

		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: 0035188 Facility Name: Lexington Hlth Cr Ctr Blmgdl Address: 165 S Bloomingdle Rd Bloomingdale 60108 County: DuPage Telephone Number: (630) 980-8700 Fax #: (630) 980-6170 HFS ID Number: Date of Initial License for Current Owners: 5/1/89 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X "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:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) (Title) Paid Preparer (Signed) (Print Name and Title) (Firm Name & Address) (Telephone) MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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Facility Name & ID Number Lexington Hlth Cr Ctr Blmgdl # 0035188 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	386,629	38,006	5,510	430,145		430,145		430,145			1
2	Food Purchase		305,986		305,986		305,986	(77)	305,909			2
3	Housekeeping	366,423	36,622		403,045		403,045	274	403,319			3
4	Laundry		21,047		21,047		21,047		21,047			4
5	Heat and Other Utilities			194,707	194,707		194,707	6,700	201,407			5
6	Maintenance	40,598		234,206	274,804		274,804	46,232	321,036			6
7	Other (specify):* Mgmt. Co. Alloc. Ben							8,766	8,766			7
8	TOTAL General Services	793,650	401,661	434,423	1,629,734		1,629,734	61,895	1,691,629			8
	B. Health Care and Programs											
9	Medical Director			23,250	23,250		23,250		23,250			9
10	Nursing and Medical Records	4,249,052	335,425	345,224	4,929,701		4,929,701	30,426	4,960,127			10
10a	Therapy											10a
11	Activities	175,592	16,507	7,694	199,793		199,793		199,793			11
12	Social Services	169,135		3,005	172,140		172,140		172,140			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Mgmt. Co. Alloc. Ben							3,969	3,969			15
16	TOTAL Health Care and Programs	4,593,779	351,932	379,173	5,324,884		5,324,884	34,395	5,359,279			16
	C. General Administration											
17	Administrative	142,408		1,407,587	1,549,995		1,549,995	(1,360,695)	189,300			17
18	Directors Fees											18
19	Professional Services			270,795	270,795		270,795	16,046	286,841			19
20	Dues, Fees, Subscriptions & Promotions			50,820	50,820		50,820	10,772	61,592			20
21	Clerical & General Office Expenses	209,958	31,237	38,730	279,925		279,925	599,158	879,083			21
22	Employee Benefits & Payroll Taxes			977,547	977,547		977,547		977,547			22
23	Inservice Training & Education			10,835	10,835		10,835	304	11,139			23
24	Travel and Seminar							918	918			24
25	Other Admin. Staff Transportation			1,448	1,448		1,448	10,010	11,458			25
26	Insurance-Prop.Liab.Malpractice			384,745	384,745		384,745	2,479	387,224			26
27	Other (specify):* Mgmt. Co. Alloc. Ben							87,924	87,924			27
28	TOTAL General Administration	352,366	31,237	3,142,507	3,526,110		3,526,110	(633,084)	2,893,026			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,739,795	784,830	3,956,103	10,480,728		10,480,728	(536,794)	9,943,934			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			164,158	164,158		164,158	335,211	499,369			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			18,169	18,169		18,169	259,311	277,480			32
33	Real Estate Taxes							167,677	167,677			33
34	Rent-Facility & Grounds			1,246,502	1,246,502		1,246,502	(1,238,278)	8,224			34
35	Rent-Equipment & Vehicles			62,951	62,951		62,951	1,908	64,859			35
36	Other (specify):*											36
37	TOTAL Ownership			1,491,780	1,491,780		1,491,780	(474,171)	1,017,609			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		393,441	1,556,606	1,950,047		1,950,047		1,950,047			39
40	Barber and Beauty Shops			16,878	16,878		16,878		16,878			40
41	Coffee and Gift Shops			2,621	2,621		2,621	(2,678)	(57)			41
42	Provider Participation Fee			337,352	337,352		337,352		337,352			42
43	Other (specify):* Non-Allowable Cos	97,874		280,065	377,939		377,939	(377,939)				43
44	TOTAL Special Cost Centers	97,874	393,441	2,193,522	2,684,837		2,684,837	(380,617)	2,304,220			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,837,669	1,178,271	7,641,405	14,657,345		14,657,345	(1,391,582)	13,265,763			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	(77)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,932)	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	39,547	30		9
10	Interest and Other Investment Income	(523)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(10,087)	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	(1,430)	43		18
19	Entertainment				19
20	Contributions	(1,030)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(194,039)	43		24
25	Fund Raising, Advertising and Promotional	(26,680)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,839)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	29,517	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (174,573)		\$	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)	(1,217,009)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,217,009)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,391,582)		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	Radiology	\$ (18,245)	43	1
2	Laboratory	(18,783)	43	2
3	Disallow Marketing Software	(6,493)	19	3
4	Trust Fees	(85)	43	4
5	Non-Allowable Consulting	(1,858)	19	5
6	Non-Allowable Marketing Salaries	(97,874)	43	6
7	Non-Allowable Legal	(6,451)	19	7
8	Unrealized loss on FMV swap	207,285	43	8
9	Capitalizing R&M to LHI	(21,951)	6	9
10	Disallowed Lobbying	(1,936)	20	10
11	Gift Shop Income Offset	(2,678)	41	11
12	Non-Allowable Finance Charge	(1,414)	32	12
13				13
14				14
15				15
16				16
17				17
18				18
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21				21
22				22
23				23
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40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	29,517		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.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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	19	Professional Fees	\$	Sambell of Bloomingdale Limited Partnership	**	\$ 350	\$ 350	1
2	V	30	Depreciation Expense		Sambell of Bloomingdale Limited Partnership	**	211,957	211,957	2
3	V	32	Amortization of Mortgage Cost		Sambell of Bloomingdale Limited Partnership	**	2,170	2,170	3
4	V	32	Interest	74,082	Sambell of Bloomingdale Limited Partnership	**	317,939	243,857	4
5	V	33	Property Tax		Sambell of Bloomingdale Limited Partnership	**	162,202	162,202	5
6	V	34	Rent	1,242,302	Sambell of Bloomingdale Limited Partnership	**		(1,242,302)	6
7	V	43	Trust Fees		Sambell of Bloomingdale Limited Partnership	**	85	85	7
8	V	43	Unrealized loss on FMV of Swap	207,285	Sambell of Bloomingdale Limited Partnership	**		(207,285)	8
9	V								9
10	V								10
11	V				** The owners of Lexington Health Care Center of Bloomingdale, Inc.				11
12	V				own 100% of Sambell of Bloomingdale Limited Partnership				12
13	V								13
14	Total			\$ 1,523,669			\$ 694,703	\$ * (828,966)	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	3	Housekeeping supplies	\$	Royal Management Corp.	**	\$ 274	\$ 274	15
16	V	5	Utilities - gas & electric		Royal Management Corp.	**	6,039	6,039	16
17	V	5	Utilities - water & sewer		Royal Management Corp.	**	255	255	17
18	V	5	Utilities - maintenance office		Royal Management Corp.	**	406	406	18
19	V	6	Management allocation - salaries		Royal Management Corp.	**	62,179	62,179	19
20	V	6	Repairs & maintenance		Royal Management Corp.	**	5,744	5,744	20
21	V	6	Scavenger & exterminating		Royal Management Corp.	**	260	260	21
22	V	7	Management allocation - employee benefits		Royal Management Corp.	**	8,766	8,766	22
23	V	10	Medical consultant		Royal Management Corp.	**	2,269	2,269	23
24	V	10	Management allocation - salaries		Royal Management Corp.	**	28,157	28,157	24
25	V	15	Management allocation - employee benefits		Royal Management Corp.	**	3,969	3,969	25
26	V	17	Management allocation - salaries		Royal Management Corp.	**	46,892	46,892	26
27	V	19	Computer consultant & supplies		Royal Management Corp.	**	12,553	12,553	27
28	V	19	Professional fees		Royal Management Corp.	**	18,402	18,402	28
29	V	20	Dues & subscriptions		Royal Management Corp.	**	1,870	1,870	29
30	V	20	Advertising - help wanted		Royal Management Corp.	**	10,838	10,838	30
31	V	21	Management allocation - salaries		Royal Management Corp.	**	576,788	576,788	31
32	V	21	Bank charges		Royal Management Corp.	**	2,309	2,309	32
33	V	21	Office supplies & printing		Royal Management Corp.	**	7,799	7,799	33
34	V	21	Postage		Royal Management Corp.	**	2,903	2,903	34
35	V	21	Telephone		Royal Management Corp.	**	8,902	8,902	35
36	V								36
37	V		** The owners of Lexington Health Care Center of Bloomingdale, Inc. own 100% of Royal Management Corp.						37
38	V								38
39	Total			\$			\$ 807,574	\$ * 807,574	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	23	Inservice Training	\$	Royal Management Corp.	**	\$ 304	\$ 304	15
16	V	24	Travel & seminar		Royal Management Corp.	**	918	918	16
17	V	25	Auto expense		Royal Management Corp.	**	10,010	10,010	17
18	V	26	Insurance general		Royal Management Corp.	**	2,479	2,479	18
19	V	27	Management allocation - employee benefits		Royal Management Corp.	**	87,924	87,924	19
20	V	30	Depreciation		Royal Management Corp.	**	83,707	83,707	20
21	V	32	Interest		Royal Management Corp.	**	13,337	13,337	21
22	V	32	Amortization of mortgage costs		Royal Management Corp.	**	1,884	1,884	22
23	V	33	Property taxes		Royal Management Corp.	**	5,475	5,475	23
24	V	34	Rent expense		Royal Management Corp.	**	4,024	4,024	24
25	V	35	Equipment rental		Royal Management Corp.	**	1,170	1,170	25
26	V	17	Management fees	1,407,587	Royal Management Corp.	**	0	(1,407,587)	26
27	V	35	Auto Lease		Royal Management Corp.	**	738	738	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V		** The owners of Lexington Health Care Center of Bloomingdale, Inc. own 100% of Royal Management Corp.						36
37	V								37
38	V								38
39	Total		\$ 1,407,587				\$ 211,970	\$ * (1,195,617)	39

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

Facility Name & ID Number

Lexington Hlth Cr Ctr Blmgdl

0035188

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	James Samatas Discretionary Trust	33.33%	Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	Eastgate Manor	Algonquin	Supportive	1
2	John Samatas Discretionary Trust	33.33%	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	of Algonquin, LLC		Living Facility	2
3	Cynthia Thiem Discretionary Trust	33.34%	Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Lexington Square	Lombard	Independent and	3
4			Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	Life Care		Assisted Living	4
5			Lexington HC Ctr. of Lombard, Inc.	Lombard	of Lombard, LLC		Facility	5
6			Lexington HC Ctr. of Orland Park, Inc.	Orland Park	Lexington Square	Elmhurst	Independent	6
7			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Life Care		Living Facility	7
8			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	of Elmhurst, LLC			8
9			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Vesta Management	Lombard	Mgmt. Company	9
10					Group LLC			10
11					Sambell of	Bloomingtondale	Real Estate	11
12					Bloomingtondale Ltd.		Property	12
13					Ptsp.			13
14					Royal Management	Lombard	Mgmt. Company	14
15					Corporation			15
16					Lexington Financial	Lombard	Finance Company	16
17					Services II, LLC			17
18					Heron Point	Lombard	Mgmt. Company	18
19					Management Corp			19
20					Samvest of Lombard	Lombard	Lessor	20
21					II, LLC			21
22					North Heron	Lombard	Finance Company	22
23					Investments, LLC			23
24					Lexington Home	Lombard	Home Health	24
25					Health Care, Inc.			25
26					Lexington Hospice	Lombard	Hospice	26
27					Services, LLC			27
28					Lexington Private	Lombard	Healthcare	28
29					Home Care			29
30								30

Facility Name & ID Number

Lexington Hlth Cr Ctr Bldgdl

0035188

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					Merit Sleep	Lombard	Mgmt. Company	1
2					Management, LLC			2
3					Sambell of Chicago	Chicago Ridge	Real Estate	3
4					Ridge Ltd. Ptsp.		Property	4
5					Sambell of Elmhurst	Elmhurst	Real Estate	5
6					II Ltd. Ptsp.		Property	6
7					Sambell of	LaGrange	Real Estate	7
8					LaGrange Ltd. Ptsp.		Property	8
9					Lexington HC Sys	Lake Zurich	Real Estate	9
10					of Lake Zurich Ltd.		Property	10
11					Ptsp.			11
12					Lexington HC Sys	Lombard	Real Estate	12
13					of Lombard Ltd. Ptsp.		Property	13
14					Lexington HC Sys	Orland Park	Real Estate	14
15					of Orland Park Ltd.		Property	15
16					Ptsp.			16
17					Sambell of	Schaumburg	Real Estate	17
18					Schaumburg Ltd. Ptsp.		Property	18
19					Sambell of	Streamwood	Real Estate	19
20					Streamwood Ltd. Ptsp.		Property	20
21					Lexington HC Sys	Wheeling	Real Estate	21
22					of Wheeling Ltd. Ptsp.		Property	22
23					Samvest of Algonquin	Algonquin	Real Estate	23
24					Ltd. Ptsp.		Property	24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Lexington Hlth Cr Ctr Bldgdl # 0035188 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	James Samatas	Owner/officer	Administrative	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 7,819	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	5,440	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	7,253	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	10,863	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	15,518	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 46,893		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 Lexington Hlth Cr Ctr Blmgdl# 0035188

Report Period Beginning:

01/01/2016Ending: 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

Royal Management Corp.

Street Address

665 W. North Avenue, Suite 500

City / State / Zip Code

Lombard, IL 60148

Phone Number

((630) 458-4700

Fax Number

((630) 458-4796

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	3	Housekeeping supplies	Bed Days Available	724,314	10	\$ 3,263	\$	60,756	\$ 274	1
2	5	Utilities - gas & electric	Bed Days Available	724,314	10	72,000		60,756	6,039	2
3	5	Utilities - water & sewer	Bed Days Available	724,314	10	3,036		60,756	255	3
4	5	Utilities - maintenance office	Bed Days Available	724,314	10	4,835		60,756	406	4
5	6	Management allocation - salaries	Bed Days Available	724,314	10	741,281	741,281	60,756	62,179	5
6	6	Repairs & maintenance	Bed Days Available	724,314	10	68,481		60,756	5,744	6
7	6	Scavenger & exterminating	Bed Days Available	724,314	10	3,101		60,756	260	7
8	7	Management allocation - employee	Bed Days Available	724,314	10	104,504		60,756	8,766	8
9	10	Medical consultant	Bed Days Available	724,314	10	27,047		60,756	2,269	9
10	10	Management allocation - salaries	Bed Days Available	724,314	10	335,674	335,674	60,756	28,157	10
11	15	Management allocation - employee	Bed Days Available	724,314	10	47,322		60,756	3,969	11
12	17	Management allocation - salaries	Bed Days Available	724,314	10	559,036	559,036	60,756	46,892	12
13	19	Computer consultant & supplies	Bed Days Available	724,314	10	149,651		60,756	12,553	13
14	19	Professional fees	Bed Days Available	724,314	10	219,386		60,756	18,402	14
15	20	Dues & subscriptions	Bed Days Available	724,314	10	22,289		60,756	1,870	15
16	20	Advertising - help wanted	Bed Days Available	724,314	10	129,203		60,756	10,838	16
17	21	Management allocation - salaries	Bed Days Available	724,314	10	6,876,284	6,876,284	60,756	576,788	17
18	21	Bank charges	Bed Days Available	724,314	10	27,523		60,756	2,309	18
19	21	Office supplies & printing	Bed Days Available	724,314	10	92,982		60,756	7,799	19
20	21	Postage	Bed Days Available	724,314	10	34,606		60,756	2,903	20
21	21	Telephone	Bed Days Available	724,314	10	106,126		60,756	8,902	21
22										22
23										23
24										24
25	TOTALS					\$ 9,627,630	\$ 8,512,275		\$ 807,574	25

Ending: 2/31/2016

((630) 458-4796

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	Lexington Financial						\$				\$	1
2	Services, L.L.C.	X		Mortgage	Varies	5/22/08	6,375,000	5,063,123	1/1/2033	Variable	317,939	2
3												3
4				Finance Charge - Insurance Policy							1,414	4
5												5
	Working Capital											
6	Bank of America		X	Working Capital	Varies	9/30/13	13,700,000	830,000	4/30/2017	Prime/Libor	16,755	6
7												7
8												8
9	TOTAL Facility Related						\$ 20,075,000	\$ 5,893,123			\$ 336,108	9
	B. Non-Facility Related*											
10								Interest Income offset			(74,605)	10
11								Non-Allowable Finance Charge			(1,414)	11
12								Amortization of Mortgage cost			2,170	12
13								Allocated from Home Office			15,221	13
14	TOTAL Non-Facility Related						\$				\$ (58,628)	14
15	TOTALS (line 9+line14)						\$ 20,075,000	\$ 5,893,123			\$ 277,480	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.)

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Health Care Center of Bloomingdale, Inc. COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0035188

CONTACT PERSON REGARDING THIS REPORT Karen Gillis

TELEPHONE (630) 458-4700 FAX #: (630) 458-4795

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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u>02-15-401-003</u>	<u>Land & Building</u>	\$ <u>156,302.32</u>	\$ <u>156,302.32</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3. <u>05-01-202-021</u>	<u>Land & Building</u>	\$ <u>249,002.30</u>	\$ <u>5,475.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>405,304.62</u></u>	\$ <u><u>161,777.32</u></u>

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? X 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: 34,554
- B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 1
- C. Does the Operating Entity? (a) Own the Facility (X) (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? (X) (a) Own the Equipment (X) (b) Rent equipment from a Related Organization. (X) (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)
- E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

- F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES (X) 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	43,000	1987	\$ 402,548	1
2	Management Company Allocation			17,045	2
3	TOTALS	43,000		\$ 419,593	3

Facility Name & ID Number Lexington Hlth Cr Ctr Bldgdl

0035188

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	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	82		1989	1989	\$ 2,980,863	\$	35	\$ 85,192	\$ 85,192	\$ 2,356,979	4
5	9		1992	1992	178,974		35	5,114	5,114	127,843	5
6	75		1994	1994	2,022,894		35	57,797	57,797	1,300,431	6
7											7
8											8
	Improvement Type**										
9	Capitalized repairs		1989		9,080		10			9,080	9
10	Building Improvements		1990		3,674		10			3,674	10
11	Building Improvements		1991		2,586		10			2,586	11
12	Building Improvements		1992		3,154		10			2,997	12
13	Building Improvements		1993		1,582		10			1,503	13
14	Building Improvements		1994		15,734		10			15,734	14
15	Land Improvements		1994		1,381		10			1,381	15
16	Land Improvements		1995		1,074		15			1,068	16
17	Building Improvements		1995		1,288		35	37	37	810	17
18	Building Improvements		1995		9,433	270	35	270		5,805	18
19	Building Improvements		1995		43,839	1,252	35	1,252		26,919	19
20	Concrete flooring, fire doors, tile, sprinkler heads,									-	20
21	and basement renovation		1996		8,706		15			3,606	21
22	Land improvements		1996		7,858		15			7,858	22
23										-	23
24	Resident room heaters		1997		3,563	102	35	102		2,038	24
25	Automatic doors		1997		12,950	370	35	370		7,061	25
26	Basement renovation		1997		59,358		10			59,358	26
27	Land Improvement - outdoor flagpoles		1997		1,574		15			1,574	27
28	1st Floor Remodel (Nurses Station/Lounge)		1998		76,487		10			76,487	28
29	Wiring for MDS		1998		4,506		10			4,506	29
30	Flag Pole		1998		787		10			787	30
31	Resurface/Stripe Parking Lot		1998		9,777		10			9,777	31
32	Kitchen tile/paint		1999		718		10			718	32
33	1st Floor Remodel		1999		3,296		10			3,296	33
34	Roof repairs		2000		5,748		15			5,748	34
35	Sump pump		2000		2,534		10			2,534	35
36	Sump pump basin repair		2000		6,307		10			6,307	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 Lexington Hlth Cr Ctr Bldgdl

0035188

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Automatic door closers	2000	\$ 1,300	\$	15	\$	\$	\$ 1,300	37
38	Infrared curtains for elevator doors	2001	3,000		10			3,000	38
39	Ejector pump	2002	3,050		5			3,050	39
40	Lift station pump	2002	3,359		5			3,359	40
41	New asphalt parking lot	2003	16,450		10			16,450	41
42	Roof repairs	2003	2,900		10			2,900	42
43	Freezer/cooler repairs	2003	4,005	200	20	200		2,685	43
44	Kitchen remodel	2003	7,188	359	20	359		4,819	44
45	Painting/wallpaper/carpeting	2003	59,512	2,976	20	2,976		41,662	45
46	Floor tile	2003	16,305	815	20	815		11,412	46
47	Rehab-painting & decorating	2003	75,774	3,789	20	3,789		49,571	47
48	Rehab-floor tile	2003	8,117	406	20	406		5,311	48
49	Dining room remodel	2003	42,698	2,135	20	2,135		27,933	49
50	Foundation repair	2003	4,800	240	20	240		3,220	50
51	Parking lot	2004	24,550		10			24,550	51
52	Kitchen walk-in cooler floor	2004	7,161		10			7,161	52
53	Old Towne rehab	2004	13,967	698	20	698		8,552	53
54	Alzheimers remodel	2004	208,935	10,447	20	10,447		126,234	54
55	Create first floor therapy room	2004	185	9	20	9		90	55
56	Transitional unit	2005	213	11	20	11		109	56
57	Landscaping	2005	8,814	441	20	441		4,924	57
58	Roof repairs	2005	3,250	163	20	163		1,819	58
59	HVAC upgrade	2005	7,048	352	20	352		3,991	59
60	Kitchen repair	2005	1,631	82	20	82		941	60
61	Lobby, reception and office rehabilitation	2005	19,900	995	20	995		10,945	61
62	Window treatments	2005	3,606		5			3,606	62
63	Lower level therapy rehabilitation	2005	7,167	358	20	358		4,297	63
64	Therapy room rehabilitation	2005	42,149	2,107	20	2,107		23,178	64
65	Alzheimers remodel	2005	35,986	1,799	20	1,799		20,090	65
66	Basement renovation	2005	14,176	709	20	709		7,798	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,126,921	\$ 31,085		\$ 179,225	\$ 148,140	\$ 4,473,422	70

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

Facility Name & ID Number Lexington Hlth Cr Ctr Bldgdl

0035188

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		\$ 6,126,921	\$ 31,085		\$ 179,225	\$ 148,140	\$ 4,473,422	1
2	Landscaping Enhancement	2006	7,084	472	15	472		4,878	2
3	Install Kitchen Sink	2006	2,915	146	20	146		1,569	3
4	Common area rehab	2006	2,382	119	20	119		1,270	4
5	Paint Building Exterior	2006	19,500		5			19,500	5
6	Patio	2006	53,305	3,554	15	3,554		35,835	6
7	Retaining Wall	2007	2,950	197	15	197		1,904	7
8	Roof Repair	2007	17,050	853	20	853		8,316	8
9	Air Conditioning units	2007	4,338	217	20	217		2,152	9
10	Paver walk and stairway	2007	10,500	525	20	525		5,075	10
11	Fire exit stairways	2007	9,379	469	20	469		4,299	11
12	Landscaping	2008	35,147	2,343	15	2,343		18,939	12
13	Parking Lot - Seal & Striping	2008	6,460	323	20	323		2,746	13
14	Roof	2008	15,300	765	20	765		6,630	14
15	HVAC - Spot Coolers	2008	5,589	140	40	140		1,120	15
16	Electrical - Storage Room	2008	4,768	238	20	238		2,003	16
17	Electrical - Fire Alarm Panel	2008	118,395	5,920	20	5,920		47,853	17
18	1st floor remodel-Carpentry,Flooring,Electrical,Parking fixtures	2008	557,202		27	20,262	20,262	175,604	18
19	Lawn Irrigation	2009	14,435	962	15	962		7,055	19
20	Landscaping	2009	12,950	863	15	863		6,185	20
21	Roof	2009	49,330	2,467	20	2,467		17,680	21
22	Front Entrance	2009	19,392	485	40	485		3,476	22
23	HVAC-Window unit	2009	41,315	4,131	10	4,131		32,016	23
24	HVAC Quick connectors	2009	7,058	706	10	706		5,471	24
25	Lift pump	2009	14,783	1,478	10	1,478		10,592	25
26	Fire alarm panel	2009	93,279	4,664	20	4,664		33,037	26
27	Pantry Cabinets	2009	3,523	352	10	352		2,523	27
28	Therapy Room counter tops-carpentry	2009	2,500	250	10	250		1,938	28
29	Patio Pergola	2009	7,930	397	20	397		2,911	29
30	Patio Stamped Concrete	2009	13,901	927	15	927		6,875	30
31	Lobby 1st floor remodel-Carpentry,doors frames,electrical	2009	52,018		27	1,892	1,892	13,244	31
32	painting,wallpaper							-	32
33	OT Remodel-carpentry,electrical	2010	791,224		27	62,223	62,223	383,709	33
34	TOTAL (lines 1 thru 33)		\$ 8,122,823	\$ 65,048		\$ 297,565	\$ 232,517	\$ 5,339,827	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Blmgdl

0035188

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		\$ 8,122,823	\$ 65,048		\$ 297,565	\$ 232,517	\$ 5,339,827	1
2									2
3	Lawn irrigation system	2010	5,503	367	15	367		2,385	3
4	Roof work	2010	15,268	557	27	557		3,620	4
5	HVAC Chiller	2010	84,004	3,064	27	3,064		18,895	5
6	Pantry-shelves	2010	23,805	868	27	868		5,570	6
7	Wanderguard	2010	3,747	137	27	137		856	7
8	Concrete work	2010	7,080	258	27	258		1,591	8
9	Automatic Doors	2010	4,903	490	10	490		3,185	9
10	Physician office carpentry and electrical update	2010	4,677	171	27	171		1,040	10
11	Library/Lounge-art, painting	2010	13,763	502	27	502		3,138	11
12	Pergola and patio wall	2010	21,186	57	27		(57)	21,186	12
13	Office carpentry and electrical changes	2010	5,744	209	27	209		1,289	13
14	Payroll office-painting, carpentry	2011	18,505	673	27	673		3,477	14
15	Mulch stone and perennials	2011	4,364	291	15	291		1,503	15
16	Admissions office-painting, carpentry	2011	2,868	104	27	104		537	16
17	Parking lot lights	2011	6,070	221	27	221		1,142	17
18	Roof work	2011	93,530	3,401	27	3,401		17,288	18
19	Front entrance-awning, doors	2011	11,869	432	27	432		2,519	19
20	Duct extension	2011	3,476	126	27	126		746	20
21	HVAC unit	2011	23,400	851	27	851		4,397	21
22	Fluid pump	2011	8,400	305	27	305		1,780	22
23	Plumbing valves	2011	9,257	337	27	337		1,713	23
24	Laundry room-painting, electrical, tile	2011	8,386	305	27	305		1,601	24
25	Elevator-electrical work	2011	60,523	2,201	27	2,201		11,372	25
26	VCT Floor OT-painting, electrical, carpentry	2011	49,344	1,794	27	1,794		9,120	26
27								-	27
28	Front entrance door	2012	5,387	196	27	196		849	28
29	Sprinklers building	2012	6,500	236	27	236		983	29
30	Washing machine slab	2012	3,500	127	27	127		582	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,627,881	\$ 83,328		\$ 315,788	\$ 232,460	\$ 5,462,191	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Bldgdl

0035188

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 12C, Carried Forward		\$ 8,627,881	\$ 83,328		\$ 315,788	\$ 232,460	\$ 5,462,191	1
2	Generator Exhaust Pipe - Rooftop	2013	9,715	177	27	353	176	1,236	2
3	EMR Wiring - Entire Facility	2013	14,022	42	27	510	468	1,572	3
4									4
5	A/C GAS UNIT - HVAC mechanical room	2014	30,091	1,094	27	1,094		1,642	5
6	R/M - Remodel and relocating kitchen sink	2014	5,205		10	521	521	1,301	6
7	replaced pipes concrete and tile								7
8									8
9									9
10	Furnace in Shower Room	2015	11,971	435	27	435		580	10
11	EMR Wiring - Entire Facility	2015	6,233	227	27	227		246	11
12	R&M - Asphalt work in the parking lot	2015	5,800		20	290	290	435	12
13	R&M - PTAC, Heat Pump, Cooling, Heating and	2015	20,633		27	764.19	764	1,146	13
14	Control systems replacement in mechanical								14
15	room								15
16									16
17	Injections to raise sinking concrete slab for 6 patient rooms &	2016	29,077	-	27	-		-	17
18	Chair Rail Installations in 1st Floor Rooms								18
19	Furnish/Install Cabinets in Lower Level Activity Room	2016	3,560	237	5	237		237	19
20	Furnish & Install 5 Rods/Valances for 8 Windows	2016	3,945	423	7	423	(0)	423	20
21	- Common Areas / Hallways								21
22	R&M: Replace Sanitary Line in Kitchen	2016	6,250		20	156	156	156	22
23	- Furnish & Install Cast Iron Piping, Lime Stone, Concrete & Tile								23
24	R&M: Heat Pump - HVAC Mechanical Room	2016	6,190		10	310	310	310	24
25	R&M: Remove 10 Trees & Install 4 New Trees - Outside NH	2016	9,511		20	238	238	238	25
26									26
27									27
28									28
29									29
30									30
31	Reconcile to book depreciation			1,044			(1,044)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,790,084	\$ 87,007		\$ 321,345	\$ 234,338	\$ 5,471,713	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Blmgdl

0035188

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 12D, Carried Forward		\$ 8,790,084	\$ 87,007		\$ 321,345	\$ 234,338	\$ 5,471,713	1
2	Building - management company	2002	235,865		40	6,915	6,915	104,655	2
3	HVAC, electrical, security system - management company	2003	2,072		30	491	491	1,645	3
4	Key card system - management company	2004	326		20	16	16	202	4
5	VAV TX controls - management company	2005	99		20	5	5	59	5
6	Interior Signs - management company	2006	72		20	5	5	49	6
7	Building improvements - management company	2008	11,429		20	126	126	4,995	7
8	Building improvements - management company	2009	2,134		20	39	39	866	8
9	Building improvements - management company	2010	2,079		20	38	38	799	9
10	Building improvements - management company	2011	1,468		20	68	68	375	10
11	Building improvements - management company	2012	5,070		20	10	10	866	11
12	Building improvements - management company	2013	3,832		20	275	275	912	12
13	Building improvements - management company	2014	2,074		20	204	204	520	13
14	Building improvements - management company	2015	365		20	44	44	67	14
15	Building improvements - management company	2016	6,017		20	173	173	173	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,062,986	\$ 87,007		\$ 329,754	\$ 242,747	\$ 5,587,896	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	\$ 815,143	\$ 76,356	\$ 93,522	\$ 17,166	5-10	\$ 566,578	71
72	Current Year Purchases	8,945	795	795	-	7	795	72
73	Fully Depreciated Assets	395,274			-	5-7	395,274	73
74	Allocated from Mgmt. Co.	489,200		73,121	73,121	5-7	403,651	74
75	TOTALS	\$ 1,708,562	\$ 77,151	\$ 167,438	\$ 90,287		\$ 1,366,298	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				\$	\$	\$	-		\$
77							-		
78							-		
79	Allocated from Mgmt. Co.			44,101		2,177	2,177	5	39,160
80	TOTALS			\$ 44,101	\$ -	\$ 2,177	\$ 2,177		\$ 39,160

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)			\$	11,235,242
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	164,158
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	499,369
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	335,211
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	6,993,354

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	N/A	\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92	N/A	\$
93		
94		
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: 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:				\$			3
4	Additions							4
5	Parking Space Lease				4,200			5
6	Allocated from Mgmt. Co.				4,024			6
7	TOTAL				\$ 8,224			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: \$ 64,121
- Description:
- Copier-\$8,036, Mail Sys-\$323,Printer-\$2,942, Med Eq.-\$23,983, Oxy Eq.-\$27,667, Mgmt. Co.-\$1,170
- (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			\$	\$	17
18					18
19					19
20	Allocated from Mgmt. Co.			738	20
21	TOTAL		\$	\$ 738	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2017	\$
13.	/2018	\$
14.	/2019	\$

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

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

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

C. CONTRACTUAL INCOME

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)	\$			

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.

HFS 3745 (N-4-99)

IL478-2471

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	\$	12,089	\$ 424,438	\$	12,089	\$ 424,438	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,561	173,048		3,561	173,048	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		17,668	956,206		17,668	956,206	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				373,175		373,175	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Ambulance	39(3)				2,914			2,914	12
13	Other (specify): See Sch 16A	39(2)					20,266		20,266	13
14	TOTAL			\$	33,318	\$ 1,556,606	\$ 393,441	33,318	\$ 1,950,047	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.

Facility Name: Lexington Hlth Cr Ctr Bldgdl
IDPH License ID Number: 0035188
Fiscal Year End: 12/31/2016

Schedule 16A

XIV. Special Services (Direct Cost)
Line 12 Other (specify)

Description	Line Ref.	Amount
Oxygen	39(2)	5,615
DME	39(2)	6,746
Rehab Supplies	39(2)	7,905
Total - Line 12		20,266

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	\$ 1,062,710	\$ 1,121,974	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 517,371)	3,666,156	3,666,156	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	84,267	84,267	6
7	Other Prepaid Expenses	12,740	12,740	7
8	Accounts Receivable (owners or related parties)		1,185,477	8
9	Other(specify): PA Interest Receivable	25,153	25,153	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,851,026	\$ 6,095,767	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	64,261	64,261	12
13	Land		419,593	13
14	Buildings, at Historical Cost		5,182,731	14
15	Leasehold Improvements, at Historical Cost	2,080,395	3,880,255	15
16	Equipment, at Historical Cost	568,422	1,752,663	16
17	Accumulated Depreciation (book methods)	(1,514,724)	(6,993,354)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Mortgage Cost, net		35,573	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,198,354	\$ 4,341,722	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,049,380	\$ 10,437,489	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 457,455	\$ 457,455	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	830,000	830,000	29
30	Accrued Salaries Payable	384,889	384,889	30
31	Accrued Taxes Payable (excluding real estate taxes)	9,565	9,565	31
32	Accrued Real Estate Taxes(Sch.IX-B)		172,800	32
33	Accrued Interest Payable		23,895	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	3,810,116	2,027,771	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,492,025	\$ 3,906,375	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,063,123	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)	\$	\$ 5,063,123	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,492,025	\$ 8,969,498	46
47	TOTAL EQUITY(page 18, line 24)	\$ 557,355	\$ 1,467,991	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,049,380	\$ 10,437,489	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,131,973	1
2	Restatements (describe):		2
3	Post closing adjustment	6,984	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,138,957	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(581,602)	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)	\$ (581,602)	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)	\$ 557,355	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lexington Hlth Cr Ctr Bldgdl

0035188

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	\$ 17,149,278	1
2	Discounts and Allowances for all Levels	(9,585,502)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,563,776	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,381,124	6
7	Oxygen	23,428	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,404,552	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	2,678	12
13	Barber and Beauty Care	19,040	13
14	Non-Patient Meals	77	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	600,626	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	196,412	19
20	Radiology and X-Ray	25,148	20
21	Other Medical Services	262,911	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,106,892	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	523	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 523	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,075,743	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,629,734	31
32	Health Care	5,324,884	32
33	General Administration	3,526,110	33
	B. Capital Expense		
34	Ownership	1,491,780	34
	C. Ancillary Expense		
35	Special Cost Centers	2,347,485	35
36	Provider Participation Fee	337,352	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,657,345	40
41	Income before Income Taxes (line 30 minus line 40)**	(581,602)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (581,602)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 4,544,018	44
45	Private Pay - Net Inpatient Revenue	1,303,950	45
46	Medicare - Net Inpatient Revenue	890,727	46
47	Other-(specify) <u>Managed Care</u>	825,081	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,563,776	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.

^ - Entity is a cash basis taxpayer

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	1,764	2,205	\$ 128,452	\$ 58.24	1
2	Assistant Director of Nursing	1,917	2,195	87,095	39.67	2
3	Registered Nurses	29,558	36,931	1,200,920	32.52	3
4	Licensed Practical Nurses	19,664	25,225	682,849	27.07	4
5	CNAs & Orderlies	81,170	96,561	1,534,558	15.89	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,656	1,979	39,649	20.04	9
10	Activity Assistants	8,637	9,928	135,943	13.69	10
11	Social Service Workers	7,484	8,060	169,135	20.98	11
12	Dietician					12
13	Food Service Supervisor	1,329	1,656	34,505	20.84	13
14	Head Cook	2,065	2,310	42,009	18.18	14
15	Cook Helpers/Assistants	24,092	27,728	310,115	11.18	15
16	Dishwashers					16
17	Maintenance Workers	2,163	2,253	40,598	18.02	17
18	Housekeepers	29,222	34,124	366,423	10.74	18
19	Laundry					19
20	Administrator	1,668	2,412	142,408	59.04	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,225	12,098	209,958	17.35	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	1,849	2,231	38,098	17.08	31
32	Other Health C; See Sch 20A	16,909	21,190	577,078	27.23	32
33	Other(specify) Marketing	2,160	2,456	97,874	39.85	33
34	TOTAL (lines 1 - 33)	242,532	291,542	\$ 5,837,669 *	\$ 20.02	34

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

** See instructions.

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	Monthly	\$ 17	1(3)	35
36	Medical Director	Monthly	23,250	9(3)	36
37	Medical Records Consultant	12	748	10(3)	37
38	Nurse Consultant	Monthly	825	10(3)	38
39	Pharmacist Consultant	Monthly	11,212	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,744	11(3)	44
45	Social Service Consultant	50	3,005	12(3)	45
46	Other(specify) Pulmonary	Monthly	23,491	10(3)	46
47	Medical Consultant	Monthly	2,269	10(7)	47
48	See Sch 20B	Monthly	11,106	10(3)	48
49	TOTAL (lines 35 - 48)	62	\$ 78,667		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	28	\$ 1,623	10(3)	50
51	Licensed Practical Nurses	374	14,569	10(3)	51
52	Certified Nurse Assistants/Aides	10,333	281,650	10(3)	52
53	TOTAL (lines 50 - 52)	10,735	\$ 297,842		53

Facility Name: Lexington Hlth Cr Ctr Bldgdl
IDPH License ID Number: 0035188
Fiscal Year End: 12/31/2016

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Staffing Coordinator	764	1,055	15,181	\$ 14.39
Unit Secretary	2,066	2,326	70,806	\$ 30.44
Accounts Coordinator	1,815	2,193	36,679	\$ 16.72
Admissions	1,524	1,996	47,215	\$ 23.65
MDS	3,178	4,534	144,168	\$ 31.80
Clinical Coordinator	3,153	3,741	130,710	\$ 34.94
Dietetic Technician	1,815	2,173	37,790	\$ 17.39
Transitional Care Nurse	423	524	16,634	\$ 31.72
Wound Care Coordinator	2,171	2,647	77,895	\$ 29.43
Total - Line 32 Other Health Care (specify):	16,909	21,190	577,078	\$ 27.23

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Total - Line 33 Other (specify):	-	-	-	

Facility Name: Lexington Hlth Cr Ctr Bldgdl
IDPH License ID Number: 0035188
Fiscal Year End: 12/31/2016

Schedule 20B

XVIII. SUPPORT SCHEDULES
B. Consultant Services

Description	# of Hrs. Paid and Accrued	Total Consultant Cost	Ref.
Post Acute Consulting	Monthly	1,956	10(3)
Telemedicine	Monthly	9,150	10(3)
Total - Line 48	Monthly	11,106	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	%	Amount	Description	Amount	Description	Amount			
Jenna Myrczik	Administrator	0	\$ 119,557	Workers' Compensation Insurance	\$ 187,319	IDPH License Fee	\$ 1,990			
Anshu Raina	Administrator	0	22,851	Unemployment Compensation Insurance	29,012	Advertising: Employee Recruitment	23,642			
				FICA Taxes	438,056	Health Care Worker Background Check				
				Employee Health Insurance	255,631	(Indicate # of checks performed 150)	1,803			
				Employee Meals		Patient Background Checks	511 6,135			
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	1,501			
				401(k) Contributions	32,072	Miscellaneous Dues & Subscriptions	10,848			
				Other Employee Benefits	27,041	IHCA	4,901			
				Uniform Allowance	2,096	Less: Non-Allowable Dues	(1,936)			
				Tuition	6,320	Management Company Allocation	12,708			
						Less: Public Relations Expense	()			
						Non-allowable advertising	()			
						Yellow page advertising	()			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				\$ 142,408	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 61,592		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Description			Amount	Description	Line #	Amount	Description	Amount		
Management Fees-Royal Operating			\$ 987,060	N/A		\$	Out-of-State Travel	\$		
Management Fees-Vesta Mgmt.			420,527							
Management Fees (Eliminated in Column 7)							In-State Travel			
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,407,587							
(Attach a copy of any management service agreement)										
C. Professional Services										
Vendor/Payee	Type		Amount							
Amalgamated Bank	Administrative Fee		\$ 457							
Attadale Partners	Operations Consulting		9,990							
Cash Receipts	Collections		22							
Cassiday Schade	Legal		109,922							
Duane Morris	Legal		842							
Grabowski Law Center, LLC	Collections		292							
Generation Law	Legal		660							
Much Shelist	Legal		23,809							
Personnel Planners	U/C Consulting		2,190							
Pension Administrators	401K Administration		1,260							
See Schedule 21C	See Schedule 21C		121,351							
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				\$ 270,795	TOTAL			\$		
							TOTAL (agree to Sch. V, line 24, col. 8)			\$ 918

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Lexington Hlth Cr Ctr Bldgdl
IDPH License ID Number: 0035188
Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Lexington Financial Services	Financial	14
RSM US LLP	Accounting	46,553
SB2, Inc.	Medicaid Consulting	2,484
Secretary of State	Filing Fees	76
Serpico, Petrosino, Dipiero & O'Shea	Legal	1,290
SNR Denton	Legal	2,003
Jefferies	Tax Consulting	1,858
Voya	Financial	6
Ability Network	Computer Services	5,118
Availity	Computer Services	252
Avatier	Computer Services	150
Cinetec	Computer Services	851
Citrix	Computer Services	702
Corepoint	Computer Services	1,306
DocuSign Inc.	Computer Services	462
E-Health Data Solutions	Computer Services	1,725
FRM	Computer Services	1,645
HealthMedx	Computer Services	12,220
Infor Lawson	Computer Services	5,109
MHC Software	Computer Services	741
Microsoft	Computer Services	1,434
National Datacare	Computer Services	2,228
NTT Data	Computer Services	5,672
Onshift	Computer Services	7,565
Provinet	Computer Services	112
Relias	Computer Services	6,524
Salesforce.com	Computer Services	6,493
Softchoice Corporation	Computer Services	4,147
Symbria	Computer Services	2,200
Tableau	Computer Services	411
		121,351
	Total (agree to Schedule V, line 19, column 3)	270,795
	Less:	
	Bank Charges reclassified to Clerical & General	(457)
	Non-allowable tax consulting	(1,858)
	Salesforce.com	(6,493)
	Non-allowable Legal	(6,451)
	Total Disallowance	(15,259)
	Allocated from Real Estate	
	Secretary of State	350
	Samvest of Lombard	
	Accounting	102
	Filing Fees	8
		110
	Allocated from Mgmt Co.	
	RSM US LLP	2,784
	Marcum LLP	333
	Gilson Labus & Silverman	86
	Illinois Secretary of State	40
	LaSalle Network	1,936
	Callan Associates, Ltd.	10,366
	Pension Administrators, Inc.	332
	Voya Financial	14
	Gene Whitehorn	1,494
	M. Werner Consulting	795
	M. Rodeghier Consulting	60
	Wordy.com	53
	Computer Services	12,553
		30,845
	Total (agree to Schedule V, line 19, column 8)	286,841

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.

Yes
IHCA - \$4,901

(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?

Yes
Yes

(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
7 Years

(6)

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

\$ 51,324 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.

\$ 337,352

(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. \$ 77

(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?

0

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?

Yes

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.

No
N/A

(17)

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

No
N/A

(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