

		FOR BHF USE					

LL1

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: 0049296

Facility Name: Heartland of Canton

Address: 2081 North Main St Canton 61520
Number City Zip Code

County: Fulton

Telephone Number: (309) 647-6135 Fax # (309) 647-6141

HFS ID Number:

Date of Initial License for Current Owners: 09/09/1988

Type of Ownership:

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

☒ 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: Jeff Lewandowski Telephone Number: (419) 252-5736
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/16 to 12/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Martin D. Allen
(Title) Director

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Heartland of Canton

0049296 Report Period Beginning: 01/01/16 Ending: 12/31/16

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>90</u>	Skilled (SNF)	<u>90</u>	<u>32,940</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>90</u>	TOTALS	<u>90</u>	<u>32,940</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>11,922</u>	<u>4,052</u>	<u>6,824</u>	<u>22,798</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>11,922</u>	<u>4,052</u>	<u>6,824</u>	<u>22,798</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.21%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? 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 09/26/1988

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 04/07/11 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 90 and days of care provided 3,309

Medicare Intermediary CGS Administrators, LLC

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31 Fiscal Year: 12/31

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

Facility Name & ID Number Heartland of Canton # 0049296 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	193,648	17,816	15,969	227,433		227,433		227,433			1
2	Food Purchase		168,669		168,669		168,669	(6,197)	162,472			2
3	Housekeeping	96,663	10,117		106,780		106,780		106,780			3
4	Laundry	26,306	17,851		44,157		44,157		44,157			4
5	Heat and Other Utilities			129,275	129,275	919	130,194		130,194			5
6	Maintenance	49,854	11,132	47,729	108,715		108,715		108,715			6
7	Other (specify):* Med Waste			1,240	1,240		1,240		1,240			7
8	TOTAL General Services	366,471	225,585	194,213	786,269	919	787,188	(6,197)	780,991			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000		9,000			9
10	Nursing and Medical Records	1,564,229	133,034	22,727	1,719,990	22	1,720,012		1,720,012			10
10a	Therapy	524,852	6,354	15,770	546,976		546,976		546,976			10a
11	Activities	44,822	2,163	1,077	48,062		48,062		48,062			11
12	Social Services	102,188		3,960	106,148		106,148		106,148			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,236,091	141,551	52,534	2,430,176	22	2,430,198		2,430,198			16
	C. General Administration											
17	Administrative	114,946		214,270	329,216	(77,645)	251,571		251,571			17
18	Directors Fees											18
19	Professional Services			38,710	38,710		38,710	(38,710)				19
20	Dues, Fees, Subscriptions & Promotions			55,142	55,142		55,142	(14,798)	40,344			20
21	Clerical & General Office Expenses	257,267	28,258	151,595	437,120		437,120	(107,263)	329,857			21
22	Employee Benefits & Payroll Taxes			472,348	472,348	18,333	490,681		490,681			22
23	Inservice Training & Education			1,022	1,022		1,022		1,022			23
24	Travel and Seminar			9,745	9,745		9,745		9,745			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			90,027	90,027		90,027		90,027			26
27	Other (specify):*							(14)	(14)			27
28	TOTAL General Administration	372,213	28,258	1,032,859	1,433,330	(59,312)	1,374,018	(160,785)	1,213,233			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,974,775	395,394	1,279,606	4,649,775	(58,371)	4,591,404	(166,982)	4,424,422			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			247,939	247,939	7,049	254,988		254,988			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			315,974	315,974	51,322	367,296	(316,486)	50,810			32
33	Real Estate Taxes			120,253	120,253		120,253		120,253			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			29,974	29,974		29,974		29,974			35
36	Other (specify):*											36
37	TOTAL Ownership			714,140	714,140	58,371	772,511	(316,486)	456,025			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		158,748		158,748		158,748		158,748			39
40	Barber and Beauty Shops			6,077	6,077		6,077		6,077			40
41	Coffee and Gift Shops	22,143			22,143		22,143		22,143			41
42	Provider Participation Fee			167,295	167,295		167,295		167,295			42
43	Other (specify):* IV X-Ray & Lab		32,726	23,893	56,619		56,619		56,619			43
44	TOTAL Special Cost Centers	22,143	191,474	197,265	410,882		410,882		410,882			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,996,918	586,868	2,191,011	5,774,797		5,774,797	(483,468)	5,291,329			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	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(6,197)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(193)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(148)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(14)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(545)	21		18
19	Entertainment				19
20	Contributions	(1,201)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(32,955)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(103,983)	21		24
25	Fund Raising, Advertising and Promotional	(14,798)	20		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	(323,434)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (483,468)		\$	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)		10a	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (483,468)		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	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Activity Income	\$	11	1
2	Misc. Income	(300)	21	2
3	Vending Income	(593)	21	3
4	Donations Revenue	(300)	21	4
5	Accounting/Collection Fees	(5,755)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest	(316,486)	32	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	(323,434)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heartland of Canton # 0049296 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	(6,197)	0	0	0	0	0	0	0	0	0	0	(6,197)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(6,197)	0	0	0	0	0	0	0	0	0	0	(6,197)	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	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(38,710)	0	0	0	0	0	0	0	0	0	0	(38,710)	19
20	Fees, Subscriptions & Promotions	(14,798)	0	0	0	0	0	0	0	0	0	0	(14,798)	20
21	Clerical & General Office Expenses	(107,263)	0	0	0	0	0	0	0	0	0	0	(107,263)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(14)	0	0	0	0	0	0	0	0	0	0	(14)	27
28	TOTAL General Administration	(160,785)	0	0	0	0	0	0	0	0	0	0	(160,785)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(166,982)	0	0	0	0	0	0	0	0	0	0	(166,982)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heartland of Canton # 0049296 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(316,486)	0	0	0	0	0	0	0	0	0	0	(316,486)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	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	(316,486)	0	0	0	0	0	0	0	0	0	0	(316,486)	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)	(483,468)	0	0	0	0	0	0	0	0	0	0	(483,468)	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
HCR Manor Care, LLC	100			HCR Manor Care Svcs	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL Rehab Svcs, LLC	Toledo	Therapy Mgmt Svcs
				HL Rehab Svcs, LLC	Toledo	Therapy Services
				HL Home Health Care	Toledo	Nursing Staff

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V	See	Home Office Allocation	\$ 214,270	HCR Manor Care Services, LLC	100.00%	\$ 214,270	\$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	2,996,918	Heartland Employment Services, LLC	100.00%	2,996,918		4
5	V	10a	Therapy Management	9,889	Heartland Rehabilitation Services, LLC	100.00%	9,889		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			\$ 3,221,077			\$ 3,221,077	\$ *	14

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

Facility Name & ID Number

Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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			Heartland of Champaign IL, LLC	Champaign				1
2			Heartland of Decatur IL, LLC	Decatur				2
3			Heartland of Galesburg IL, LLC	Galesburg				3
4			Heartland of Henry IL, LLC	Henry				4
5			Heartland of Macomb IL, LLC	Macomb				5
6			Heartland of Moline IL, LLC	Moline				6
7			Heartland of Normal IL, LLC	Normal				7
8			Heartland of Paxton IL, LLC	Paxton				8
9			Heartland of Peoria IL, LLC	Peoria				9
10			Heartland-Riverview of East Peoria IL, LLC	East Peoria				10
11			Manor Care at Arlington Heights	Arlington Heights				11
12			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				12
13			Manor Care of Hinsdale IL, LLC	Hinsdale				13
14			Manor Care of Homewood IL, LLC	Homewood				14
15			Manor Care of Libertyville IL, LLC	Libertyville				15
16			Manor Care of Naperville IL, LLC	Naperville				16
17			Manor Care of Northbrook IL, LLC	Northbrook				17
18			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				18
19			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				19
20			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				20
21			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				21
22			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				22
23			Manor Care of South Holland IL, LLC	South Holland				23
24			Manor Care of Westmont IL, LLC	Westmont				24
25			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				25
26			Arden Courts of Geneva IL, LLC	Geneva				26
27			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				27
28			Arden Courts of Northbrook IL, LLC	Northbrook				28
29			Arden Courts of Palos Heights IL, LLC	Palos Heights				29
30			Arden Courts of South Holland IL, LLC	South Holland				30

Facility Name & ID Number Heartland of Canton # 0049296 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	N/A								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heartland of Canton# 0049296

Report Period Beginning:

01/01/16Ending: 12/31/16

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 ☐

Name of Related Organization

HCR Manor Care Services LLC

Street Address

333 North Summit Street

City / State / Zip Code

Toledo, OH 43604-2617

Phone Number

(419) 252-5500

Fax Number

(419) 254-5495

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

	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	5	Utilities - Pooled	Accumulated Cost	3,762,500,577	561 NFs, HHs, & Re	\$ 619,847	\$	5,580,411	\$ 919	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs			5,580,411	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs			5,580,411	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,762,500,577	561 NFs, HHs, & Re	14,966	9,743	5,580,411	22	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs			5,580,411	0	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs			5,580,411	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	3,762,500,577	561 NFs, HHs, & Re	61,861,920	32,341,614	5,580,411	91,751	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	14,679,699	5,396,995	5,580,411	24,870	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs	2,741,751		5,580,411	20,004	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,762,500,577	561 NFs, HHs, & Re	5,141,603		5,580,411	7,626	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	6,319,907		5,580,411	10,707	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs			5,580,411	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,762,500,577	561 NFs, HHs, & Re	3,929,156		5,580,411	5,828	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	720,726		5,580,411	1,221	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs			5,580,411	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,762,500,577		30,527,148		5,580,411	45,277	22
23	32	Directly Assigned Interest	Not Allocated			18,393,998			6,045	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				31,980,611				24
25	TOTALS					\$ 176,931,332	\$ 37,748,352		\$ 214,270	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	Conv. Sub. Debentures		X				\$ 81,675	\$ 76,567		0.0790	\$ 6,045	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7	Pooled Interest										45,277	7	
8	Interest Expense / Interest Income										(512)	8	
9	TOTAL Facility Related						\$ 81,675	\$ 76,567			\$ 50,810	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 81,675	\$ 76,567			\$ 50,810	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 Heartland of Canton COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 0049296

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

TELEPHONE (419) 252-5736 FAX #: (419) 254-5495

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.

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X 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.)

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 provide copies of their original **second installment** tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

28,361

B. General Construction Type:

Exterior

Brick

Frame

Wood

Number of Stories

1

C. Does the Operating Entity?

☐

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☒

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☐

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1998	\$ 55,973	1
2			2006 & 2008	2,153	2
3	TOTALS			\$ 58,126	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	90		1988	1988	\$ 1,936,360	\$ 77,798		\$ 77,798		\$ 1,985,050
5	Audit Adj 7/1/03 (#1)			1988	(1,508)					
6				1994	8,975					
7				2006	364,683					
8				2008	248,896					
	Improvement Type**									
9	Current Year Depreciation					112,343		112,343		2,125,412
10				1988	293,464					
11	Yew Trees			1991	4,440					
12	Landscaping - Stone Wall			1992	3,812					
13	Drain Tiles and Catch Basins			1992	7,550					
14	AUDIT ADJ 7/1/03 (#2) - Drain Tiles			1992	(45)					
15	AUDIT ADJ 7/1/03 (#2) -Reverse Adjustment			1992	45					
16	Credit on Land Imp-CNCLD Retainer			1992	(755)					
17	Fire Rated Door - Staff Development			1992	2,444					
18	Plumbing - Mixing Valve			1992	676					
19	Carpeting			1992	5,804					
20	AUDIT ADJ 7/1/03 (#3) - Carpeting			1992	(5,804)					
21	Carpet Vestibule Lounge - AUDIT ADJ 7/1/03 (#4) - CHG YEAR			1992	5,804					
22	Renovation (Moved from CIP in 1995)			1993	5,360					
23	Electrical (Moved from CIP in 1995)			1993	1,748					
24	Aluminum Awning			1993	1,376					
25	Wood Fence for Courtyard			1993	1,785					
26	Replace Sod			1993	2,575					
27	Seal & Stripe Parking Lot			1994	7,564					
28	Painting			1994	994					
29	Interior DR Remodel, Carpentry			1994	8,650					
30	Elec, Plumb, DR Remodel			1994	5,131					
31	Sprinkler Sys			1994	1,193					
32	Carpet Lobby, Offices, Nurses Station			1994	13,908					
33										
34										
35										
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 Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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 Concrete Sidewalk	1995	\$ 4,440	\$		\$	\$	\$	37
38 Fencing	1995	1,732						38
39 Vinyl Flooring	1995	949						39
40 Electrical	1995	1,154						40
41 Cabinets in Alzheimers Unit	1995	1,394						41
42 Counter Top	1995	244						42
43 Doors	1995	7,346						43
44 Architectural Fees A/L Lounge Renovation	1995	2,231						44
45 Electrical Engineering and Architectural Service Fees-CHG YR	1995	9,766						45
46 Carpet	1996	181						46
47 Painting	1996	1,750						47
48 Painting	1996	1,806						48
49 Labor, Material, Permits to Renovate A/L Lounge	1996	5,615						49
50 Carpeting	1996	1,060						50
51 (51) Doors	1996	8,278						51
52 Grilles for Sliding Glass Door for A/L Lounge	1996	181						52
53 Credit on BLD IMP- CNCLD Retainer	1996	(18)						53
54 Ceramic Tile	1996	3,511						54
55 Painting	1997	148						55
56 Architectural Services	1997	375						56
57 Architectural Services -Alzheimers Unit	1997	2,075						57
58 Additional Architectural Services	1997	500						58
59 Architectural Services - Alzheimers Unit	1997	575						59
60 Add'l HVAC Cost	1997	232						60
61 Architectural Services - AUDIT ADJ 7/1/03 (#7) CHG YEAR	1997	3,725						61
62 Engineering Services - AUDIT ADJ 7/1/03 (#7) CHG YEAR	1997	250						62
63 Construction Overhead and Interest-AUDIT ADJ 7/1/03 (#7) CHG	1997	18,034						63
64 HVAC - AUDIT AJD 7/1/03 (#7) CHG YEAR	1997	194,747						64
65 Lift Station - AUDIT ADJ 7/1/03 (#7) CHG YEAR	1997	25,000						65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 3,222,406	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	70

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 3,222,406	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	1
2	HVAC	1998	35,458						2
3	A/C DESIGN & INSTALLATION	1998	36,185						3
4	AA ON ROOFTOP UNIT	1998	7,360						4
5	ROOF TOP UNIT	1998	11,100						5
6	FACIA BOARD & GUTTERS	1998	13,000						6
7	Asphalt Paving	1998	17,441						7
8	INSTALL HVAC-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1998	1,475						8
9	INSTALL DAMPER HVAC-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1998	643						9
10	INSTALL RTU HVAC-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1998	1,200						10
11	WALLCOVERINGS	1999	5,319						11
12	CONSTRUCTION OVERHEAD	1999	11,221						12
13	AUDIT ADJ 7/1/03 (#8) - OVERHEAD	1999	(11,221)						13
14	WALLCOVERINGS	1999	4,097						14
15	AUDIT ADJ 7/1/03 (#9) - WALLCOVERINGS	1999	(225)						15
16	SECURE CARE LOCKING SYSTEM	1999	5,101						16
17	PARTITIONS	1999	738						17
18	WALLCOVERINGS-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	1,233						18
19	CORNER GUARDS-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	252						19
20	COVE BASE-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	539						20
21	LOREN COOK ROOF EXHAUST-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	1,325						21
22	WALL VINYL COVERING	1999	1,936						22
23	CABINETS & TOPS	1999	5,247						23
24	PAINTING	1999	1,450						24
25	PAINTING	1999	17,000						25
26	AUDIT ADJ 7/1/03 (#11) - PAINTING	1999	(17,000)						26
27	FLOORING - COVE BASE	1999	1,258						27
28	CUSTOM CABINETS	1999	5,820						28
29	PAINTING	1999	15,000						29
30	CEILING INSTALLATION-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1999	10,367						30
31	AUDIT ADJ 7/1/03 (#13) - CEILING INSULATION	1999	(10,367)						31
32	DESIGN FEES FOR ALZHEIMERS UNIT	1999	1,050						32
33	DESIGN FEES FOR ALZHEIMERS UNIT	1999	(1,050)						33
34	TOTAL (lines 1 thru 33)		\$ 3,395,358	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 3,395,358	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	1
2	WALLCOVERING	1999	132						2
3	WALLCOVERING	1999	116						3
4	WALLCOVERING	1999	496						4
5	COOLER	1999	1,245						5
6	AUDIT ADJ 7/1/03 (#14) - COOLER	1999	(1,245)						6
7	WALLCOVERING	1999	744						7
8	AUDIT ADJ 7/1/03 (#15) - WALLCOVERING	1999	(744)						8
9	PAINTING	1999	33,450						9
10	AUDIT ADJ 7/1/03 (#16) - PAINTING	1999	(33,450)						10
11	CABINETRY & COUNTERTOPS	1999	11,067						11
12	AUDIT ADJ 7/1/03 (#17) - CABINETRY	1999	(11,067)						12
13	CARPETING & FLOORING	1999	1,258						13
14	AUDIT ADJ 7/1/03 (#18) - CARPETING	1999	(1,258)						14
15	HVAC	1999	3,318						15
16	AUDIT ADJ 7/1/03 (#19) - HVAC	1999	(3,318)						16
17	CEILING INSTALLATION	1999	10,367						17
18	AUDIT ADJ 7/1/03 (#20) - CEILING INSTALLATION	1999	(10,367)						18
19									19
20	FLOORING	2000	24,374						20
21	CONSTRUCTION OVERHEAD AND INTEREST	2000	31,653						21
22	AUDIT ADJ 7/1/03 (#21) - CONSTRUCTION	2000	(31,653)						22
23	DOOR HOLDERS	2000	1,623						23
24	FLOOR COVERING	2000	1,495						24
25	DRY SPRINKLER SYSTEM	2000	1,381						25
26	DRYWALL	2000	6,160						26
27	FREIGHT ON FABRIC	2001	534						27
28	FURNISH & INSTALL HANDRAILS	2001	944						28
29	DOORS	2001	4,200						29
30	ROOF	2001	13,000						30
31	COVE BASE	2001	5,885						31
32	AUDIT ADJ 7/1/03 (# 26) - COVE BASE	2001	(5,885)						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,449,813	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 3,449,813	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	1
2	RESIDENT ROOM PAINTING	2002	4,484						2
3	AUDIT ADJ 7/1/03 (# 27) - RESIDENT ROOM PAINTING	2002	(4,484)						3
4	RESIDENT ROOM PAINTING	2002	38,493						4
5	AUDIT ADJ 7/1/03 (#22) - PAINTING	2002	(2,814)						5
6	DOORS	2002	3,225						6
7	GENERAL CONSTRUCTION	2002	9,542						7
8	RENOVATION ELECTRICAL-AUDIT ADJ 7/1/03 (#24) CHG Y	2002	61,600						8
9	AUDIT ADJ 7/1/03 (#23) - RENOVATION ELECTRICAL	2002	(2,284)						9
10	STAINLESS STEEL VWC	2002	9,059						10
11	STAINLESS STEEL VWC	2002	1,007						11
12	ROOF	2003	17,781						12
13	ROOF	2003	970						13
14	7/1/06 CAPITAL RATE ADJUST #1	2003	(970)						14
15	ROOFING & SHEET METAL	2003	53,562						15
16	GENERAL CONSTRUCTION	2003	3,994						16
17	AUDIT ADJ 7/1/03 (#25) - GENERAL CONSTRUCTION	2003	(3,994)						17
18	CARPET AND INSTALL	2003	22,469						18
19	PAVING	2003	72,546						19
20	OVERHEAD & INTEREST	2003	8,586						20
21	AUDIT ADJ 12/03 (#1) OVERHEAD & INT	2003	(8,586)						21
22	AUDIT ADJ 7/1/03 (#5) - PG 12A LINE 47 + PG 12A LINE 55	2003	(2)						22
23	AUDIT ADJ 7/1/03 (#5) - REVERSAL	2003	2						23
24	CEILING	2004	1,817						24
25	WINDOW	2004	3,078						25
26	DOOR	2004	1,600						26
27	SHEET VINYL FLOORING	2004	7,250						27
28	CUSTOM CABINETS	2004	2,354						28
29	VCT AND COVE BASE	2004	2,250						29
30	ARCH & ENGINEERING COSTS	2005	2,420						30
31	ARCH & ENGINEERING COSTS	2005	423						31
32	HANDRAIL AND BACKER	2005	27,820						32
33	MAGNETIC DOOR	2005	2,515						33
34	TOTAL (lines 1 thru 33)		\$ 3,785,526	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 3,785,526	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	1
2	METAL DOORS	2005	2,485						2
3	DOOR FRAMES	2005	24,900						3
4	ARCHITECT & ENGINEERING COSTS	2005	10,281						4
5	OVERHEAD & INTEREST	2005	10,238						5
6	7/1/06 CAPITAL RATE ADJUST #2	2005	(10,238)						6
7	INTEREST ON CONSTRUCTION	2005	735						7
8	7/1/06 CAPITAL RATE ADJUST #3	2005	(735)						8
9	WALLCOVERING	2005	1,452						9
10	7/1/06 CAPITAL RATE ADJUST #4	2005	(1,452)						10
11	PLAN REVIEWS	2005	2,400						11
12	BASIC ELECTRICAL	2005	71,573						12
13	INSTALLATION OF 10 PTAC UNITS	2005	616						13
14	GENERATOR	2006	7,415						14
15	GENERATOR	2006	5,492						15
16	INSTALLATION OF 5 PTAC UNITS	2006	3,275						16
17	ARCHITECT & ENGINEERING COSTS	2006	36,887						17
18	ARCHITECT & ENGINEERING COSTS	2006	6,472						18
19	ENGINEERING - CIVIL	2006	8,600						19
20	GENERAL OVERHEAD	2006	20,273						20
21	PLAN REVIEWS	2006	7,285						21
22	INTEREST ON CONSTRUCTION	2006	3,433						22
23	CARPETING & PADS	2006	1,615						23
24	WALLCOVERING	2006	1,845						24
25	SPRINKLERS	2006	1,075						25
26	HVAC	2006	3,417						26
27	VINYL WALL COVERING	2006	1,022						27
28	VINYL WALL COVERING	2006	130						28
29	CARPET	2006	1,085						29
30	CARPENTRY	2006	15,800						30
31	GENERAL CONTRACTOR - PT ADDITION	2006	98,220						31
32	SOIL TESTING	2006	4,866						32
33	CONCRETE TESTING	2006	188						33
34	TOTAL (lines 1 thru 33)		\$ 4,126,176	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 4,126,176	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	1
2	CONCRETE PAD AND RAMP	2007	13,711						2
3	1006 NURSE CALL SYSTEM	2007	8,691						3
4	1006 NURSE CALL SYSTEM	2007	1,133						4
5	window glass	2007	1,089						5
6	RETAINAGE FOR WIRING	2007	1,164						6
7	WIRING	2007	10,476						7
8	FIRE ALARM MOTHERBOARD	2007	1,620						8
9	CARPENTRY	2007	23,900						9
10	SIDEWALK	2007	23,500						10
11	SIDEWALK	2007	3,750						11
12	SIDEWALK INSTALLATION	2008	3,980						12
13	SIDEWALK	2008	1,070						13
14	ENG COSTS FOR SIDEWALK DESIGN	2007	5,447						14
15	CARPET - PT ADDITION	2008	3,337						15
16	CANTON PT ADT'N-GEN'L CNTR SITE WORK	2008	9,654						16
17	CANTON PT ADT'N-ARCH & ENGR COSTS	2008	55,263						17
18	CANTON PT ADT'N-GEN'L O-H CAPITAL	2008	83,955						18
19	CANTON PT ADT'N-PLAN REVIEWS	2008	6,000						19
20	CANTON PT ADT'N-INT ON COSTS	2008	12,978						20
21	CANTON PT ADT'N-MILLWORK	2008	131						21
22	CANTON PT ADT'N-RESILIENT FLOORING	2008	2,940						22
23	CANTON PT ADT'N-CARPETING & PADS	2008	3,347						23
24	CANTON PT ADT'N-WALL COVERING	2008	4,099						24
25	CANTON PT ADT'N-CORNER GUARDS	2008	195						25
26	DOOR OPENERS	2008	6,085						26
27	garage electrical	2008	318						27
28	garage electrical	2008	2,862						28
29	SPRINKLER PIPING	2008	20,000						29
30	Parking Blocks	2009	7,200						30
31	FIRE ALARM MOTHERBOARD	2007	(1,620)						31
32	paint 32 rooms	2008	3,350						32
33	adj asset 20422	2007	(1,620)						33
34	TOTAL (lines 1 thru 33)		\$ 4,444,181	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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 12F, Carried Forward		\$ 4,444,181	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	1
2	sprinkler system	2009	25,430						2
3	sprinkler system	2009	151						3
4	drainage piping	2009	76,290						4
5	courtyard lights	2010	3,225						5
6	sidewalk	2010	7,445						6
7	add'l cost sidewalk	2010	7,445						7
8									8
9	double egress doors	2010	13,510						9
10	Install radiant heat in halls, dining room, lobby, kitchen	2011	38,814						10
11	remove walls, patch, paint, primer walls	2011	36,927						11
12	WATER HEATER	2010	9,250						12
13	CABINTRY FOR CHARTING	2011	2,982						13
14	remove walls, patch, paint, primer walls	2011	3,285						14
15	double egress doors	2011	3,104						15
16	ADJUST ASSET # 20509	2011	2,950						16
17	WATER HEATER	2011	5,604						17
18	concrete sidewalk	2010	4,325						18
19	sealcoat pkg lot	2010	9,797						19
20	0112 Exhaust System Upgrade	2012	37,520						20
21	0412 Mixing Valves	2012	45,741						21
22	3 COMPARTMENT SINK	2012	3,942						22
23	COOLING UNIT	2012	17,250						23
24	ADJ ASSET #20552-mixing valves	2012	8,038						24
25									25
26	Fire Doors for Dining Room	2013	14,910						26
27	Fire Doors for Hall 100	2013	14,920						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,837,036	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 4,837,036	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	1
2	HVAC System - front office & nurse station area	2014	12,722						2
3	HVAC addt'l cost-front office & nurse station	2014	35,469						3
4	HVAC addt'l cost-front office & nurse station	2014	8,922						4
5	PARKING LOT SEAL coat & striping	2014	11,695						5
6	HVAC addt'l cost-front office & nurse station	2014	6,205						6
7	CONCRETE SIDEWALK remove & replace	2014	4,468						7
8	Install new tile in central bath	2014	3,465						8
9	Carpet tile in laundry & fire stop board nurse station	2014	2,193						9
10									10
11	HVAC Repairs - Exchanger, Blower, Motor, Pulley, Belts, Control	2014	28,467						11
12	RTU Heat Exchanger for Kitchen	2015	6,171						12
13	Consulting Engineer for Hot Water System	2015	7,000						13
14	Grinder Pump for sewage waste system	2015	5,517						14
15	Wall Cover M2 Corridor	2015	3,379						15
16	Wall Cover Freight M2 Corridor	2015	335						16
17	Steel Door & Key Pad for Central Bath	2015	4,075						17
18	Engineering for Water Pressure Boost System (1 of 2)	2015	3,779						18
19	Wiring/Conduit for Generator Corrections	2015	4,410						19
20	Engineering for Water Pressure Boost System (2 of 2)	2015	3,721						20
21	Renov - Carpeting & Wallcovering in Corridors	2015	36,978						21
22	Wall Covering for 100, 300, 400, & Svc Corridors	2015	5,220						22
23	Renov - Resilient Flooring In Corridors	2015	4,318						23
24	Metal Door for Dining /Service Hall	2015	7,514						24
25	Sprinkler Pipe Repl Above Laundry	2015	6,854						25
26									26
27	Relocate Pipe & Repair Mixing value - Kitchen & Mechical Rm	2016	7,969						27
28	Wiring & LED Lights(2) for exterior HCR entrance sign	2016	2,546						28
29	Grinder Pump for sewage waste system	2016	5,900						29
30	Booster pump and water heater	2016	72,669						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,138,997	\$ 190,141		\$ 190,141	\$	\$ 4,110,462	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	\$1,913,532	\$57,798	\$57,798	\$		\$1,764,082	71
72	Current Year Purchases	2,914						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			7,049	7,049			74
75	TOTALS	\$1,916,446	\$57,798	\$64,847	\$7,049		\$1,764,082	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$7,113,569	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$247,939	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$254,988	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$7,049	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,874,544	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$19,775
- Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.
- (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	Patient Transportation	2006 Ford E350 Van (retir	\$	10,194	17
18		2017 Ford T150 Transit Van		5	18
19					19
20					20
21	TOTAL		\$	10,199	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

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	10a	1760	hrs	\$ 81,253		\$ 391	1,760	\$ 81,644	1	
2	Licensed Speech and Language Development Therapist	10a	218	hrs	10,070		402	218	10,472	2	
3	Licensed Recreational Therapist			hrs						3	
4	Licensed Physical Therapist	10a	2278	hrs	105,145		5,561	2,278	110,706	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			158,748		158,748	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs						10	
11	Academic Education			hrs						11	
12	Other (specify): <u>Inhalation Therapist</u>	10a	181		13,064			181	13,064	12	
13	Other (specify): <u>X-Ray + Lab IV Ther</u>	43, 2 & 3				23,893	32,726		56,619	13	
14	TOTAL				\$ 209,532		\$ 23,893	\$ 197,828	4,437	\$ 431,253	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	\$ 6,823	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (297,195))	1,045,772		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			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)	\$ 1,052,595	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	58,126		13
14	Buildings, at Historical Cost	5,138,997		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,916,446		16
17	Accumulated Depreciation (book methods)	(5,874,544)		17
18	Deferred Charges	101,237		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,340,262	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,392,857	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 103,991	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	219,802		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	114,499		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	61,113		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 499,405	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	76,567		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)	\$ 76,567	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 575,972	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,816,885	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,392,857	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,647,991	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,647,991	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(452,950)	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)	\$ (452,950)	17
	B. Transfers (Itemize):		
18	Change in Interdivision	621,844	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 621,844	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,816,885	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning: 01/01/16

Ending: 12/31/16

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	\$ 5,319,196	1
2	Discounts and Allowances for all Levels	(2,044,177)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,275,019	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,655,657	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,655,657	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	607	12
13	Barber and Beauty Care	5,279	13
14	Non-Patient Meals	6,197	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	321,389	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	18,701	19
20	Radiology and X-Ray		20
21	Other Medical Services	35,607	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 387,780	23
	D. Non-Operating Revenue		
24	Contributions	300	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 300	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Inc & Purch Disc	3,091	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,091	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,321,847	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	786,269	31
32	Health Care	2,430,176	32
33	General Administration	1,433,330	33
	B. Capital Expense		
34	Ownership	714,140	34
	C. Ancillary Expense		
35	Special Cost Centers	243,587	35
36	Provider Participation Fee	167,295	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,774,797	40
41	Income before Income Taxes (line 30 minus line 40)**	(452,950)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (452,950)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,597,687	44
45	Private Pay - Net Inpatient Revenue	900,258	45
46	Medicare - Net Inpatient Revenue	279,828	46
47	Other-(specify) <u>Hospice</u>	259,857	47
48	Other-(specify) <u>Insurance</u>	237,389	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,275,019	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,110	2,295	\$ 82,771	\$ 36.07	1
2	Assistant Director of Nursing	2,717	2,956	87,091	29.46	2
3	Registered Nurses	12,439	13,531	359,309	26.55	3
4	Licensed Practical Nurses	17,603	19,148	420,048	21.94	4
5	CNAs & Orderlies	45,767	49,784	584,860	11.75	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	6,556	7,121	328,700	46.16	7
8	Rehab/Therapy Aides	6,099	6,624	196,152	29.61	8
9	Activity Director	3,000	3,265	44,822	13.73	9
10	Activity Assistants					10
11	Social Service Workers	3,938	4,288	102,188	23.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,332	16,689	193,648	11.60	15
16	Dishwashers					16
17	Maintenance Workers	1,825	1,987	49,854	25.09	17
18	Housekeepers	8,206	8,937	96,663	10.82	18
19	Laundry	2,790	3,034	26,306	8.67	19
20	Administrator	2,080	2,080	114,946	55.26	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,743	13,976	257,267	18.41	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	1,861	2,026	30,150	14.88	31
32	Other Health Care(specify)					32
33	Other(specify)Hospitality	1,598	1,738	22,143	12.74	33
34	TOTAL (lines 1 - 33)	146,664	159,479	\$ 2,996,918 *	\$ 18.79	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	9,000	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 9,000		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		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.

XX. GENERAL INFORMATION:

STATE OF ILLINOIS

0049296

Report Period Beginning:

01/01/16

Ending:

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12/31/16

- (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. YES
ICHA \$2,349 & ACHA \$1,321
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period? YES
5-10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 29,416 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? YES
If YES, give effective date of lease. 04/07/11
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 167,295
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ N/A Has any meal income been offset against related costs? YES Indicate the amount. \$ 6,197
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? N/A
- 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? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (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. NO
Attach invoices and a summary of services for all architect and appraisal fees