

		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: 0012229 Facility Name: Bethesda Rehab & Senior Care Address: 2833 N Nordica Ave Chicago 60634 County: Cook Telephone Number: (773) 622-6144 Fax #: (773) 622-8261 HFS ID Number: Date of Initial License for Current Owners: 06/06/59 Type of Ownership: ☒ VOLUNTARY,NON-PROFIT ☒ Charitable Corp. ☐ Trust IRS Exemption Code 501 (c)(3) ☐ PROPRIETARY ☐ Individual ☐ Partnership ☐ Corporation ☐ "Sub-S" Corp. ☐ Limited Liability Co. ☐ Trust ☐ Other ☐ GOVERNMENTAL ☐ State ☐ County ☐ Other

In the event there are further questions about this report, please contact:

Name: Amanda Springborn Telephone Number: (314) 925-3838

Email Address:

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229 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 <u>N/A</u>					
	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>46</u>	Skilled (SNF)	<u>46</u>	<u>16,836</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>67</u>	Intermediate (ICF)	<u>67</u>	<u>24,522</u>	3
4		Intermediate/DD			4
5	<u>49</u>	Sheltered Care (SC)	<u>39</u>	<u>16,264</u>	5
6		ICF/DD 16 or Less			6
7	<u>162</u>	TOTALS	<u>152</u>	<u>57,622</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>2,156</u>	<u>3,450</u>	<u>3,735</u>	<u>9,341</u>	8
9	SNF/PED					9
10	ICF	<u>3,027</u>	<u>5,046</u>	<u>1,965</u>	<u>10,038</u>	10
11	ICF/DD					11
12	SC		<u>4,733</u>		<u>4,733</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>5,183</u>	<u>13,229</u>	<u>5,700</u>	<u>24,112</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 41.85%

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)
Adult 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 ☐ Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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 1925

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 46 and days of care provided 1,059

Medicare Intermediary National Government Services

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: Bethesda Rehab & Senior Care
IDPH License ID Number: 0012229
Fiscal Year End: 12/31/2016

Schedule 2A

III. Statistical Data
Bed Days Computation

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Skilled (SNF)	46	1/1/16	12/31/16	366	16,836
Total - Line 1, Column 4					16,836

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Intermediate (ICF)	67	1/1/16	12/31/16	366	24,522
Total - Line 3, Column 4					24,522

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Sheltered Care (SC)	49	1/1/16	7/17/16	199	9,751
Sheltered Care (SC)	39	7/18/16	12/31/16	167	6,513
Total - Line 3, Column 4					16,264

Facility Name & ID Number Bethesda Rehab & Senior Care # 0012229 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	330,718	31,011	180,610	542,339		542,339	(3,641)	538,698			1
2	Food Purchase		240,327		240,327		240,327	(56,039)	184,288			2
3	Housekeeping	172,391	60,913		233,304		233,304		233,304			3
4	Laundry	27,047	7,501		34,548		34,548		34,548			4
5	Heat and Other Utilities			171,236	171,236		171,236		171,236			5
6	Maintenance	132,353		157,673	290,026		290,026		290,026			6
7	Other (specify):*											7
8	TOTAL General Services	662,509	339,752	509,519	1,511,780		1,511,780	(59,680)	1,452,100			8
	B. Health Care and Programs											
9	Medical Director			8,713	8,713		8,713		8,713			9
10	Nursing and Medical Records	2,014,305	165,136	137,839	2,317,280		2,317,280		2,317,280			10
10a	Therapy											10a
11	Activities	130,134	23,573	23,606	177,313		177,313		177,313			11
12	Social Services	99,312			99,312		99,312		99,312			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,243,751	188,709	170,158	2,602,618		2,602,618		2,602,618			16
	C. General Administration											
17	Administrative	141,814		20,947	162,761		162,761		162,761			17
18	Directors Fees											18
19	Professional Services			200,496	200,496		200,496	(24,076)	176,420			19
20	Dues, Fees, Subscriptions & Promotions			27,616	27,616		27,616	(320)	27,296			20
21	Clerical & General Office Expenses	470,762	47,631	88,676	607,069		607,069	(13,405)	593,664			21
22	Employee Benefits & Payroll Taxes			772,678	772,678		772,678		772,678			22
23	Inservice Training & Education			8,465	8,465		8,465		8,465			23
24	Travel and Seminar			4,327	4,327		4,327		4,327			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			139,506	139,506		139,506		139,506			26
27	Other (specify):*											27
28	TOTAL General Administration	612,576	47,631	1,262,711	1,922,918		1,922,918	(37,801)	1,885,117			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,518,836	576,092	1,942,388	6,037,316		6,037,316	(97,481)	5,939,835			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			464,306	464,306		464,306	43,066	507,372			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			38,980	38,980		38,980	(27,736)	11,244			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			10,200	10,200		10,200		10,200			35
36	Other (specify):*											36
37	TOTAL Ownership			513,486	513,486		513,486	15,330	528,816			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		95,825	135,675	231,500		231,500		231,500			39
40	Barber and Beauty Shops			9,912	9,912		9,912	(9,912)				40
41	Coffee and Gift Shops			5,495	5,495		5,495	(5,451)	44			41
42	Provider Participation Fee			168,616	168,616		168,616		168,616			42
43	Other (specify):* Non-Allowable Cos	201,688		397,317	599,005		599,005	(599,005)				43
44	TOTAL Special Cost Centers	201,688	95,825	717,015	1,014,528		1,014,528	(614,368)	400,160			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,720,524	671,917	3,172,889	7,565,330		7,565,330	(696,519)	6,868,811			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,131)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,120)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	43,066	30		9
10	Interest and Other Investment Income	(27,736)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(293)	43		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	(4,801)	43		18
19	Entertainment	(6,295)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(84,926)	43		24
25	Fund Raising, Advertising and Promotional	(71,562)	43		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 See Page 5A	(534,721)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (696,519)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (696,519)		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	Marketing Expense	\$ (164,556)	43	1
2	Collection Fees	(11,667)	43	2
3	Non-allowable legal fees	(24,076)	19	3
4	Offset jury duty revenue	(175)	21	4
5	Offset telephone revenue	(11,602)	21	5
6	Offset gift shop revenue	(5,451)	41	6
7	Medicare X-Ray & Lab Services	(15,771)	43	7
8	Life Enrichment Outings & Dinners	(27,000)	43	8
9	Real estate taxes - rental houses	(4,994)	43	9
10	Donor Expense	(1,332)	43	10
11	Barber/Beauty Offset	(9,912)	24	11
12	Lobbying offset	(320)	20	12
13	Offset miscellaneous income	(1,628)	21	13
14	Marketing Salary	(201,688)	43	14
15	Food Revenue Offset	(50,908)	2	15
16	Non-Food Revenue Offset	(3,641)	1	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	(534,721)		49

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.

[illegible]

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				\$					\$	
2	V										2
3	V		N/A								3
4	V										4
5	V										5
6	V										6
7	V										7
8	V										8
9	V										9
10	V										10
11	V										11
12	V										12
13	V										13
14	Total			\$					\$	\$ * 0	14

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

Facility Name & ID Number

Bethesda Rehab & Senior Care

0012229

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	Association Board							1
2								2
3	Dirk Danker, Chair	0	N/A		N/A			3
4	Howard Hamilton, Vice Chair	0	N/A		N/A			4
5	MaryBeth Buschmann, Secretary	0	N/A		N/A			5
6	Suzanne Venema	0	N/A		N/A			6
7	Chandler Barnes	0	N/A		N/A			7
8	Mary Rasmusson	0	N/A		N/A			8
9	Laverne Schwartz	0	N/A		N/A			9
10	Elsa Jacobson	0	N/A		N/A			10
11								11
12	Foundation Board							12
13								13
14	David Hoyem	0	N/A		N/A			14
15	Jim McClanahan	0	N/A		N/A			15
16	John Stodden	0	N/A		N/A			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

Facility Name & ID Number Bethesda Rehab & Senior Care # 0012229 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	See PG6-Supp	Board of Directors	Administrative	0.00					\$	N/A	1
2											2
3	Note: No board member provided services to the nursing home during the reporting period. No business entity owned by a board member conducted business										3
4	transactions with the nursing home during the reporting period.										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 Bethesda Rehab & Senior Care # 0012229 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 N/A
Street Address _____
City / State / Zip Code _____
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
2										2
3		N/A								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	TOTALS					\$	\$		\$	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	MB Bank-Series 12 Rev Bonds		X	Renovations/Improvements	35,878	12/15/2015	\$ 7,517,000	\$ 7,466,883	9/5/2023	0.0246	\$ 13,147	1
2												2
3												3
4												4
5												5
	Working Capital											
6	MB Financial Bank		X	Working Capital	Interest Monthly	4/30/12	200,000	410,000	4/30/2017	Prime	14,589	6
7												7
8												8
9	TOTAL Facility Related				\$35,878.45		\$ 7,717,000	\$ 7,876,883			\$ 27,736	9
	B. Non-Facility Related*											
10												10
11												11
12								Offset Interest Income			(27,736)	12
13								Amortization of bonds			11,244	13
14	TOTAL Non-Facility Related						\$	\$			\$ (16,492)	14
15	TOTALS (line 9+line14)						\$ 7,717,000	\$ 7,876,883			\$ 11,244	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* 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

[illegible]

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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Norwegian Lutheran Bethesda D/B/A Bethesda Home and Ret COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0012229

CONTACT PERSON REGARDING THIS REPORT Paul Roberts

TELEPHONE (773) 836-3208 FAX #: (773) 622-8261

A. Summary of Real Estate Tax Cost

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.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1. <u>N/A-not for profit</u>	<u>N/A</u>	\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

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? N/A 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation . Facilities located in Cook County are required to providecopies of their original second installment tax bill.

A. Square Feet: 47,558

B. General Construction Type: Exterior Brick Frame Number of Stories Four

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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).

Apartment Buildings - 13 Units

Land - Sayre Avenue (formerly rental houses)

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	Facility	78,844	1919	\$ 11,392	1
2					2
3	TOTALS	78,844		\$ 11,392	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4			1925	1925	\$ 182,722	\$		\$		\$ 182,722	4
5			1955	1955	657,001	10,108	65	10,108		619,103	5
6	162		1991	1991	2,123,475	42,470	50	42,470		1,101,854	6
7			1997	1997	263,809	13,190	20	13,190		240,750	7
8											8
	Improvement Type**										
9	Various		1956		4,130		64			4,130	9
10	Various		1957		4,771					4,771	10
11	Various		1958		14,177	141	62	141		13,689	11
12	Various		1960		27,510					27,510	12
13	Various		1966		15,090					15,090	13
14	Various		1970		434					434	14
15	Various		1975		5,599					5,599	15
16	Various		1976		10,615					10,615	16
17	Various		1978		12,100					12,100	17
18	Various		1985		8,596					8,596	18
19	Various		1986		1,436,330	28,613	25	28,613		1,436,330	19
20	Various		1987		6,537	218	30	218		6,429	20
21	Various		1988		50,000		20			50,000	21
22	Various		1991		1,358,192	46,356	Various	46,356		1,167,033	22
23	Various		1992		180,765					180,765	23
24	Various		1993		125,270					125,270	24
25	Various		1994		4,298					4,298	25
26	Various		1995		132,332		Various			132,332	26
27	Various		1996		136,115	2,607	Various	2,607		136,115	27
28	Various		1997		123,231		Various			123,231	28
29	Various		1998		124,461		Various			124,461	29
30	Various		1999		215,640		Various			215,640	30
31	Various		2000		1,119,263	57,254	Various	57,254		929,990	31
32											32
33											33
34											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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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	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 Improvements - Office	2001	\$ 4,721	\$	5	\$	\$	\$ 4,721	37
38 Carpeting	2001	810		5			810	38
39 Stair Landing	2001	7,180		10			7,180	39
40 Door Replacement	2001	18,583		10			18,583	40
41 Stair Landing	2001	1,260	63	20	63		992	41
42 Fire Alarm Study	2001	5,000	250	20	250		3,875	42
43 4th Floor Door Replacement	2001	4,972	249	20	249		3,816	43
44 Center Bldg Nurses Station	2001	11,803		10			11,803	44
45 3N Nurse Call System	2001	2,109		10			2,109	45
46 Roof Repair	2001	6,830		10			6,830	46
47 Signage	2001	2,270		10			2,270	47
48 Roof Repair	2001	19,407		10			19,407	48
49 Faucets	2001	9,116		10			9,116	49
50 Ceiling Repair	2001	1,563		10			1,563	50
51 Telephone Wiring	2001	1,535		10			1,535	51
52 Concrete Landing	2001	8,900	297	30	297		4,751	52
53 Boiler Replacement	2001	900	30	30	30		480	53
54 Boiler Replacement	2001	4,053	135	30	135		2,149	54
55 Ceiling	2001	405	14	30	14		221	55
56 Boiler Project	2001	582	19	30	19		296	56
57 Viking Room Lighting	2001	2,191		10			2,191	57
58 Draperies	2001	1,155		10			1,155	58
59 Fire Alarm	2001	1,297		10			1,297	59
60 Walk-in Freezer	2001	942		10			942	60
61 Carpeting	2001	3,580		5			3,580	61
62 Draperies	2001	1,968		5			1,968	62
63 Floor Coverings	2001	4,595		5			4,595	63
64 Carpeting	2001	7,160		5			7,160	64
65 Draperies	2001	1,088		3			1,088	65
66 Carpeting	2001	2,770		5			2,770	66
67 Security Camera	2001	160		5			160	67
68 Security System	2001	13,500		5			13,500	68
69								69
70 TOTAL (lines 4 thru 69)		\$ 8,494,868	\$ 202,014		\$ 202,014	\$	\$ 7,021,770	70

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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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		\$ 8,494,868	\$ 202,014		\$ 202,014	\$	\$ 7,021,770	1
2	<u>Faucets</u>	2002	8,805		10			8,805	2
3	<u>Plumbing Work</u>	2002	810		5			810	3
4	<u>Carpet/Vinyl Flooring</u>	2002	2,095		5			2,095	4
5	<u>Major Repairs</u>	2002	1,558		5			1,558	5
6	<u>Combination Locks</u>	2002	5,092		5			5,092	6
7	<u>Safety Gate</u>	2002	1,383		10			1,383	7
8	<u>Wall Rails</u>	2002	1,387		10			1,387	8
9	<u>Architect Fees</u>	2002	643		10			643	9
10	<u>Improvements-Activity Room</u>	2002	54,789		10			54,789	10
11	<u>Improvements-Activity Room</u>	2002	811		10			811	11
12	<u>1st Floor Flooring</u>	2002	1,680		10			1,680	12
13	<u>Flooring 1N</u>	2002	11,650		5			11,650	13
14	<u>Flooring 2N</u>	2002	4,965		5			4,965	14
15	<u>Electrical Work</u>	2002	594		10			594	15
16	<u>Brick Work</u>	2002	1,020		10			1,020	16
17	<u>Door Electrical Work</u>	2002	510		10			510	17
18	<u>Drywall and Hardware</u>	2002	921		10			921	18
19	<u>Ceiling Tile</u>	2002	639		10			639	19
20	<u>Access Control</u>	2002	637		10			637	20
21	<u>Access Control</u>	2002	955		10			955	21
22	<u>Dampers</u>	2002	1,174		10			1,174	22
23	<u>Freezer Repairs</u>	2002	1,040		10			1,040	23
24	<u>Elevator Repairs</u>	2002	705		10			705	24
25	<u>Sprinkler Repairs</u>	2002	565		10			565	25
26	<u>Freezer Repairs</u>	2002	1,023		10			1,023	26
27	<u>Freezer Repairs</u>	2002	1,030		10			1,030	27
28	<u>Landscaping</u>	2003	62,514	4,168	15	4,168		55,920	28
29	<u>Landscaping</u>	2003	108	7	15	7		94	29
30	<u>Landscaping</u>	2003	40,940	2,729	15	2,729		36,615	30
31	<u>Landscaping</u>	2003	22,495	1,500	15	1,500		20,150	31
32	<u>Auditorium Construction</u>	2003	385,633	25,709	15	25,709		359,926	32
33	<u>Fire Alarm</u>	2003	58,250	3,883	15	3,883		51,450	33
34	TOTAL (lines 1 thru 33)		\$ 9,171,289	\$ 240,010		\$ 240,010	\$	\$ 7,652,406	34

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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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 12B, Carried Forward		\$ 9,171,289	\$ 240,010		\$ 240,010	\$	\$ 7,652,406	1
2	Construction Monitoring	2003	18,954	1,264	15	1,264		16,748	2
3	Fire Alarm	2003	344,942	22,996	15	22,996		312,813	3
4	Auditorium Sound System	2003	1,840		5			1,840	4
5	Chiller	2003	12,733	849	15	849		11,391	5
6	Chiller	2003	25,467	1,698	15	1,698		22,781	6
7	A/C's	2003	4,840		5			4,840	7
8	A/C's	2003	1,234		5			1,234	8
9	Parking Lot resurfacing	2003	1,542	2	10	2		1,542	9
10	Smoke Detectors	2003	599		10			599	10
11	Circulator Pump	2003	1,071	1	10	1		1,071	11
12	Valve Bodies & Actuators	2003	1,017		10			1,017	12
13	Elevator Door Lock	2003	521	1	10	1		521	13
14	Faucets	2003	551	1	10	1		551	14
15	Walk-in Freezer Repair	2003	1,093	3	10	3		1,093	15
16	Carpet/Vinyl Flooring	2003	1,610		10			1,610	16
17	Carpet/Vinyl Flooring	2003	1,405		10			1,405	17
18	Roof/Gutter Repair	2003	15,190		10			15,190	18
19									19
20	Insolar Windows	2004	17,900		10			17,900	20
21	Nexus Technologies	2004	2,340	156	15	156		2,028	21
22	Convergint Technologies	2004	3,250	217	15	217		2,821	22
23	Studio One	2004	9,876		10			9,876	23
24	Noland Sales - Carpeting	2004	37,170		6			37,170	24
25									25
26	Elevator Upgrade	2006	203,667	5,092	20	5,092		51,103	26
27	Hot Water Heater Repairs	2006	27,730		5			27,730	27
28	Repair of Water Booster Pumps	2006	13,557		5			13,557	28
29	Fire Alarm Upgrade	2006	2,600		5			2,600	29
30	Elevator Electrical Repair	2006	7,871	332	12	332		3,976	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,931,859	\$ 272,622		\$ 272,622	\$	\$ 8,217,413	34

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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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 12C, Carried Forward		\$ 9,931,859	\$ 272,622		\$ 272,622	\$	\$ 8,217,413	1
2	Major repairs to Boiler	2007	13,099	1,310	10	1,310		11,982	2
3	Re-key Administrative Wing	2007	3,607		5			3,607	3
4	Tuckpointing West and North Buildings	2007	4,500	450	10	450		4,125	4
5	Garbage Disposal	2007	4,303		5			4,303	5
6									6
7	Removed nursing station, cabinets, electrical and	2008	3,775		5			3,775	7
8	made into a common area								8
9									9
10	Flooring - Floors 1, 2 & 3	2009	92,142		6			92,142	10
11	Tuckpointing West Building	2009	6,150	615	10	615		4,613	11
12	Boiler replacement/repair	2009	6,322	421	15	421		3,158	12
13	Electrical panel work	2009	5,427	362	15	362		2,715	13
14	Mural and awning	2009	2,947	389	10	389		2,870	14
15	Parking lot paving	2009	3,675	245	15	245		1,838	15
16									16
17	Reclass R&M - Air conditioning repairs	2009	8,143	814	10	814		6,105	17
18									18
19	Boiler Replacement	2010	13,479	899	15	899		5,841	19
20									20
21	Brick Masonry	2011	17,975	1,198	15	1,198		6,989	21
22	Concrete Piers	2011	10,657	710	15	710		3,668	22
23	Dining room lights & electrical	2011	3,943	263	15	263		1,512	23
24	Electrical town square	2011	3,846	256	15	256		1,430	24
25	Elevator fire shield	2011	4,511	301	15	301		1,606	25
26	Fire Dampers	2011	19,756	1,317	15	1,317		7,048	26
27	Heating Bathrooms	2011	9,667	644	15	644		3,677	27
28	Kitchen Electrical	2011	6,295	420	15	420		2,458	28
29	Locker Room-carpentry, painting	2011	3,925	262	15	262		1,572	29
30	Piping Smoke Detectors	2011	4,105	274	15	274		1,461	30
31	Point of care electrical	2011	3,500	233	15	233		1,359	31
32	Pumps & Seals	2011	7,957	523	5	523		7,957	32
33	Restrooms -tiling	2011	4,535	302	15	302		1,726	33
34	TOTAL (lines 1 thru 33)		\$ 10,200,100	\$ 284,830		\$ 284,830	\$	\$ 8,406,950	34

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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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 12D, Carried Forward		\$ 10,200,100	\$ 284,830		\$ 284,830	\$	\$ 8,406,950	1
2	Roof repair-flashing, tiles, slate	2011	39,088	2,606	15	2,606		14,099	2
3	Windows attic	2011	2,572	171	15	171		906	3
4									4
5	Damper shield plates	2012	5,143	343	15	343		2,256	5
6	Replace drain pipe over activities	2012	5,890	393	15	393		2,585	6
7	Elevator repairs	2012	2,687	179	15	179		1,103	7
8	Replace fire dampers	2012	8,428	562	15	562		3,229	8
9	New Roof/Masonry-North Building	2012	73,890	4,926	15	4,926		25,053	9
10	Air/Heat Registers	2012	37,691	2,513	15	2,513		11,786	10
11	Roof repairs-West & North Buildings	2012	11,420	761	15	761		2,793	11
12	Exhaust system-West Building	2012	63,021	4,201	15	4,201		15,408	12
13									13
14	Replace Garage Entry Door	2013	1,577	315	5	315		1,498	14
15	Repair/Remodel North Build Stairs	2013	3,228	215	15	215		914	15
16	Repairs to Heating System	2013	3,105	621	5	621		2,640	16
17	Repair/Remodel North Build Stairs	2013	4,012	802	5	802		3,210	17
18	Repair seal kit on Taco pump	2013	3,500	700	5	700		2,801	18
19	Install air vents/lines - pumps	2013	4,068	814	5	814		2,236	19
20	Kitchen Electrical Wiring	2013	12,050	2,410	5	2,410		9,038	20
21	Replace control board/ air handling	2013	9,553	1,911	5	1,911		4,793	21
22	Asphalt Repairs Parking Lot	2013	2,535					762	22
23									23
24	3rd floor shower room - north building	2014	6,800	680	10	680		1,700	24
25	2nd floor shower room - west building	2014	6,800	680	10	680		1,700	25
26	Tile & Materials 2W & 3N shower room	2014	5,397	540	10	540		1,349	26
27	Painting north stairwell, replace flow valve, replace seal kit, heatin	2014	7,847	785	10	785		1,961	27
28	Painting of north stairwell and west stairwell & remodel 2c sitting	2014	6,450	645	10	645		1,613	28
29	Repair seal kit on taco pump	2014	4,598	920	5	920		2,299	29
30	Pipe repairs from radiation	2014	3,508	702	5	702		1,754	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,534,958	\$ 314,224		\$ 314,224	\$	\$ 8,526,436	34

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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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 12E, Carried Forward		\$ 10,534,958	\$ 314,224		\$ 314,224	\$	\$ 8,526,436	1
2									2
3	Pump repairs for hot water and repair west building fan coils	2014	3,839	768	5	768		1,920	3
4	Removed existing and installed new flooring, cabinetry,	2014	7,560	756	10	756		1,890	4
5	lighting and paneling - 2 Central Sitting Room								5
6	Removed existing and reinstall new flooring, cabinetry,	2014	3,179	318	10	318		795	6
7	lighting, trim, and added architectural room divide,								7
8	counters and appliances - 2 Center Living room								8
9	Removed existing Fluorescent lighting in public hallways	2014	2,972	297	10	297		743	9
10	and replaced with new LED bulbs and fixtures - 3 North								10
11	Removed existing and reinstall new fixtures, wall and floor	2014	3,844	384	10	384		961	11
12	tile, trim, lighting and grab bars. Reinstall original sinks and								12
13	toilets - 3 North Bathing Room								13
14	Heating System Survey	2014	7,043	704	10	704		1,761	14
15	Removed and replaced flooring, window treatments, lighting,	2014	5,460	546	10	546		1,365	15
16	trim and added new cabinetry, counter, appliances and								16
17	architectural divide - 2 North Family Room								17
18	Removal of existing fluorescent lighting and replaced with	2014	4,057	1,352	3	1,352		3,381	18
19	LED lights and fixtures - 3 West					-			19
20	Removed and replaced flooring, window treatments, lighting,	2014	3,239	1,080	3	1,080		2,699	20
21	trim and added new cabinetry, counter, appliances and								21
22	architectural divide, ice machine - 2 North Family Room								22
23	LED lights and fixtures - 2 West and 3 North Bathrooms	2014	2,973	991	3	991		2,478	23
24	Repair pipe connecting hot water tank to pumping system	2014	5,296	1,059	5	1,059		2,648	24
25	in 1st floor mechanical room								25
26	Removed existing Fluorescent lighting in public hallways	2014	8,305	2,768	3	2,768		6,921	26
27	and replaced with new LED bulbs and fixtures - 2 Center					-			27
28	Install Exit Signs on exterior of Town Square	2014	6,200	2,067	3	2,067		5,166	28
29	garden/courtyard and retrofit with LED								29
30	Hot water pump replacement in mechanical room on 1st floor	2014	7,190	2,397	3	2,397		5,991	30
31	3 North Hallways patched and painted. Removal of fluorescent	2014	4,102	1,367	3	1,367		3,419	31
32	bulbs and installed LED lighting in sitting area and work			-		-			32
33	room - 3 North			-		-			33
34	TOTAL (lines 1 thru 33)		\$ 10,610,217	\$ 331,079		\$ 331,079	\$	\$ 8,568,574	34

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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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	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		\$ 10,610,217	\$ 331,079		\$ 331,079	\$	\$ 8,568,574	1
2	3 North Hallways and accounting office on first floor painted.	2014	6,813	2,271	3	2,271		5,678	2
3	Removal of fluorscent lighting and install new LED lighting in								3
4	offices on first floor accounting offices								4
5	Removed and replaced boilers in the HVAC -	2014	24,500	1,633	15	1,633		4,084	5
6	Main Boiler Room 1st Floor					-			6
7	Removed and replaced boilers in the HVAC -	2014	49,000	3,267	15	3,267		8,166	7
8	Main Boiler Room 1st Floor								8
9	Tuckpointing West Building on the southeast corner 4th Floor	2014	6,665	444	15	444		1,111	9
10	Hallway access to Town Square on first floor North Building,	2014	7,019	468	15	468		1,170	10
11	Removed and replaced flooring, lighting, rebuild walls, removed and								11
12	replaced door to laundry room and install paneling.								12
13	Removed existing fluorscent lighting in public hallways and replaced	2014	40,146	2,676	15	2,676		6,691	13
14	with new LED bulbs and fixtures - 1 North & Replaced hot water								14
15	heaters and storage tanks with new ducting and rooftop connections								15
16	in the first floor Mechanical Room								16
17									17
18									18
19	Boiler, replacement, basement - West building	2015	77,673	5,178	15	5,178		7,767	19
20	Chiller HVAC, replacement - Roof - West building	2015	72,273	4,818	15	4,818		7,227	20
21	Sitting and Bathing Areas	2015	60,193	4,013	15	4,013		6,019	21
22	-2 North Bathroom, re-tile floors, paint/tile/panel walls, new bath								22
23	fixtures								23
24	-3 North Bathroom, re-tile floors, paint/tile/panel walls, new bath								24
25	fixtures								25
26	-3 West Bathroom, re-tile floors, paint/tile/panel walls, new bath								26
27	fixtures								27
28	- 2 North Beauty Salon - paint walls, electrical, washing stations								28
29	- 3 North Sitting Area - re-tile floors, paint/tile/panel walls, new								29
30	bath fixtures, move walls								30
31	Dining Room Renovation, 3 North Dining Room	2015	33,465	2,231	15	2,231		3,347	31
32	- Tile flooring, panel/paint walls, add serving counters & space								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,987,964	\$ 358,079		\$ 358,079	\$	\$ 8,619,834	34

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

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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 12G, Carried Forward		\$ 10,987,964	\$ 358,079		\$ 358,079	\$	\$ 8,619,834	1
2	<u>Town Square Access Hallway - Ground floor, North Building</u>	2015	11,776	785	15	785		1,178	2
3	<u>-Tile flooring, panel walls</u>								3
4	<u>Boiler Control Valves - Basement - West Building</u>	2015	8,192	546	15	546		819	4
5	<u>- Valve replace</u>								5
6	<u>Plumbing - Crawl space - North Building - Pipe replacement</u>	2015	3,017	201	15	201		301	6
7									7
8	<u>Reclass RM to BI</u>	2015	38,521	2,568	15	2,568		3,852	8
9	<u>- HVAC Reset Due to Power Outage - Roof Top HVAC</u>								9
10	<u>- PM Post Inspection Repairs</u>								10
11	<u>- Repairs to Heating Unit Room W223 - 2 West</u>								11
12	<u>- Maintenance Contract</u>								12
13	<u>-Repairs, Adjustments, Cleaning Work to HVAC - HVAC room</u>								13
14	<u>-Boiler Reheat Repairs - Boiler Room</u>								14
15	<u>-Boiler Control Repairs, Relay, Gaskets, Oil Filter - Boiler room</u>								15
16	<u>-Control Valve Replacement - Third Floor Mechanical Room</u>								16
17	<u>-Mount, Install New Wascomat Washing Machine - Laundry room</u>								17
18	<u>-AC- Post Inspection Repairs - Out of Freon/Relief Valve Leaking</u>								18
19	<u>Roof Top Unit HVAC</u>								19
20	<u>-Filters replaced on all RTUs, belt replaced, compressor repairs</u>								20
21	<u>Roof Top Unit HVAC</u>								21
22									22
23	<u>Hot Water Pumps - North Building 3rd Floor</u>	2016	2,636	132	10	132		132	23
24	<u>Signage throughout the entire building</u>	2016	3,026	151	10	151		151	24
25	<u>Plumbing</u>	2016	28,630	954	15	954		954	25
26	<u>-Relocation of dual temp supply piping replacement going up</u>								26
27	<u>from 1 north bldg to 2 north bldg.</u>								27
28	<u>-Repair flow issues in piping - blockage at 1 center room 101</u>								28
29	<u>-Replace backpitched pipe in crawl space of North bldg basement</u>								29
30	<u>-Cut out 25' of galvanized pipe and replace in garage</u>								30
31	<u>Elevator Repair</u>	2016	67,548	2,252	15	2,252		2,252	31
32									32
33	<u>To reconcile to financials</u>			(43,066)			43,066		33
34	TOTAL (lines 1 thru 33)		\$ 11,151,310	\$ 322,602		\$ 365,668	\$ 43,066	\$ 8,629,473	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	\$1,315,017	\$133,920	\$133,920	\$-	3-10	\$1,166,786	71
72	Current Year Purchases	77,836	7,784	7,784	-	5	7,784	72
73	Fully Depreciated Assets	104,131			-		104,131	73
74					-			74
75	TOTALS	\$1,496,984	\$141,704	\$141,704	\$-		\$1,278,701	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	Patient Care	Shuttle Van	1994	\$34,300	\$	\$	\$-	5	\$34,300
77							-		77
78							-		78
79							-		79
80	TOTALS			\$34,300	\$-	\$-	\$-		\$34,300

E. Summary of Care-Related Assets					1	2
		Reference			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)			\$12,693,986	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$464,306	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$507,372	
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$43,066	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$9,942,474	

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	East Building Renovation-Prior	\$1,478,812	\$	\$
87	Furnishings	6,074		
88				
89	Land - Sayre Avenue	1,883,678		
90				
91	TOTALS	\$3,368,564	\$	\$

G. Construction-in-Progress		
	Description	Cost
92	Strategic Planning	\$7,246,744
93	Construction in Progress	
94		
95		\$7,246,744

* 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: N/A
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:				\$ N/A			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 N/A
N/A
9. Option to Buy: YES NO Terms: N/A *

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

15. Is Movable equipment rental included in building rental? YES NO
16. Rental Amount for movable equipment: \$ 10,200 Description: Senior TV equipment lease
(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			\$ N/A	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

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

It is the policy of this facility to only hire certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
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	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	1,328	\$ 50,389	\$	1,328	\$ 50,389	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		213	9,312		213	9,312	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2)	hrs		940	75,477		940	75,477	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(3)	# of prescrpts				95,825		95,825	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$	2,481	\$ 135,178	\$ 95,825	2,481	\$ 231,003	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.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 335,471	\$ 335,471	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 202,725)	1,070,818	1,070,818	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	32,157	32,157	5
6	Prepaid Insurance	36,276	36,276	6
7	Other Prepaid Expenses	56,917	56,917	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,531,639	\$ 1,531,639	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	3,280,663	3,280,663	11
12	Long-Term Investments	211,196	211,196	12
13	Land	13,589	11,392	13
14	Buildings, at Historical Cost	2,963,197	3,227,006	14
15	Leasehold Improvements, at Historical Cost	7,889,409	7,924,304	15
16	Equipment, at Historical Cost	1,436,440	1,531,284	16
17	Accumulated Depreciation (book methods)	(9,083,353)	(9,942,474)	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 (spe See Sch 17A	9,130,422	9,130,422	22
23	Other(specify): Bond Cost - NET	75,905	75,905	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,917,468	\$ 15,449,698	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,449,107	\$ 16,981,337	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 234,828	\$ 234,828	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	172,256	172,256	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	329,883	329,883	30
31	Accrued Taxes Payable (excluding real estate taxes)	91	91	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	16,305	16,305	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17A	168,877	168,877	36
37	Accrued Expenses	175,279	175,279	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,097,519	\$ 1,097,519	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	410,000	410,000	39
40	Mortgage Payable			40
41	Bonds Payable	7,466,883	7,466,883	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)	\$ 7,876,883	\$ 7,876,883	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,974,402	\$ 8,974,402	46
47	TOTAL EQUITY(page 18, line 24)	\$ 8,474,705	\$ 8,006,935	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,449,107	\$ 16,981,337	48

*(See instructions.)

Facility Name: Bethesda Rehab & Senior Care
IDPH License ID Number: 0012229
Fiscal Year End: 12/31/2016

Schedule 17A

XV. Balance Sheet
Line 22 Long-Term Assets Other (specify):

		After	
Description		Operating	Consolidation
13050	Land - Sayre Avenue	1,883,678	1,883,678
18000	Construction In Progress	7,246,744	7,246,744
Total - Line 23		9,130,422	9,130,422

XV. Balance Sheet
Line 36 Other Current Liabilities (specify):

		After	
Description		Operating	Consolidation
20150	Due to HFS - Medicaid Cr. Bal	-	-
21500	FLEX Medical Liability	31	31
21600	FLEX Dependent Liability	70	70
22000	Valic Retirement Plan 403b	2,742	2,742
22100	401k - Voya	2,600	2,600
25310	Def Rev-AT&T Cell Tower Lease	33,434	33,434
29200	Estimated Asbestos Obligation	130,000	130,000
Total - Line 36		168,877	168,877

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 8,600,158	1
2	Restatements (describe):		2
3	Prior period adjustment	(12,390)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 8,587,768	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(113,063)	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)	\$ (113,063)	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)	\$ 8,474,705	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Bethesda Rehab & Senior Care

0012229

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	\$ 6,404,518	1
2	Discounts and Allowances for all Levels	(1,583,675)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,820,843	3
	B. Ancillary Revenue		
4	Day Care	18,603	4
5	Other Care for Outpatients		5
6	Therapy	300,747	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 319,350	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	5,451	12
13	Barber and Beauty Care	11,103	13
14	Non-Patient Meals	5,131	14
15	Telephone, Television and Radio	12,562	15
16	Rental of Facility Space		16
17	Sale of Drugs	91,094	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,403	19
20	Radiology and X-Ray	6,973	20
21	Other Medical Services	198,575	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 339,292	23
	D. Non-Operating Revenue		
24	Contributions	1,701,014	24
25	Interest and Other Investment Income***	184,027	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,885,041	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Sch 19A	33,192	28
28a	See Sch 19A	54,549	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 87,741	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,452,267	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,511,780	31
32	Health Care	2,602,618	32
33	General Administration	1,922,918	33
	B. Capital Expense		
34	Ownership	513,486	34
	C. Ancillary Expense		
35	Special Cost Centers	845,912	35
36	Provider Participation Fee	168,616	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,565,330	40
41	Income before Income Taxes (line 30 minus line 40)**	(113,063)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (113,063)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,868,986	44
45	Private Pay - Net Inpatient Revenue	1,910,451	45
46	Medicare - Net Inpatient Revenue	265,197	46
47	Other-(specify) <u>Sheltered Care Revenue</u>	606,229	47
48	Other-(specify) <u>Respite</u>	169,980	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,820,843	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.

^ - This entity is a cash basis taxpayer"

Facility Name:

Bethesda Rehab & Senior Care

IDPH License ID Number:

0012229

Fiscal Year End:

12/31/2016

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

	Description	Amount
31500	Miscellaneous Income	1,628
31610	Jury Duty Income	175
32900	Grants	31,000
34300	Vending Income	223
35630	Other Servs/Supply - Medicare	-
35870	Med Equip Income - IDPA ICF	166
	Total - Line 28	33,192

XVII. Income Statement

Line 28a Other Revenue (specify):

	Description	Amount
34600	Income - Joint Venture - HRA	-
34700	Income - Joint Venture - RRG	-
79900	Interco Food - Dietary	50,908
79905	Interco Non-Food - Dietary	3,641
	Total - Line 28a	54,549

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	1,770	2,171	\$ 97,886	\$ 45.09	1
2	Assistant Director of Nursing	5,569	6,347	151,276	23.84	2
3	Registered Nurses	17,042	18,653	578,774	31.03	3
4	Licensed Practical Nurses	9,543	10,666	297,259	27.87	4
5	CNAs & Orderlies	57,341	63,494	850,768	13.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,816	2,048	46,900	22.90	9
10	Activity Assistants	5,008	5,563	83,234	14.96	10
11	Social Service Workers	2,914	3,581	99,312	27.73	11
12	Dietician					12
13	Food Service Supervisor	23,079	25,808	330,718	12.81	13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	6,601	7,218	132,353	18.34	17
18	Housekeepers	14,260	15,680	172,391	10.99	18
19	Laundry	1,737	2,065	27,047	13.10	19
20	Administrator	1,732	2,080	141,814	68.18	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,357	18,586	470,762	25.33	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	1,766	2,096	38,342	18.29	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Sch 20A</u>	5,276	5,937	201,688	33.97	33
34	TOTAL (lines 1 - 33)	171,813	191,992	\$ 3,720,524 *	\$ 19.38	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		\$		35
36	Medical Director	Monthly	8,713	9(3)	36
37	Medical Records Consultant	Monthly	780	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,090	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	Monthly	497	39(3)	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	9,782	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Chaplain</u>	Monthly	11,578	11(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 36,440		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	35	\$ 2,039	10(3)	50
51	Licensed Practical Nurses	2,263	90,742	10(3)	51
52	Certified Nurse Assistants/Aides	1,719	39,188	10(3)	52
53	TOTAL (lines 50 - 52)	4,017	\$ 131,969		53

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

** See instructions.

Facility Name: Bethesda Rehab & Senior Care
IDPH License ID Number: 0012229
Fiscal Year End: 12/31/2016

Schedule 20A

XVIII. Staffing and Salary Costs
Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Other Development	3,324	3,881	129,272	\$ 33.31
Marketing	1,952	2,056	72,416	\$ 35.22
Total - Line 33 Other (specify):	5,276	5,937	201,688	\$ 33.97

XIX. SUPPORT SCHEDULES

[illegible]

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Bethesda Rehab & Senior Care
IDPH License ID Number: 0012229
Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
BKD	Accounting	46,420
Marcum LLP	Accounting	224
RSM US LLP	Accounting	15,560
On Shift	Computer Services	6,608
Unemployment Consultants	U/C Consulting	1,500
Consulting Acturarial Group, Inc	401(k) Retirement Plan Aug 0815	2,850
Kestra Advisory Services	Consulting	8,750
Employee Benefits Corporation	Consulting	350
CCC Technologies	Computer Services	34,359
Trustwave-Mailmax	Computer Services	1,530
Accural	Computer Services	(751)
GNXCOR Inc.	Computer Services - MaintenanceCare	1,354
Wescom Solutions, Inc.	Computer Services	25,584
Ability Network Inc.	Computer Services	4,632
COMS	Telephone & Security Camera Lease	2,600
CIT Technologies	Computer Services	9,874
PointClickCare	Computer Services	4,388
Chuhak & Tecson, P.C	Legal	7,487
Kreig Devault	Legal	2,928
Klein Dub & Holleb Ltd	Legal	15,176
Marcum	Accounting	75
Ungaretti & Harris	Legal	506
Reclasses/Accurals	Legal	8,491
Total (agree to Schedule V, line 19, column 3)		200,496
Less: Non-Allowable Legal Fees		(24,076)
Total (agree to Schedule V, line 19, column 8)		176,420

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?
If YES, give association name and amount.

LeadingAge - \$ 1,602

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

No
N/A

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
N/A

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
5 yrs

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 42,324 Line 10(2)

(7)

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

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
N/A

(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.

N/A

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$ 168,616

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No
- (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?
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.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ N/A
Yes Indicate the amount. \$ 5,131

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

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.

No
\$ N/A

c.

What percent of all travel expense relates to transportation of nurses and patients?

N/A

d.

Have vehicle usage logs been maintained?

Adequate records have been maintained

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g.

Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

N/A
\$ N/A

(17)

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

Yes
BKD, LLP

(18)

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

Yes

(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.
Attach invoices and a summary of services for all architect and appraisal fees

Yes