

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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>0033407</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Aviston Countryside Manor</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</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>450 West 1st Street</u> <u>Aviston</u> <u>62216</u>																									
Number City Zip Code																									
County: <u>Clinton</u>																									
Telephone Number: <u>(618) 228-7615</u> Fax # <u>(618) 228-7632</u>																									
HFS ID Number: _____		<table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Date) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Type or Print Name) <u>Denise King</u></td></tr><tr><td>(Title) <u>President</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td>(Date) _____</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) <u>Denise King</u>	(Title) <u>President</u>	(Signed) _____	(Date) _____														
Officer or Administrator of Provider	(Signed) _____																								
	(Date) _____																								
Paid Preparer	(Type or Print Name) <u>Denise King</u>																								
	(Title) <u>President</u>																								
	(Signed) _____																								
	(Date) _____																								
Date of Initial License for Current Owners: <u>02/23/1988</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY,NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☒ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td>☐ Trust</td><td>_____</td></tr><tr><td></td><td>☐ Other _____</td><td>_____</td></tr></table>		☐ VOLUNTARY,NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☐ Corporation	☐ Other _____		☒ "Sub-S" Corp.	_____		☐ Limited Liability Co.	_____		☐ Trust	_____		☐ Other _____	_____
☐ VOLUNTARY,NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL																							
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	☐ Limited Liability Co.	_____																							
	☐ Trust	_____																							
	☐ Other _____	_____																							
In the event there are further questions about this report, please contact:		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																							
Name: <u>Amv Elik, Chief Financial Officer</u>																									
Telephone Number: <u>(618) 327-3064 ext227</u>																									
Email Address: _____																									

Facility Name & ID Number Aviston Countryside Manor

0033407 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

N/A

	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>34</u>	Skilled (SNF)	<u>34</u>	<u>12,444</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>63</u>	Intermediate (ICF)	<u>63</u>	<u>23,058</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>97</u>	TOTALS	<u>97</u>	<u>35,502</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			<u>2,502</u>	<u>2,502</u>	8
9	SNF/PED					9
10	ICF	<u>9,905</u>	<u>11,753</u>	<u>1,411</u>	<u>23,069</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>9,905</u>	<u>11,753</u>	<u>3,913</u>	<u>25,571</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.03%

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)

Day Care

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 ☒

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

02/23/1988

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

32

and days of care provided

2,105

Medicare Intermediary CGS

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐

CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒

NO ☐

Tax Year:

12/31/2016

Fiscal Year:

12/31/2016

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

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	182,833	19,045	7,338	209,216		209,216		209,216			1
2	Food Purchase		137,984		137,984		137,984	(1,157)	136,827			2
3	Housekeeping	132,576	11,798		144,374		144,374	375	144,749			3
4	Laundry	74,200	13,238		87,438		87,438		87,438			4
5	Heat and Other Utilities			107,757	107,757		107,757	(4,218)	103,539			5
6	Maintenance	41,268	51,171	12,040	104,479		104,479	3,481	107,960			6
7	Other (specify):* Sanitation			10,940	10,940		10,940		10,940			7
8	TOTAL General Services	430,877	233,236	138,075	802,188		802,188	(1,519)	800,669			8
	B. Health Care and Programs											
9	Medical Director			2,400	2,400		2,400		2,400			9
10	Nursing and Medical Records	1,470,238	74,348	4,013	1,548,599		1,548,599	(822)	1,547,777			10
10a	Therapy											10a
11	Activities	51,383	9,875	4,830	66,088	460	66,548	(100)	66,448			11
12	Social Services	41,412		1,646	43,058	(460)	42,598		42,598			12
13	CNA Training					5,767	5,767		5,767			13
14	Program Transportation		2,988		2,988		2,988		2,988			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,563,033	87,211	12,889	1,663,133	5,767	1,668,900	(922)	1,667,978			16
	C. General Administration											
17	Administrative	207,912	9,917	210,000	427,829	(3,693)	424,136	(112,237)	311,899			17
18	Directors Fees											18
19	Professional Services			35,136	35,136	3,693	38,829	(10,507)	28,322			19
20	Dues, Fees, Subscriptions & Promotions			31,187	31,187		31,187	(19,616)	11,571			20
21	Clerical & General Office Expenses	36,298	16,235	73,473	126,006		126,006	86,058	212,064			21
22	Employee Benefits & Payroll Taxes			256,077	256,077	1,500	257,577	12,410	269,987			22
23	Inservice Training & Education			16,275	16,275	(8,334)	7,941		7,941			23
24	Travel and Seminar			3,287	3,287	1,067	4,354	133	4,487			24
25	Other Admin. Staff Transportation			956	956		956	407	1,363			25
26	Insurance-Prop.Liab.Malpractice			54,282	54,282		54,282	1,163	55,445			26
27	Other (specify):*											27
28	TOTAL General Administration	244,210	26,152	680,673	951,035	(5,767)	945,268	(42,189)	903,079			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,238,120	346,599	831,637	3,416,356		3,416,356	(44,630)	3,371,726			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			164,950	164,950		164,950	2,759	167,709			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			28	28		28		28			32
33	Real Estate Taxes			39,004	39,004		39,004		39,004			33
34	Rent-Facility & Grounds							5,445	5,445			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			203,982	203,982		203,982	8,204	212,186			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		68,473	297,677	366,150		366,150		366,150			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			197,503	197,503		197,503		197,503			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		68,473	495,180	563,653		563,653		563,653			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	2,238,120	415,072	1,530,799	4,183,991		4,183,991	(36,426)	4,147,565			45

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

Aviston Countryside Manor, Inc.
Reclassifications
12/31/2016

CNA Training	Line 13	5,767
Inservice Training and Education	Line 23	(5,767)

Reclass CNA training expenses to correct line

Activities	Line 11	460
Social Services	Line 12	(460)

Reclass cost of activities consultant to correct line

Inservice Training and Education	Line 23	(1,500)
Employee Benefits and Payroll Taxes	Line 22	1,500

Reclass education reimbursements to correct line

Inservice Training and Education	Line 23	(1,067)
Travel and Seminar	Line 24	1,067

Reclass seminar expenses to correct line

Administrative	Line 17	(3,693)
Professional Services	Line 19	3,693

Reclass accounting fees to correct line

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	\$ (540)	10	\$	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	(5,234)	5		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				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,157)	2		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				17
18	Fines and Penalties	(1,430)	20		18
19	Entertainment	(2,080)	17		19
20	Contributions	(1,652)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,042)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(11,473)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,926)	20		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(3,240)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (45,774)		\$	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)	9,348	Var.	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 9,348		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (36,426)		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.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	To eliminate lobbying portion of IHCA dues	\$ (2,244)	20	1
2	Adjust depreciation to straight line depreciation	(2,504)	30	2
3	Add back 2016 IDPH License Paid in 2015	1,990	20	3
4	Offset DVD sales	(100)	11	4
5	Offset medical records reimbursement	(42)	10	5
6	Offset employee flu vaccinations	(240)	10	6
7	Eliminate chamber of commerce dues	(100)	20	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
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	(3,240)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Aviston Countryside Manor# 0033407

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,157)	0	0	0	0	0	0	0	0	0	0	(1,157)	2
3	Housekeeping	0	375	0	0	0	0	0	0	0	0	0	375	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,234)	1,016	0	0	0	0	0	0	0	0	0	(4,218)	5
6	Maintenance	0	3,481	0	0	0	0	0	0	0	0	0	3,481	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(6,391)	4,872	0	0	0	0	0	0	0	0	0	(1,519)	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	(822)	0	0	0	0	0	0	0	0	0	0	(822)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(100)	0	0	0	0	0	0	0	0	0	0	(100)	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	(922)	0	0	0	0	0	0	0	0	0	0	(922)	16
	C. General Administration													
17	Administrative	(2,080)	(110,157)	0	0	0	0	0	0	0	0	0	(112,237)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,042)	3,535	0	0	0	0	0	0	0	0	0	(10,507)	19
20	Fees, Subscriptions & Promotions	(19,835)	219	0	0	0	0	0	0	0	0	0	(19,616)	20
21	Clerical & General Office Expenses	0	86,058	0	0	0	0	0	0	0	0	0	86,058	21
22	Employee Benefits & Payroll Taxes	0	12,410	0	0	0	0	0	0	0	0	0	12,410	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	133	0	0	0	0	0	0	0	0	0	133	24
25	Other Admin. Staff Transportation	0	407	0	0	0	0	0	0	0	0	0	407	25
26	Insurance-Prop.Liab.Malpractice	0	1,163	0	0	0	0	0	0	0	0	0	1,163	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(35,957)	(6,232)	0	0	0	0	0	0	0	0	0	(42,189)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(43,270)	(1,360)	0	0	0	0	0	0	0	0	0	(44,630)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(2,504)	5,263	0	0	0	0	0	0	0	0	0	2,759	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	5,445	0	0	0	0	0	0	0	0	0	5,445	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(2,504)	10,708	0	0	0	0	0	0	0	0	0	8,204	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	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(45,774)	9,348	0	0	0	0	0	0	0	0	0	(36,426)	45

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
Denise King 2012 Exempt Trust	20	Mt. Vernon Countryside Manor, Inc.	Mt. Vernon, IL	King Management Co.	O'Fallon, IL	Home Office
Leslie Pedtke 2012 Exempt Trust	20	Taylorville Care Center, Inc.	Taylorville, IL	Residential Living Ctr	Mt. Vernon, IL	Assisted Living
Keith King 2012 Exempt Trust	20			Taylorville Estates	Taylorville, IL	Assisted Living
Elizabeth Todorov 2012 Exempt Trust	20			Trenton Village	Trenton, IL	Asstd Liv./Mem Car
Michelle Hirshfield 2012 Exempt Trust	20					

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)	
1	V	3	See Schedule VIII	\$	King Management Company	0.00%	\$ 375	\$ 375	1
2	V	5	See Schedule VIII		King Management Company	0.00%	1,016	1,016	2
3	V	6	See Schedule VIII		King Management Company	0.00%	3,481	3,481	3
4	V	17	See Schedule VIII	210,000	King Management Company	0.00%	99,843	(110,157)	4
5	V	19	See Schedule VIII		King Management Company	0.00%	3,535	3,535	5
6	V	20	See Schedule VIII		King Management Company	0.00%	219	219	6
7	V	21	See Schedule VIII		King Management Company	0.00%	86,058	86,058	7
8	V	22	See Schedule VIII		King Management Company	0.00%	12,410	12,410	8
9	V	24	See Schedule VIII		King Management Company	0.00%	133	133	9
10	V	25	See Schedule VIII		King Management Company	0.00%	407	407	10
11	V	26	See Schedule VIII		King Management Company	0.00%	1,163	1,163	11
12	V	30	See Schedule VIII		King Management Company	0.00%	5,263	5,263	12
13	V	34	See Schedule VIII		King Management Company	0.00%	5,445	5,445	13
14	Total			\$ 210,000			\$ 219,348	\$ * 9,348	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			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								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

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

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	Denise King	President	Administrative	20.00	200,008	12	30.00	Salary	\$ 99,755	17,8	1
2	Leslie Pedtke	Administrator	Administrative	20.00		40	100.00	Salary	198,635	17,8	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 298,390		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	Aviston Countryside Manor
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0033407

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

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

King Management Company

Street Address

1670 Essex Way, Suite B

City / State / Zip Code

O'Fallon, IL 62269

Phone Number

((618) 327-3064

Fax Number

((618) 327-3083

	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	3	Housekeeping	Accumulated Costs	13,397,043	6	\$ 1,264	\$	3,973,991	\$ 375	1
2	5	Utilities	Accumulated Costs	13,397,043	6	3,425		3,973,991	1,016	2
3	6	Maintenance	Accumulated Costs	13,397,043	6	11,735		3,973,991	3,481	3
4	17	Administrative	Accumulated Costs	13,397,043	6	336,590	336,291	3,973,991	99,843	4
5	19	Professional Services	Accumulated Costs	13,397,043	6	11,916		3,973,991	3,535	5
6	20	Dues, Fees, Subscriptions	Accumulated Costs	13,397,043	6	739		3,973,991	219	6
7	21	Clerical & Office Expense	Accumulated Costs	13,397,043	6	290,118	237,401	3,973,991	86,058	7
8	22	Emp Benefits & Payroll Taxes	Accumulated Costs	13,397,043	6	41,836		3,973,991	12,410	8
9	24	Travel & Seminar	Accumulated Costs	13,397,043	6	450		3,973,991	133	9
10	25	Other Administrative Transp.	Accumulated Costs	13,397,043	6	1,371		3,973,991	407	10
11	26	Insurance	Accumulated Costs	13,397,043	6	3,922		3,973,991	1,163	11
12	30	Depreciation	Accumulated Costs	13,397,043	6	17,743		3,973,991	5,263	12
13	34	Rental-Facility & Grounds	Accumulated Costs	13,397,043	6	18,355		3,973,991	5,445	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					\$ 739,464	\$ 573,692		\$ 219,348	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							\$					\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6	Interest on Medicare Payment Recoupments											28	6
7													7
8													8
9	TOTAL Facility Related						\$					\$ 28	9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$	14
15	TOTALS (line 9+line14)						\$					\$ 28	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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 Aviston Countryside Manor COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033407

CONTACT PERSON REGARDING THIS REPORT Amy Elik

TELEPHONE (618) 327-3064 FAX #: (618) 327-3083

Enter the tax index number and real estate tax assessed for 2015 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 2015.

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.

A. Square Feet: 28,618

B. General Construction Type: Exterior Brick Frame 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).

N/A

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: N/A

2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A

4. Dates Incurred: N/A

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	Building & Parking Lot	108,900	1986	\$ 44,744	1
2					2
3	TOTALS	108,900		\$ 44,744	3

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	70		1988	1988	\$ 1,472,741	\$ 48,046	30	\$ 49,091	\$ 1,045	\$ 1,415,467	4
5			1988	1988	66,310	2,211	30		(2,211)	66,310	5
6	27		1990	1990	352,911	13,097	30	11,764	(1,333)	312,718	6
7			1990	1990	6,649	227	30	222	(5)	5,901	7
8											8
	Improvement Type**										
9	Level & Remove Dirt			1988	1,428		10			1,428	9
10	Landscaping & Sod			1988	4,046		10			4,046	10
11	Shrubs			1988	1,219		10			1,219	11
12	Patio			1988	20,500		20			20,500	12
13	Parking Lot			1988	37,691		20			37,691	13
14	Landscaping & Sod			1988	1,900		10			1,900	14
15	Sidewalk & Patio			1988	1,161		20			1,161	15
16	Landscaping			1988	1,020		20			1,020	16
17	Door/Door Frames			1988	16,064		20			16,064	17
18	Finishing Work on Additions			1990	918		15			918	18
19	Storage Building			1993	3,900		15			3,900	19
20	Water Heater-disposed in 2016			1994			15				20
21	Electrical Work			1994	2,293		10			2,293	21
22	Flooring			1995	9,255		10			9,255	22
23	Asphalt Parking Lot			1995	8,288		10			8,288	23
24	Double Detector Check Valve			1995	1,750		10			1,750	24
25	HVAC - Kitchen/Laundry			1996	14,577		17			14,577	25
26	Water Heater-disposed in 2016			1996			15				26
27	Hot Water Heater-disposed in 2016			1997			15				27
28	Landscaping & Sod			1997	3,499		10			3,499	28
29	Vinyl Flooring			1997	2,570		10			2,570	29
30	Floor Tiles			1997	3,525		10			3,525	30
31	Water Heater			1999	3,468		15			3,468	31
32	Wallcovering/Flooring			1999	1,774		10			1,774	32
33	Carpet			1999	12,873		10			12,873	33
34	Window Treatments			1999	7,734		5			7,734	34
35	Renovation C-Wing			2000	6,749		15			6,749	35
36	Wallpaper			2000	7,178		5			7,178	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 Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Paint	2000	\$ 1,745	\$	5	\$	\$	\$ 1,745	37
38	Dressers & Installation	2000	3,870		15			3,870	38
39	Countertops & Installation	2000	4,008	200	20	200		3,373	39
40	Tile	2000	1,857		10			1,857	40
41	Window Treatments	2000	3,049		5			3,049	41
42	Wanderguard System	2000	2,102		10			2,102	42
43	Room Doors	2000	2,699		10			2,699	43
44	Tile	2000	2,515		10			2,515	44
45	Gravel Parking Lot	2000	2,698		5			2,698	45
46	Air Conditioner Units (3)	2000	1,770		5			1,770	46
47	Tile	2000	2,602		10			2,602	47
48	Diamond Retaining Wall	2001	1,980		10			1,980	48
49	Cabinets	2001	23,546		10			23,546	49
50	Addition to Fire Alarm System	2001	4,368		10			4,368	50
51	Electrical Repairs to Service Entrance	2001	6,725		10			6,725	51
52	Carpet	2001	3,051		10			3,051	52
53	Door Security Systems	2001	10,589		10			10,589	53
54	Water Heater-disposed in 2016	2002		304	15	304			54
55	Rooftop A/C Units (3)	2002	14,243		10			14,243	55
56	Phone System-disposed in 2016	2002			10				56
57	Dining Room Additions	2003	8,600	215	40	215		2,902	57
58	Parking Lot	2003	5,446		10			5,446	58
59	Landscaping	2003	3,040		10			3,040	59
60	Concrete Pad	2004	4,000	267	15	267		3,289	60
61	Landscaping	2004	6,711		10			6,711	61
62	Flooring	2004	5,650		10			5,650	62
63	Carpet	2004	1,694		5			1,694	63
64	Window Treatments	2004	1,935		5			1,935	64
65	Dining Room Additions	2004	159,328	11,381	14	11,381		140,360	65
66	Landscaping	2004	8,297		10			8,297	66
67	Floodlights	2006	3,314	249	10	249		3,314	67
68	Concrete Sidewalk	2006	18,000	1,200	15	1,200		12,200	68
69	Water Heater-disposed in 2016	2006		211	10	211			69
70	TOTAL (lines 4 thru 69)		\$ 2,393,423	\$ 77,608		\$ 75,104	\$ (2,504)	\$ 2,263,396	70

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

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,393,423	\$ 77,608		\$ 75,104	\$ (2,504)	\$ 2,263,396	1
2	Flooring	2006	1,900	142	10	142		1,900	2
3	Heat/Cool Unit	2006	1,066	62	10	62		1,066	3
4	Cast Iron Piping	2006	11,825	473	25	473		5,006	4
5	Sprinkler System	2006	6,820	475	10	475		6,820	5
6	Sprinkler System	2007	41,900	1,676	25	1,676		16,201	6
7	New Roofing	2007	6,455	646	10	646		6,186	7
8	Gazebo	2007	5,659	377	15	377		3,616	8
9	Paint	2007	2,868		5			2,868	9
10	Wall Covering Installation	2007	5,600		5			5,600	10
11	New Roofing	2007	15,900	1,590	10	1,590		14,840	11
12	Wall Guards	2007	4,154	277	15	277		2,515	12
13	Floor Covering	2007	5,855	585	10	585		5,318	13
14	Landscaping & Electrical Work	2008	3,284	328	10	328		2,819	14
15	Landscaping	2008	4,754	475	10	475		3,961	15
16	Flooring	2008	3,040	304	10	304		2,457	16
17	Water Heater	2009	6,108	611	10	611		4,479	17
18	Water Softener System	2009	11,812	1,181	10	1,181		9,154	18
19	Oak Doors	2009	2,274	152	15	152		1,099	19
20	Carpet	2009	1,200		5			1,200	20
21	Sprinkler System Heads	2010	3,210	128	25	128		824	21
22	Shed	2010	6,620	331	20	331		2,179	22
23	Wallpaper	2010	4,573		5			4,573	23
24	Water Heater	2010	6,108	611	10	611		3,767	24
25	Ceiling Refinishes	2011	3,450	288	12	288		1,533	25
26	Nurse's Station	2011	57,233	3,816	15	3,816		20,985	26
27	Carpet	2011	4,333	72	5	72		4,333	27
28	Landscaping & Stone Walk	2011	9,511	951	10	951		5,152	28
29	Facility Sign - Brick/Stucco	2011	6,258	313	20	313		1,617	29
30	Dining Room Chandeliers	2011	2,876	288	10	288		1,678	30
31	Paint	2011	2,500	250	5	250		2,500	31
32	Window Treatments & Shutters	2011	7,690	295	15	295		6,745	32
33	Wallpaper	2011	15,842	636	5	636		15,842	33
34	TOTAL (lines 1 thru 33)		\$ 2,666,101	\$ 94,941		\$ 92,437	\$ (2,504)	\$ 2,432,229	34

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

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,666,101	\$ 94,941		\$ 92,437	\$ (2,504)	\$ 2,432,229	1
2	<u>Flooring</u>	2011	33,951	3,395	10	3,395		19,420	2
3	<u>Brickwork/Pattern Concrete with Ceramic Finish</u>	2012	31,667	1,583	20	1,583		7,653	3
4	<u>Aluminum Fence - 172 Feet</u>	2012	6,035	402	15	402		1,844	4
5	<u>Siding - Gable Ends</u>	2012	5,334	533	10	533		2,267	5
6	<u>Dry Pendant Sprinkler System Heads</u>	2012	3,193	160	20	160		665	6
7	<u>Natural Gas Generator & Installation</u>	2012	25,730	1,286	20	1,286		5,896	7
8	<u>Wanderguard System</u>	2012	2,851	407	7	407		1,799	8
9	<u>Emergency Outlets & Computer Outlets Installation</u>	2012	2,065	138	15	138		654	9
10	<u>Air Conditioner Unit - Laundry Room</u>	2012	2,403	240	10	240		1,082	10
11	<u>Shingle Roof</u>	2012	79,900	7,990	10	7,990		32,626	11
12	<u>Marble Showers (2)</u>	2012	14,730	737	20	737		2,946	12
13	<u>Tile Flooring</u>	2012	11,780	1,178	10	1,178		5,291	13
14	<u>Water Heaters (2)</u>	2012	14,917	1,492	10	1,492		6,026	14
15	<u>Protective Wall Coverings</u>	2013	3,432	343	10	343		1,344	15
16	<u>Beauty Shop & Wall Finishes</u>	2013	5,550	463	12	463		1,696	16
17	<u>Plank Flooring</u>	2013	2,864	286	10	286		1,026	17
18	<u>Shower Doors</u>	2013	2,083	208	10	208		712	18
19	<u>Porcelain Shower Tile</u>	2013	2,198	110	20	110		394	19
20	<u>Attic Fireproofing</u>	2014	5,037	336	15	336		812	20
21	<u>5 Ton A/C Unit</u>	2014	5,250	525	10	525		1,444	21
22	<u>Heat Exchangers</u>	2015	6,600	440	15	440		770	22
23	<u>Compressor on A/C unit</u>	2015	2,000	133	15	133		178	23
24	<u>Gas Water Heater - 65 gal</u>	2015	7,122	712	10	712		890	24
25	<u>Plaster Ceilings in Office Area</u>	2016	1,922	96	15	96		96	25
26	<u>Flooring</u>	2016	6,793	510	10	510		510	26
27	<u>Home Office Additions:</u>								27
28	<u>Front Door-disposed in 2016</u>	2002			10				28
29	<u>Wallpaper-disposed in 2016</u>	2007			10	11	11		29
30	<u>Wallpaper-disposed in 2016</u>	2008			5				30
31	<u>Carpet-disposed in 2016</u>	2008			5				31
32	<u>Tile Flooring-disposed in 2016</u>	2009			10	8	8		32
33	<u>Wallpaper-disposed in 2016</u>	2009			5				33
34	TOTAL (lines 1 thru 33)		\$ 2,951,508	\$ 118,644		\$ 116,159	\$ (2,485)	\$ 2,530,270	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		\$ 2,951,508	\$ 118,644		\$ 116,159	\$ (2,485)	\$ 2,530,270	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
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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)		\$ 2,951,508	\$ 118,644		\$ 116,159	\$ (2,485)	\$ 2,530,270	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	\$317,341	\$36,997	\$38,588	\$1,591	3-15 Yrs	\$222,329	71
72	Current Year Purchases	40,999	2,014	3,305	1,291	3-15 Yrs	3,305	72
73	Fully Depreciated Assets	493,297					493,297	73
74								74
75	TOTALS	\$851,637	\$39,011	\$41,893	\$2,882		\$718,931	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	Facility-disposed in 2016	2006 W/C Passenger Bus	2006	\$	\$2,420	\$2,420	\$	10	\$	76
77	Facility	2007 Chevy Odyssey Bus	2007	55,176				4	55,176	77
78	Facility	2013 Ford E450 Bus	2016	39,004	4,875	4,875		4	4,876	78
79	Home Office Vehicle	2012 Acura	2012	9,450		2,362	2,362	4	9,450	79
80	TOTALS			\$103,630	\$7,295	\$9,657	\$2,362		\$69,502	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)	\$3,951,519	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$164,950	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$167,709	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$2,759	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$3,318,703	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	Outbuilding	\$17,573	\$	\$17,573	86
87					87
88					88
89					89
90					90
91	TOTALS	\$17,573	\$	\$17,573	91

G. Construction-in-Progress

	Description	Cost	
92	Section N/A	\$	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:Section Not Applicable
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☒ N/A NO Terms:

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

15. Is Movable equipment rental included in building rental?☐ YES☒ N/A NO
16. Rental Amount for movable equipment: \$ Description:
(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	Section Not Applicable		\$	\$	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. | /2017 | \$ |
| 13. | /2018 | \$ |
| 14. | /2019 | \$ |

* 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 CNA80

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☒

HOURS PER CNA40

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 5,587	\$	\$ 5,587
2	Books and Supplies		180		180
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 5,767	\$	\$ 5,767
10	SUM OF line 9, col. 1 and 2 (e)	\$ 5,767			

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	5
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	5

(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	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39,2	# of prescrpts				68,473		68,473	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Therapy	39,3				280,667			280,667	12
13	Other (specify): Labs & Xrays	39,3				17,010			17,010	13
14	TOTAL			\$		\$ 297,677	\$ 68,473		\$ 366,150	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	\$ 638,568	\$	1
2	Cash-Patient Deposits	5,806		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,000)	1,024,525		3
4	Supply Inventory (priced at Cost)	5,964		4
5	Short-Term Investments			5
6	Prepaid Insurance	14,712		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,689,575	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	44,744		13
14	Buildings, at Historical Cost	2,969,900		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	896,905		16
17	Accumulated Depreciation (book methods)	(3,290,624)		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 (spec Ppd 3rd Party Settlement) 270,873			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 891,798	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,581,373	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 230,189	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	23,138		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	145,575		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,449		31
32	Accrued Real Estate Taxes(Sch.IX-B)	37,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Provider Taxes	21,986		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 466,337	\$	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)	\$ 466,337	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,115,036	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,581,373	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,217,197	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,217,197	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	280,389	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	(382,550)	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)	\$ (102,161)	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)	\$ 2,115,036	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 4,731,962	1
2	Discounts and Allowances for all Levels	(1,258,023)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,473,939	3
	B. Ancillary Revenue		
4	Day Care	540	4
5	Other Care for Outpatients		5
6	Therapy	957,150	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 957,690	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		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,743	19
20	Radiology and X-Ray	10,617	20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 20,360	23
	D. Non-Operating Revenue		
24	Contributions	2,237	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,237	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	2,426	28
28a	Diapers	7,728	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,154	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,464,380	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	802,188	31
32	Health Care	1,663,133	32
33	General Administration	951,035	33
	B. Capital Expense		
34	Ownership	203,982	34
	C. Ancillary Expense		
35	Special Cost Centers	366,150	35
36	Provider Participation Fee	197,503	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,183,991	40
41	Income before Income Taxes (line 30 minus line 40)**	280,389	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 280,389	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,495,503	44
45	Private Pay - Net Inpatient Revenue	1,663,969	45
46	Medicare - Net Inpatient Revenue	314,467	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,473,939	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No 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.

AVISTON COUNTRYSIDE MANOR, INC.
Book to Tax Income Reconciliation
ATTACHMENT TO SCHEDULE XVII
12/31/2016

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	\$ 280,389
DEPRECIATION ADJUSTMENT	49,216
CONVERSION TO CASH BASIS ADJUSTMENTS	(365,529)
OTHER MISC BOOK TO TAX ADJUSTMENTS	10,213
TAX NET INCOME	\$ <u>(25,711)</u>

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	1,984	2,091	\$ 63,775	\$ 30.50	1
2	Assistant Director of Nursing	1,211	1,390	32,228	23.19	2
3	Registered Nurses	8,652	9,355	228,037	24.38	3
4	Licensed Practical Nurses	15,265	15,695	298,996	19.05	4
5	CNAs & Orderlies	59,391	60,248	652,736	10.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,759	3,038	41,869	13.78	8
9	Activity Director	1,978	2,163	28,704	13.27	9
10	Activity Assistants	2,497	2,647	22,679	8.57	10
11	Social Service Workers	3,268	3,362	41,412	12.32	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,681	17,469	182,833	10.47	15
16	Dishwashers					16
17	Maintenance Workers	2,094	2,211	41,268	18.66	17
18	Housekeepers	13,922	14,008	132,576	9.46	18
19	Laundry	7,783	7,988	74,200	9.29	19
20	Administrator	2,136	1,973	207,912	105.38	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,985	2,322	36,298	15.63	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	1,900	2,115	27,345	12.93	31
32	Other Health Care MDS/CarePlan	5,073	5,397	125,252	23.21	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	148,579	153,472	\$ 2,238,120 *	\$ 14.58	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	125	\$ 5,979	1,3	35
36	Medical Director	Contract	2,400	9,3	36
37	Medical Records Consultant	16	960	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	3,053	10,3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	1,186	11,3	44
45	Social Service Consultant	16	1,186	12,3	45
46	Other(specify)				46
47	Music Therapy	40	2,990	11,3	47
48	Art Therapy	25	1,114	11,3	48
49	TOTAL (lines 35 - 48)	238	\$ 18,868		49

C. CONTRACT NURSES

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

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description	Amount	
Leslie Pedtke	Administrator	20	\$ 198,635	Workers' Compensation Insurance	\$	52,589	IDPH License Fee	\$ 1,990	
Karla Smith	Administrator	0	9,277	Unemployment Compensation Insurance		18,214	Advertising: Employee Recruitment	3,400	
				FICA Taxes		156,852	Health Care Worker Background Check	500	
				Employee Health Insurance		19,224	(Indicate # of checks performed 50)		
				Employee Meals			Fingerprinting	1,046	
				Illinois Municipal Retirement Fund (IMRF)*			IHCA Dues	3,576	
				Employee Physicals		600	Miscellaneous Dues & Licenses	840	
				Employee Relations		4,729			
				Pension Expense-Employer Contribution		3,869	Home Office Allocation	219	
				Education Reimbursements		1,500			
				Home Office Allocation		12,410			
							Less: Public Relations Expense	()	
							Non-allowable advertising	()	
							Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$	207,912	TOTAL (agree to Sch. V, line 20, col. 8)		
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 11,571		
				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
C.J. Schlosser & Company	Accounting		\$ 19,175	Section N/A		\$	Out-of-State Travel	\$	
Mathis, Marifian & Richter,LTD	Collections (Eliminated)		14,042						
Duane Morris LLP	CMS Notices/Mdcr Recoup		1,738						
Greensfelder, Hemker & Gale	Employee Handbook updates		181				In-State Travel	570	
							Seminar Expense	3,784	
							Home Office Allocation	133	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			(agree to Sch. V, line 24, col. 8)		
\$ 35,136				\$			TOTAL	\$ 4,487	

*** Attach copy of IMRF notifications**

****See instructions.**

AVISTON COUNTRYSIDE MANOR, INC.
Legal Fees
ATTACHMENT TO SCHEDULE XIX-C
12/31/2016

<u>Invoice Date</u>	<u>Law Firm Name</u>	<u>Allowable/No n-allowable</u>	<u>Amount</u>	<u>Description</u>
1/28/2016	Greensfelder, Hemker & Gale	Allowable	181.25	Employee handbook revisions
5/11/2016	Duane Morris LLP	Allowable	1,737.50	Medicare recoupment-CMS notices
1/31/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	40.00	Patient account collections
3/31/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	1,488.00	Patient account collections
4/30/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	1,750.00	Patient account collections
5/31/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	927.00	Patient account collections
6/30/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	1,360.00	Patient account collections
7/31/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	580.00	Patient account collections
8/31/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	760.00	Patient account collections
9/30/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	3,060.67	Patient account collections
10/31/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	1,861.00	Patient account collections
11/30/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	1,875.00	Patient account collections
12/31/2016	Mathis, Marifian & Richter, Ltd	Non-allowable	340.00	Patient account collections
			<u>15,960.42</u>	

XX. GENERAL INFORMATION:

- | | |
|--|---|
| <p>(1) Are nursing employees (RN,LPN,NA) represented by a union? <u>No</u></p> <p>(2) Are there any dues to nursing home associations included on the cost report? <u>Yes</u>
If YES, give association name and amount. <u>IHCA Dues \$3,576</u></p> <p>(3) Did the nursing home make political contributions or payments to a political action organization? <u>Yes</u> If YES, have these costs been properly adjusted out of the cost report? <u>Yes</u></p> <p>(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? <u>No</u> If YES, what is the capacity? <u>N/A</u></p> <p>(5) Have you properly capitalized all major repairs and equipment purchases? <u>Yes</u>
What was the average life used for new equipment added during this period? <u>5-10 Yrs</u></p> <p>(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ <u>8,446</u> Line <u>10</u></p> <p>(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? <u>Yes</u> If NO, attach a complete explanation.</p> <p>(8) Are you presently operating under a sale and leaseback arrangement? <u>No</u>
If YES, give effective date of lease. <u>N/A</u></p> <p>(9) Are you presently operating under a sublease agreement? YES <u>X</u> NO</p> <p>(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO <u>X</u> If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
_____</p> <p>(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ <u>197,503</u>
This amount is to be recorded on line 42 of Schedule V.</p> <p>(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? <u>No</u> If YES, attach an explanation of the allocation.</p> | <p>(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? <u>None</u></p> <p>(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? <u>No</u> 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.</p> <p>(15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ <u>None</u> Has any meal income been offset against related costs? <u>None</u> Indicate the amount. \$ <u>N/A</u></p> <p>(16) Travel and Transportation
a. Are there costs included for out-of-state travel? <u>No</u>
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? <u>No</u> If YES, please indicate the amount of income earned from such a program during this reporting period. \$ <u>N/A</u>
c. What percent of all travel expense relates to transportation of nurses and patients? <u>N/A</u>
d. Have vehicle usage logs been maintained? <u>Yes</u>
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? <u>Yes</u>
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? <u>N/A</u>
g. Does the facility transport residents to and from day training? <u>No</u>
Indicate the amount of income earned from providing such transportation during this reporting period. \$ <u>No</u></p> <p>(17) Has an audit been performed by an independent certified public accounting firm? <u>No</u>
Firm Name: <u>N/A</u></p> <p>(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? <u>Yes</u></p> <p>(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. <u>Yes</u>
Attach invoices and a summary of services for all architect and appraisal fees</p> |
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AVISTON COUNTRYSIDE MANOR, INC.
Inservice Training & Education
12/31/2016

<u>Date</u>	<u>Cost</u>	<u>Vendor</u>	<u>Description</u>	<u>Attendees</u>
3/3/2016	1,098.47	Mitigation Solutions	Fall prevention inservice	Direct Care employees
6/27-6/30/16	1,998.69	Steber Training, LLC	Resident Attendant Program, 2 sessions	Direct Care employees
8/25/2016	3,449.23	Gary Glazner	Sparking Memories with Poetry	Direct Care employees
12/29/2016	735.05	Pathway Health	Interact Program Toolkit Manual	Training Materials
3/3/2016	150.00	Rebecca Dothager	Inservice on Dental Hygiene	17 Direct Care employees
6/2/2016	510.00	Erin Fancher Gagen, MD	3 Hour Inservice on Quality Care	Direct Care employees
	<u>7,941.44</u>	Total Cost Line 23		