL (lines 1 thru 33)		\$ 9,124,631	\$ 352,036		\$ 324,632	\$ (27,404)		34

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

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	\$1,375,192	\$36,984	\$36,984	\$		\$	71
72	Current Year Purchases	132,307						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$1,507,499	\$36,984	\$36,984	\$		\$	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$10,692,817	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$389,020	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$361,616	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(27,404)	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
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 ☐ NO Terms: *

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$20,496 Description:
(Attach a schedule detailing the breakdown of movable equipment)
- ☐ YES☐ NO

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

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. /2013 \$

13. /2014 \$

14. /2015 \$

* 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.

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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		3,508		3,508
3	Classroom Wages (a)				
4	Clinical Wages (b)		14,471		14,471
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 17,979	\$	\$ 17,979
10	SUM OF line 9, col. 1 and 2 (e)	\$	17,979		

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.)

12345678										
	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	\$		\$ 331,497	\$		\$ 331,497	1
2	Licensed Speech and Language Development Therapist		hrs			1,306			1,306	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			296,646	1,678		298,324	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				498,359		498,359	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					15,583			15,583	13
14	TOTAL			\$		\$ 645,032	\$ 500,037		\$ 1,145,069	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.

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	\$ 300	\$	1
2	Cash-Patient Deposits	14,719		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,339,866		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,530		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(524,038)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 863,377	\$	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)	\$ 863,377	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 275,920	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,719		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	525,709		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,320		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	<u>Assessment Tax</u>	212,685		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,037,353	\$	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)	\$ 1,037,353	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (173,976)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 863,377	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 130,746	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 130,746	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(304,722)	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)	\$ (304,722)	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)	\$ (173,976)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Heritage Health-Normal# 0048082Report Period Beginning: 01/01/12Ending: 12/31/12

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.

		1	
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 8,273,234	1
2	Discounts and Allowances for all Levels	(1,959,632)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,313,602	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,974,434	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,974,434	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	735	12
13	Barber and Beauty Care	104	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	5,237	16
17	Sale of Drugs	941,499	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	4,684	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 952,259	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	6,903	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,903	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)	\$ 9,247,198	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,855,818	31
32	Health Care	4,664,877	32
33	General Administration	2,249,043	33
	B. Capital Expense		
34	Ownership	782,182	34
	C. Ancillary Expense		
35	Special Cost Centers		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)*	\$ 9,551,920	40
41	Income before Income Taxes (line 30 minus line 40)**	(304,722)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (304,722)	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.

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,968	1,968	\$ 74,622	\$ 37.92	1
2	Assistant Director of Nursing	1,968	2,144	64,752	30.20	2
3	Registered Nurses	21,538	23,127	640,363	27.69	3
4	Licensed Practical Nurses		27,872	620,985	22.28	4
5	CNAs & Orderlies	130,401	138,266	1,564,700	11.32	5
6	CNA Trainees	1,500	1,500	14,471	9.65	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,512	2,774	44,527	16.05	8
9	Activity Director					9
10	Activity Assistants	13,855	14,455	149,660	10.35	10
11	Social Service Workers	5,834	6,209	98,259	15.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	45,102	49,004	507,420	10.35	15
16	Dishwashers					16
17	Maintenance Workers	14,205	14,809	166,184	11.22	17
18	Housekeepers	21,482	22,763	207,787	9.13	18
19	Laundry	13,301	14,292	149,462	10.46	19
20	Administrator	1,950	2,080	83,256	40.03	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,358	20,021	439,850	21.97	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)	294,974	341,284	\$ 4,826,298 *	\$ 14.14	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 0		35
36	Medical Director		9,600		36
37	Medical Records Consultant		2,046		37
38	Nurse Consultant				38
39	Pharmacist Consultant		9,840		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		4,214		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 25,700		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	0	\$ 0		50
51	Licensed Practical Nurses	0	0		51
52	Certified Nurse Assistants/Aides	0	0		52
53	TOTAL (lines 50 - 52)		\$		53

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

** See instructions.

Facility Name & ID Number		Heritage Health-Normal		STATE OF ILLINOIS		# 0048082		Report Period Beginning:		01/01/12		Page 21		Ending:		12/31/12							
XIX. SUPPORT SCHEDULES																							
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions															
Name		Function		Ownership %		Amount		Description		Amount		Description		Amount									
Cindy Wegner						\$ 83,256		Workers' Compensation Insurance		\$ 118,249		IDPH License Fee		\$ 0									
								Unemployment Compensation Insurance		99,702		Advertising: Employee Recruitment		8,484									
								FICA Taxes		369,212		Health Care Worker Background Check											
								Employee Health Insurance		418,633		(Indicate # of checks performed)		2,218									
								Employee Meals				Patient Background Checks											
								Illinois Municipal Retirement Fund (IMRF)*															
										0				13,253									
TOTAL (agree to Schedule V, line 17, col. 1)								Other Benefits		27,055		Dues & Subscriptions		11,848									
(List each licensed administrator separately.)						\$ 83,256		Central Office Allocation		64,746		License & Fees		6,325									
B. Administrative - Other												Central Office Allocation				12,109							
Description						Amount						Less: Public Relations Expense		(13,253)									
						\$						Non-allowable advertising		(787)									
												Yellow page advertising		()									
								TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,097,597		TOTAL (agree to Sch. V, line 20, col. 8)		\$ 40,197									
TOTAL (agree to Schedule V, line 17, col. 3)				\$				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**											
(Attach a copy of any management service agreement)																							
C. Professional Services																							
Vendor/Payee		Type				Amount		Description		Line #		Amount		Description		Amount							
Heritage Operations Group		Mgt				\$ 412,939						\$		Out-of-State Travel		\$							
						0																	
						0								In-State Travel									
																1,927							
																41							
														Seminar Expense		1,083							
																(1,052)							
														Entertainment Expense		()							
Legal adj to Zero						3,561								(agree to Sch. V, line 24, col. 8)									
TOTAL (agree to Schedule V, line 19, column 3)								TOTAL				\$				TOTAL				\$ 1,999			
(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 416,500																			
* Attach copy of IMRF notifications																							
**See instructions.																							

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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.

Illinois Health Care Association

(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 years

(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?

If YES, give effective date of lease.

(9)

Are you presently operating under a sublease agreement?

YES

x

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

x

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.

\$ 90,036

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?

yes

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?

yes

Indicate the amount.

\$ 33,309

(16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

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?

yes

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.

\$

(17)

Has an audit been performed by an independent certified public accounting firm?

yes

Firm Name:

Sulaski & Webb

(18)

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

yes

(19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

yes

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 Line #	Sch 5 pg 3 Col #	Sch 6 pg Line #	Adjustment Amount		
1009	PETTY CASH	300				1,009		1,009	PETTY CASH 300
1010	CASH IN BANK					1,100		1,100	ACCTS RECEIV 1,339,866
1040	CASH IN BANK-PAYROLL					1,101		1,101	ALLOW. FOR UNCOLLECT
1100	ACCOUNTS RECEIVABLE	1,339,866				1,110		1,110	ACCTS RECEIV-M/C
1110	MEDICARE RECEIVABLES					1,125		1,125	ACCTS RECEIV-IPA
1125	IPA INCOME RECEIVABLE					1,135		1,135	ACCTS RECEIV-IC
1130	MEDICARE COST REPORT					1,140		1,140	UNAPPLIED CASH RECEIP
1135	ACCOUNTS RECEIVABLE-IC					1,145		1,145	A/R SUSPENSE-REFUNDS
1140	UNAPPLIED CASH RECEIPTS					1,200		1,200	PREPAID INSU 32,530
1145	A/R SUSPENSE-REFUNDS					1,220		1,220	OTHER PREPAID EXPENSE
1190	ACCRUED INTEREST REC					1,300		1,300	DIETARY INVENTORY
1200	PREPAID INSURANCE	32,530				1,310		1,310	SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320		1,320	LINEN INVENTORY
1300	FOOD INVENTORY					1,409		1,409	LAND 0
1310	SUPPLIES INVENTORY					1,450		1,450	FURNITURE & 0
1409	LAND	0				1,460			0
1450	FURNITURE & EQUIPMENT	0				1,475		1,475	CODE ALERT M 0
1460	ACCUM DEPR-FURN & EQU	0				1,490		1,490	ACCUM DEPR- 0
1475	BUILDING & IMPROVEMEN	0				1,530		1,530	RESIDENT FUN 14,719
1490	ACCUM DEPR-BUILDING	0				1,550		1,550	LOAN FEES 0
1530	RESIDENT FUNDS	14,719				1,551		1,551	LOAN FEES ADDED
1550	LOAN FEES	0				1,850		1,850	INTERCOMPAN (524,038)
1560	REAL ESTATE TAX ESCROW					2,010		2,010	ACCOUNTS PA (275,920)
1575	REIMBURSABLE PURCHASES					2,100		2,095	BONUSES PAYABLE
1850	INTRACOMPANY	-524,038				2,100		2,100	ACCRUED PAY (227,715)
2010	ACCOUNTS PAYABLE	-275,920				2,100		2,100	PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100		2,100	PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-227,715				2,110		2,110	ACCRUED PTO (297,994)
2110	ACCRUED VACATION PAY	-297,994				2,120		2,120	U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAXES P/	(8,320)
2125	FICA TAX PAYABLE	-8,320	-8,320	2,130	2,130 FEDERAL W/H TAX PAYAB	
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE	
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUA	
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEEE INSURANCE	
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS	
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND	
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAF	
2240	UNITED WAY			2,246	2,250 401K W/H	
2245	GROUP INSURANCE PAYABLE			2,250		
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE GARNISHMENT	
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUED INTI	0
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYMENTS	(212,685)
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ESTATE	0
2310	SALES TAX PAYABLE			2,385		0
2320	IPA PAYMENTS PAYABLE	-212,685		2,400	2,400 CURRENT PORTION OF LT	
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO RESID	(14,719)
2385	ACTIVITY FUND	0		2,600	2,600 LASALLE BAN	0
2390	SECURITY DEPOSITS	0		2,600		
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN	
2393	HEART FUND/BAZAAR			2,625		
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT	
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED EAI	(130,746)
2460	INCOME TAXES PAYABLE				net income	304,722
2512	DUE TO RESIDENTS	-14,719				
2600	MORTGAGE PAYABLE	0				
2650	EQUIPMENT LOAN PAYABLE				balance	<u>0</u>
2695	CURRENT PORTION LT DEBT					
2696	DEFERRED INCOME TAXES					
2710	COMMON STOCK					
2720	RETAINED EARNINGS	-130,746				
2970	PROFIT/LOSS FOR PERIOD	304,722				
3007.1	PATIENT DAYS-PRIVATE	22,244				

3007.2	PATIENT DAYS-IPA	24,503				
3007.3	PATIENT DAYS-MEDICARE	2,417				
3007.4	PATIENT DAYS-CONVERSION					
3007.5	PATIENT DAYS-LICENSED					
3007.6	PATIENT DAYS-TOTAL					
3010	1 BASIC CHARGE-PRIVATE &	-8,209,102	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-MEDICARI	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-PRIVA	-62,566	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	-941,499	0	0	0	0
3101	17 DRUGS-OTHER					
3110	6 PT-PRIVATE	-1,974,434	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					
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	1,959,632	0	0	0	0
3411	2 MEDICAID PART B DISCOUNT		0	0	0	0
3420	2 MEDICARE DISCOUNTS		0	0	0	0

3440	36 ASSESSMENT TAX EXPENSE			42	3	0	0
3520	16 RENT INCOME	-5,237		6	0	6	-5,237
3530	13 BEAUTY SHOP	-104		0	0	0	0
3560	12 ACTIVITY FUND INCOME	-735		0	0	0	0
3570	12 VENDING INCOME/EXPENSE	0		0	0	0	0
3580	12 MANAGEMENT FEES			0	0	0	0
3590	1 EQUIPMENT RENTAL	-1,566		0	0	0	0
3595	21 RESIDENT TRANSPORTATION	-4,680		0	0	0	0
3600	21 MISC INCOME	-4		0	0	0	0
4110	GENERAL & ADMINISTRATIVE WAGES	410,988	439,850	21	1	17	0
4111	ADMINISTRATOR WAGES	83,256	83,256	17	1	0	0
4115	VACATION & SICK - G&A	28,862		21	1	0	0
4120 4475	EMPLOYEE BENEFITS	30,982	1,032,851	22	3	0	0
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0
4130	EMPLOYEE SCHOLORSHIP	12,345		21	1	0	0
4135	EMPLOYEE SCHOLORSHIP	-16,272		23	3	0	0
4220	DIRECTORS FEES	0	0	18	3	0	0
4250 4255	OFFICE SUPPLIES	24,388	24,663	21	2	0	0
4260	TELEPHONE	10,515	10,515	21	3	0	0
4275	TRAINING & EMPLOYEE DEVELOPMENT	7,378	7,378	23	3	16	-5,379 **
4280	GENERAL TRAVEL	1,927	3,051	24	3	16	0
4281	MEAL EXPENSE FOR TRAVEL	41		24	3	19	0
4285	EDUCATION & SEMINAR	1,083		24	3	19	-7,125 ***
4290	HELP WANTED ADVERTISING	8,484	140,500	20	3	0	0 -90,036
4291	PROMOTIONAL ADVERTISING	8,336		20	3	25	-8,336
4292	PUBLIC RELATIONS	13,253		20	3	25	-13,253
4300	LICENSES & FEES	96,361		20	3	17	0
4310	DUES & SUBSCRIPTIONS	11,848		20	3	17	-787
4320	CONTRIBUTIONS	0		27	3	20	0
4350	PROFESSIONAL FEES	3,561	416,500	19	3	22	-3,561
4355	MEDICAL DIRECTOR	9,600	9,600	9	3	0	0
4360	UTILIZATION REVIEW	0		10	3	0	0
4361	OTHER PHYSICIAN FEES			39	3	0	0

4362	MEDICAL RECORDS CONSULT	2,046		10	3	0	0
4363	PHARMACIST FEES	9,840		10	3	0	0
4364	SOC SERV/ACT CONSULT	4,214	4,214	12	3	0	0
4370	TV RENTAL	14,822		35	3	5	0
4380	INCOME TAXES		0	27	3	26	0
4383	BACKGROUND CHECKS	2,218		20	3	26	0
4400	PAYROLL TAXES	460,474		22	3	0	0
4401	PAYROLL TAXES ADMINIS	8,440		22	3	0	0
4410	GROUP INSURANCE	418,633		22	3	0	0
4420	LIABILITY INSURANCE	90,479	90,479	26	3	0	0
4425	INSURANCE-OWNERS			22	3	21	0
4430	WORKMENS COMP INSUR/	118,249		22	3	0	0
4450	CENTRAL OFFICE FEES	412,939		19	3	34	0 **
4460	BAD DEBTS	0		27	3	24	0
4470	LOST ITEMS-RESIDENTS	0		27	3	0	
4490	MISCELLANEOUS	0		27	3	0	0
4510	REAL ESTATE TAXES	0	0	33	3	0	0
4600	LEASED EQUIPMENT	5,674	20,496	35	3	16	0
5110	MAINTENANCE SALARIES	154,348	166,184	6	1	0	0
5120	MAINTENANCE SICK & VA	11,836		6	1	0	0
5130	ELECTRIC	70,391	141,524	5	3	0	0
5131	NATURAL GAS	30,605		5	3	0	0
5132	HEATING & DEISEL OIL			5	3	0	0
5133	WATER & SEWER	40,528		5	3	0	0
5134	TRASH COLLECTION	23,022	84,558	6	3	0	0
5140	PROPERTY PLANT REPLAC	48,292	137,595	6	2	0	0
5160	GENERAL REPAIR & MAIN'	89,303		6	2	0	0
5165	MAINTENANCE CONTRAC'	61,536		6	3	0	0
5210	DIETARY WAGES	481,847	507,420	1	1	0	0
5220	DIETARY SICK & VAC	25,573		1	1	0	0
5240	SALES TAX			2	3	13	0
5248	FOOD PURCHASES	363,903	330,594	2	2	0	0
5250	SUPPLIES-DISHWASHING	5,664	32,660	1	2	0	0

5260	DIETARY REPLACEMENT	2,801		1	2	0	0
5270	KITCHEN SUPPLIES-PAPER	24,195		1	2	0	0
5295	MEAL CREDIT	-33,309		2	2	0	0
5310	LAUNDRY WAGES	141,927	149,462	4	1	0	0
5340	LAUNDRY SICK & VAC	7,535		4	1	0	0
5370	LAUNDRY REPLACEMENT	21,489	36,512	4	2	0	0
5380	LAUNDRY REIMBURSEMENT			4	3	0	0
5390	LAUNDRY SUPPLIES	15,023		4	2	0	0
5410	HOUSEKEEPING WAGES	198,377	207,787	3	1	0	0
5440	HOUSEKEEPING SICK & VAC	9,410		3	1	0	0
5480	HOUSEKEEPING SUPPLIES	20,991	61,522	3	2	0	0
5490	HOUSEKEEPING SUPPLIES-	40,531		3	2	0	0
6010	RN WAGES-MEDICARE		3,009,949	10	1	0	0
6020	RN WAGES-NON MEDICAR	609,789		10	1	0	0
6030	DON WAGES	74,622		10	1	0	0
6035	ADON	64,752		10	1	0	0
6040	RN SICK & VACATION	30,574		10	1	0	0
6110	LPN WAGES-MEDICARE	592,921		10	1	0	0
6120	LPN WAGES-NON MEDICAL	0		10	1	0	0
6130	LPN WAGES OTHER			10	1	0	0
6140	LPN SICK & VACATION	28,064		10	1	0	0
6210	AIDE WAGES-MEDICARE			10	1	0	0
6220	AIDE WAGES-NON MEDICAL	1,519,483		10	1	0	0
6230	WARD CLERKS			10	1	0	0
6240	AIDE VACATION & SICK	45,217		10	1	0	0
6245	CONTRACT NURSES-RN	0		10	3	0	0
6246	CONTRACT NURSES-LPN	0		10	3	0	0
6247	CONTRACT NURSES-AIDES	0		10	3	0	0
6250	NURSE AIDE TRAINING W/	14,471	14,471	13	1	0	0
6255	NURSE AID TRAINING EXP	3,508	3,508	13	2	0	0
6260	NURSE AIDE TRAINING RE	0		0	0	0	0
6270	REHAB WAGES	41,666		10	1	0	0
6275	REHAB SICK & VAC	2,861		10	1	0	0

6280	NURSING DEPT EDUCATION			23	3	0	0
6290	NURSING SUPPLIES	185,056	210,155	10	2	0	0
6295	NURSING SUPPLIES	20,963		10	2	0	0
6390	REPLACEMENT-NURSING	4,136		10	2	0	0
6490	NURSING OTHER	5,198	17,084	10	3	0	0
7280	DRUG PURCHASES	156,483	500,037	39	2	0	0 ***
7281	DRUG PURCHASES-OTHER	341,876		39	2		
7380	LABORATORY SERVICES	15,583	645,032	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	145,144	149,660	11	1	0	0
7540	ACTIVITIES SICK & VAC	4,516		11	1	0	0
7590	ACTIVITIES SUPPLIES	2,908	2,908	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	296,646		39	3	0	0 ***
7660	PT SUPPLIES	1,678		39	2	0	0
7710	SOCIAL SERVICE WAGES	94,130	98,259	12	1	0	0
7720	SOCIAL SERVICE SICK & V	4,129		12	1	0	0
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0
7740	OT FEE	331,497		39	3	0	0 ***
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0
7770	SPEECH THERAPY FEE	1,306		39	3	0	0 ***
7800	BEAUTICIAN WAGES		0	40	1	0	0
7810	BEAUTICIAN SICK & VAC			40	1	0	0
7820	BEAUTICIAN FEES	0	0	40	3	0	0
7890	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0
7910	VOLUNTEER COORDINATOR			21	1	0	0
7940	VOL COORD SICK & VAC			21	1	0	0
7960	VOL COORD SUPPLIES	275		21	2	0	0
8100	RENT	718,320	718,320	34	3	0	0

8120	INTEREST EXPENSE	43,366	43,366	32	3	14	-6,903	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-6,903		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		9,545,017	9,551,920					
			6,903					

GRAND TOTALS

304,722

(NET INCOME)

-50,581

0

FACILITY NAME:

FACILITY ID:

0

FACILITY UNITS:

89

BALANCE SHEET TOTAL

0

	G/L	RECAP CENSUS
PP	22,244	22,244
IPA	24,503	24,503
medicare	2,417	2,417
		49,164

IPA BEDHOLDS

0

PP BEDHOLDS

0

PP CONVERS

0

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ETERIA

' DEBT

#2

' DEBT

3,007 3,007 PATIENT DAYS-PRIV 22,244

3,007	3,007 PATIENT DAYS-IPA	24,503
3,007	3,007 PATIENT DAYS-MED	2,417
3,007		0
3,007		
3,007		
3,007		
3,010	3,010 BASIC CHARGE-PRIV	(8,209,102)
3,020	3,020 BASIC CHARGE-IPA	0
3,030	3,030 BASIC CHARGE-MED	0
3,040		0
3,050		0
3,060		0
3,061		0
3,080	3,080 NURSING SUPPL-PRI	(62,566)
3,081	3,081 NURSING SUPPLIES-]	0
3,082	3,082 NURSING SUPPLIES-]	0
3,083	3,083 NURSING SUPPLIES-]	0
3,100	3,100 DRUGS-MEDICARE	(941,499)
3,101		0
3,110	3,110 PHYSICAL THERAPY	(1,974,434)
3,111		0
3,112	3,112 PHYSICAL THERAPY	0
3,113	3,113 PHYSICAL THERAPY	0
3,140	3,140 LABORATORY INCOME	
3,150		0
3,151		
3,152	3,152 ST/OT THERAPY-M/C	0
3,153	3,153 ST/OT THERAPY-M/C	0
3,160	3,185 REHAB/ISOLATION/OTHER CHG	
3,410	3,410 IPA/OTHER DISCOUN	0
3,411	3,411 MEDICARE PT B-DIS	0
3,420	3,420 MEDICARE DISCOUN	1,926,900
3,500		

3,520	3,520 RENT INCOME	(5,237)
3,530	3,530 BEAUTY SHOP	(104)
3,560		(735)
3,570	3,570 VENDING INCOME &	0
3,590	3,590 EQUIPMENT RENTAI	(1,566)
3,595	3,595 RESIDENT TRANSPO	(4,680)
3,600	3,600 MISC INCOME	(4)
4,110	4,110 G&A WAGES	410,988
4,111	4,111 ADMINISTRATOR WL	83,256
4,115	4,115 G&A PTO & RESERV	28,862
4,120	4,120 EMPLOYEE BENEFIT	24,323
4,125		0
4,130	4,130 EMPLOYEE SCHOLA	12,345
4,135	4,135 EMPLOYEE SCHOLA	(16,272)
4,250	4,250 OFFICE SUPPLIES	10,472
4,255	4,255 POSTAGE	5,352
4,260	4,260 TELEPHONE	10,515
4,275	4,275 TRAINING & EMPLO	7,378
4,276		(5)
4,280	4,280 GENERAL TRAVEL	1,927
4,281	4,281 MEAL EXPENSE FOR	41
4,285	4,285 EDUCATION/SEMINA	1,083
4,289	4,289 MEETINGS EXPENSE	0
4,290	4,290 HELP WANTED ADV	8,484
4,291	4,291 PROMOTIONAL ADV	8,336
4,292	4,292 PUBLIC RELATIONS	13,253
4,300	4,300 LICENSE & FEES	96,361
4,310	4,310 DUES & SUBSCRIPTI	11,848
4,320	4,320 CONTRIBUTIONS	0
4,350	4,350 PROFESSIONAL FEES	3,561
4,355	4,355 MEDICAL DIRECTOR	9,600
4,362		2,046
4,363		9,840

4,364	4,364 SOCIAL SERV/ACT C	4,214
4,370	4,370 TV RENTAL	14,822
4,383	4,383 BACKGROUND CHEC	2,218
4,390	4,390 OTHER TAXES	0
4,400	4,400 PAYROLL TAXES	460,474
4,401	4,401 PAYROLL TAXES BII	8,440
4,410	4,410 GROUP INSURANCE	418,633
4,420	4,420 LIABILITY INSURAN	90,479
4,430	4,430 WORKMAN'S COMP I	113,051
4,435	4,435 W/C-FIRST AID CLAI	2,017
4,436	4,436 DRUG TESTING MED	3,186
4,450	4,450 MANAGEMENT FEES	412,939
4,460	4,460 BAD DEBTS	0
4,461	4,461 BAD DEBTS	32,732
4,470	4,470 LOST ITEMS-RESIDE	0
4,475	4,475 UNIFORM EXP/PERS.	6,659
4,486	4,486 SERVICE CONTRACT	27,823
4,490	4,490 MISC EXPENSE	22
4,496	4,496 MISC. M.I.S. EXPENS	8,564
4,510	4,510 REAL ESTATE TAXES	0
4,600	4,600 LEASED EQUIPMENT	5,674
5,110	5,110 MAINTENANCE WAC	154,348
5,120	5,120 MAINTENANCE PTO	11,836
5,130	5,130 ELECTRIC	70,391
5,131	5,131 NATURAL GAS	30,605
5,133	5,133 WATER & SEWER	40,528
5,134	5,134 TRASH COLLECTION	23,022
5,140	5,140 PROP/PLANT REPL,M	48,292
5,160	5,160 GENERAL REPAIR &	89,303
5,165	5,165 MAINTENANCE CON	33,713
5,210	5,210 DIETARY WAGES	481,847
5,220	5,220 DIETARY PTO & RES	25,573
5,248	5,248 FOOD PURCHASES	363,881

5,250	5,250 SUPPLIES DISHWASH	5,664
5,260	5,260 REPLACEMENT-DIET	2,801
5,270	5,270 KITCHEN SUPPLIES	24,195
5,295	5,295 MEAL INCOME	(33,309)
5,310	5,310 LAUNDRY WAGES	141,927
5,340	5,340 LAUNDRY PTO & RE	7,535
5,370	5,370 REPLACEMENT-LAU	21,489
5,380		0
5,390	5,390 SUPPLIES	15,023
5,410	5,410 HOUSEKEEPING WA	198,377
5,440	5,440 HOUSEKEEPING PTO	9,410
5,480	5,480 SUPPLIES-CLEANING	20,991
5,490	5,490 SUPPLIES-HOUSEKEE	40,531
6,020	6,020 RN WAGES	609,789
6,030	6,030 DON WAGES	74,622
6,035	6,035 ADON WAGES	64,752
6,040	6,040 RN PTO & RESERVE	30,574
6,120	6,120 LPN WAGES	592,921
6,140	6,140 LPN PTO & RESERVE	28,064
6,220	6,220 AIDES WAGES	1,519,483
6,240	6,240 AIDES PTO & RESER	45,217
6,245		
6,246		0
6,247		
6,250		14,471
6,255		3,508
6,260		0
6,270	6,270 REHAB WAGES	41,666
6,275	6,275 REHAB PTO & RESE	2,861
6,290	6,290 NURSING SUPPLIES-I	185,056
6,295	6,295 NURSING SUPPLIES-I	20,963
6,390	6,390 REPLACEMENT-NUR	4,136
6,490	6,490 OTHER	5,198

7,280	7,280 DRUG PURCHASES-A	156,483
7,281	7,281 DRUG PURCHASES-C	341,876
7,380	7,380 LABORATORY SERV	6,911
7,391	7,390 X-RAY SERVICES EX	5,667
7,393		3,005
7,510	7,510 ACTIVITIES WAGES	145,144
7,540	7,540 ACTIVITIES PTO & R	4,516
7,590	7,590 ACTIVITIES SUPPLIE	2,908
7,620	7,620 PHYSICAL THERAPY	296,646
7,660	7,660 P.T. SUPPLY - BILLAI	1,678
7,710	7,710 SOCIAL SERVICE WA	94,130
7,720	7,720 SOCIAL SERVICE PTO	4,129
7,730	7,730 SOCIAL SERVICE-EX	0
7,740	7,740 OCCUPATIONAL THI	331,497
7,750		0
7,770	7,770 SPEECH THERAPY FI	1,306
7,820	7,820 BEAUTICIAN FEE	0
7,890		0
7,960		275
8,120	8,120 INTEREST	0
8,125		43,366
8,130	8,130 DEPRECIATION	0
8,150		0
9,510	9,510 INTEREST INCOME	(6,903)
9,520	9,520 MISC NON-OPERATI	0
9,530	4,220	0
	8,100	718,320
	9,702	0
	5,230	0
		<u>304,722</u>

Expenses Fixed Assets

FACILITY	MEDICAID NUMBER	STATE LICENSE NUMBER
Owned SNFs		
Heritage Health - South, IL	20-5300302001	48843
Heritage Health - Bloomington, IL	20-3904134001	48157
Heritage Health - Carlinville, IL	20-5508113001	48850
Heritage Health - Chillicothe, IL	20-5412664001	48868
Heritage Health - Dwight, IL	20-5412784001	50492
Heritage Health - Elgin, IL	20-3902154001	48132
Heritage Health - El Paso, IL	20-3903447001	48124
Heritage Health - Gibson City, IL	20-3902572001	48116
Heritage Health - Gillespie, IL	20-5428620001	48892
Heritage Health - LaSalle, IL	27-3741988001	51276
Heritage Health - Litchfield, IL	20-5508096001	48900
Heritage Health - Mendota, IL	20-3904038001	48108
Heritage Health - Minonk, IL	20-3903980001	48058
Heritage Health - Mt. Sterling, IL	20-3903543001	48041
Heritage Health - Mt. Zion, IL	20-3903622001	48074
Heritage Health - Normal, IL	20-3903883001	48082
Heritage Health - Pana, IL	20-5508128001	48884
Heritage Health - Peru, IL	20-3902978001	48090
Heritage Health - Staunton, IL	20-5437628001	48876
Heritage Health - Streator, IL	20-3902216001	48066
Barton W. Stone Jackson, IL	20-5298969002	48918
Danville Joint Ventures, IL	37-1357323001	42168
Heritage Health - Springfield, IL	37-1359387001	41699
Cotillion Ridge, IL	37-1402726001	45138
Country Health - Springfield, IL	37-6064916001	7880
Mason City Area, IL	37-1168043001	34256
St. Clara's Medical Center, IL	37-6075710001	50724
Vonderlieth Lutheran, IL	37-0967671001	19976