

		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: 0049478

Facility Name: Manorcare of Palos Hts East

Address: 7850 W College Drive Palos Heights 60463
Number City Zip Code

County: Cook

Telephone Number: (708) 361-6990 Fax # (708) 361-7697

HFS ID Number:

Date of Initial License for Current Owners: 06/02/88

Type of Ownership:

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

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

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: 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 06/01/15 to 05/31/16 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)
(Type or Print Name) Martin D. Allen
(Title) Director

Paid Preparer

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

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478 Report Period Beginning: 06/01/15 Ending: 05/31/16

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>184</u>	Skilled (SNF)	<u>184</u>	<u>67,344</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>184</u>	TOTALS	<u>184</u>	<u>67,344</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>8,902</u>	<u>3,511</u>	<u>43,829</u>	<u>56,242</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>8,902</u>	<u>3,511</u>	<u>43,829</u>	<u>56,242</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 83.51%

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 06/02/88

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 184 and days of care provided 35,441

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

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

Tax Year: 12/31 Fiscal Year: 5/31
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	457,506	38,779	151	496,436		496,436		496,436			1
2	Food Purchase		465,523		465,523		465,523	(2,623)	462,900			2
3	Housekeeping	227,271	38,055	1,508	266,834		266,834		266,834			3
4	Laundry	62,186	49,593		111,779		111,779		111,779			4
5	Heat and Other Utilities			295,864	295,864	5,378	301,242		301,242			5
6	Maintenance	88,285	24,993	157,217	270,495		270,495		270,495			6
7	Other (specify):* Med Waste			1,695	1,695		1,695		1,695			7
8	TOTAL General Services	835,248	616,943	456,435	1,908,626	5,378	1,914,004	(2,623)	1,911,381			8
	B. Health Care and Programs											
9	Medical Director			20,625	20,625		20,625		20,625			9
10	Nursing and Medical Records	5,551,121	444,740	185,193	6,181,054	18,052	6,199,106		6,199,106			10
10a	Therapy	3,897,411	21,213	25,589	3,944,213		3,944,213		3,944,213			10a
11	Activities	131,860	5,287	3,875	141,022		141,022	(415)	140,607			11
12	Social Services	290,449	19		290,468		290,468		290,468			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	9,870,841	471,259	235,282	10,577,382	18,052	10,595,434	(415)	10,595,019			16
	C. General Administration											
17	Administrative	145,217		1,137,086	1,282,303	(542,309)	739,994		739,994			17
18	Directors Fees											18
19	Professional Services			103,681	103,681		103,681	(103,681)				19
20	Dues, Fees, Subscriptions & Promotions			165,416	165,416		165,416	(35,136)	130,280			20
21	Clerical & General Office Expenses	646,519	107,657	648,095	1,402,271		1,402,271	(505,066)	897,205			21
22	Employee Benefits & Payroll Taxes			1,676,957	1,676,957	80,916	1,757,873		1,757,873			22
23	Inservice Training & Education			746	746		746		746			23
24	Travel and Seminar			9,138	9,138		9,138		9,138			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			960,322	960,322		960,322		960,322			26
27	Other (specify):*							(789)	(789)			27
28	TOTAL General Administration	791,736	107,657	4,701,441	5,600,834	(461,393)	5,139,441	(644,672)	4,494,769			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	11,497,825	1,195,859	5,393,158	18,086,842	(437,963)	17,648,879	(647,710)	17,001,169			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			540,747	540,747	27,552	568,299		568,299			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,919,642	5,919,642	410,411	6,330,053	(5,921,624)	408,429			32
33	Real Estate Taxes			503,179	503,179		503,179		503,179			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			51,418	51,418		51,418		51,418			35
36	Other (specify):*											36
37	TOTAL Ownership			7,014,986	7,014,986	437,963	7,452,949	(5,921,624)	1,531,325			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,130,373		1,130,373		1,130,373		1,130,373			39
40	Barber and Beauty Shops		114	20,051	20,165		20,165		20,165			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			214,325	214,325		214,325		214,325			42
43	Other (specify):* IV X-Ray & Lab		27,591	281,728	309,319		309,319		309,319			43
44	TOTAL Special Cost Centers		1,158,078	516,104	1,674,182		1,674,182		1,674,182			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	11,497,825	2,353,937	12,924,248	26,776,010		26,776,010	(6,569,334)	20,206,676			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	(2,623)	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	(288)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(144)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(789)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,430)	21		18
19	Entertainment				19
20	Contributions	(5,644)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(88,238)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(496,856)	21		24
25	Fund Raising, Advertising and Promotional	(35,136)	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	(5,938,186)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (6,569,334)		\$	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
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (6,569,334)		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	\$ (415)	11	1
2	Misc. Income	(926)	21	2
3	Vending Income	(1,455)	21	3
4	Donations Revenue		21	4
5	Accounting/Collection Fees	(13,766)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest	(5,921,624)	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	(5,938,186)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	(2,623)	0	0	0	0	0	0	0	0	0	0	(2,623)	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	(2,623)	0	0	0	0	0	0	0	0	0	0	(2,623)	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	(415)	0	0	0	0	0	0	0	0	0	0	(415)	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	(415)	0	0	0	0	0	0	0	0	0	0	(415)	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	(102,004)	0	0	0	0	0	0	0	0	0	0	(102,004)	19
20	Fees, Subscriptions & Promotions	(35,136)	0	0	0	0	0	0	0	0	0	0	(35,136)	20
21	Clerical & General Office Expenses	(506,743)	0	0	0	0	0	0	0	0	0	0	(506,743)	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):*	(789)	0	0	0	0	0	0	0	0	0	0	(789)	27
28	TOTAL General Administration	(644,672)	0	0	0	0	0	0	0	0	0	0	(644,672)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(647,710)	0	0	0	0	0	0	0	0	0	0	(647,710)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	(5,921,624)	0	0	0	0	0	0	0	0	0	0	(5,921,624)	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	(5,921,624)	0	0	0	0	0	0	0	0	0	0	(5,921,624)	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)	(6,569,334)	0	0	0	0	0	0	0	0	0	0	(6,569,334)	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		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	See	Home Office Allocation	\$ 1,137,086	HCR Manor Care Services, LLC	100.00%	\$ 1,137,086	\$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	11,497,825	Heartland Employment Services, LLC	100.00%	11,497,825		4
5	V	10a	Therapy Management	21,344	Heartland Rehabilitation Services, LLC	100.00%	21,344		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			\$ 12,656,255			\$ 12,656,255	\$ *	14

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

Facility Name & ID Number

Manorcare of Palos Hts East

0049478

Report Period Beginning:

06/01/15

Ending:

05/31/16

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

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			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				1
2			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				2
3			Arden Courts of Northbrook IL, LLC	Northbrook				3
4			Arden Courts of Palos Heights IL, LLC	Palos Heights				4
5			Arden Courts of South Holland IL, LLC	South Holland				5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/15 Ending: 05/31/16

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 Manorcare of Palos Hts East# 0049478

Report Period Beginning:

06/01/15Ending: 05/31/16

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 ☐

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

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

	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	5	Utilities - Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	\$ 818,127	\$	25,800,043	\$ 5,378	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs			25,800,043	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	928,114,340	85 NFs			25,800,043	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	314,713	212,796	25,800,043	2,069	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	2,144,378	1,338,476	25,800,043	15,983	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	928,114,340	85 NFs			25,800,043	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	60,268,030	28,103,285	25,800,043	396,193	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	14,494,897	5,630,812	25,800,043	108,037	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	928,114,340	85 NFs	3,257,281		25,800,043	90,547	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	5,205,729		25,800,043	34,222	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	6,264,775		25,800,043	46,694	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	928,114,340	85 NFs			25,800,043	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	3,394,861		25,800,043	22,317	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	702,366		25,800,043	5,235	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	928,114,340	85 NFs			25,800,043	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,924,650,842		28,376,750		25,800,043	186,544	22
23	32	Directly Assigned Interest	Not Allocated			18,868,647			223,867	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				33,166,797				24
25	TOTALS					\$ 177,277,351	\$ 35,285,370		\$ 1,137,086	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				\$ 3,102,852	\$ 2,964,711		0.0755	\$ 223,867	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7	Pooled Interest										186,544	7	
8	Interest Expense / Interest Income										(1,982)	8	
9	TOTAL Facility Related						\$ 3,102,852	\$ 2,964,711			\$ 408,429	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 3,102,852	\$ 2,964,711			\$ 408,429	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 Manorcare of Palos Hts East COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049478

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.

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.

Facility Name & ID Number Manorcare of Palos Hts East

0049478

Report Period Beginning:

06/01/15

Ending:

05/31/16

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	144			1988	\$ 4,355,326	\$ 169,736		\$ 169,736	\$	\$ 4,021,366	4
5	30			1990	1,063,606						5
6				1990	(10,000)						6
7	10			2011							7
8											8
	Improvement Type**										
9	Current Year Depreciation					243,050		243,050		4,063,112	9
10				1988	203,173						10
11				1989	47,755						11
12				1990	43,288						12
13				1991	135,227						13
14				1992	55,270						14
15				1993	67,665						15
16				1994	68,557						16
17				1995	133,690						17
18				1996	183,199						18
19				1997	242,019						19
20				1998	203,466						20
21				1999	28,991						21
22				2000	128,063						22
23				2001	91,487						23
24	LAUNDRY/KITCHEN EYE WASH			2002	2,250						24
25	VINYL WALLCOVERING, PAINT, & CARPET			2002	9,566						25
26	MAGNOLIA TREE			2002	550						26
27	ROOFING			2002	7,686						27
28	WALLCOVERING			2002	3,346						28
29	DOOR - EMPLOYEE ENTERANCE			2002	1,487						29
30	VCT FLOORING			2002	970						30
31	WINDOW TREATMENTS			2002	3,633						31
32	HAND RAILS			2002	4,716						32
33	ELETRICAL WORK			2002	1,868						33
34	DOOR - HOLLOW METAL			2003	1,026						34
35	VCT FLOORING - ADDITIONAL			2003	16						35
36	CARPET			2003	3,486						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 Manorcare of Palos Hts East

0049478

Report Period Beginning:

06/01/15

Ending:

05/31/16

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 WALLCOVERING	2003	\$ 124	\$		\$	\$	\$	37
38 CARPET	2003	9,521						38
39 KITCHEN DOORS	2003	3,140						39
40 CONSTRUCTION DEPARTMENT COST & INTEREST	2003	8,788						40
41 WALLCOVERING, BORDERS, & PAINTING	2003	88,476						41
42 CARPETING	2003	13,008						42
43 ELETRICAL WORK	2003	5,081						43
44 SIGNAGE	2003	3,423						44
45 SEALING & PATCHING PARKING LOT	2003	15,985						45
46 DUMPSTER GATE	2003	1,076						46
47 FENCE	2004	8,387						47
48 Electric to new rooftop exhaust fan	2004	1,079						48
49 Renov. - Construction Dept. Overhead Costs & Interest	2004	13,149						49
50 Renov. - Painting	2004	39,543						50
51 Renov. - Wallcovering & Corner Guards	2004	15,082						51
52 Renov. - Carpentry	2004	17,490						52
53 Renov. - Electrical	2004	1,934						53
54 Renov. - Doors	2004	2,947						54
55 Flooring	2004	3,635						55
56 Reconstruct - Move Walls, Plumbing, Elctric to enlarge resident r	2004	853,768						56
57 Reconstruct - Architect & Engineering Costs	2004	77,920						57
58 Reconstruct - Construction Dept. Overheard Costs & Interest	2004	140,129						58
59 Reconstruct - Permit Fees	2004	24,199						59
60 Reconstruct - Millwork	2004	9,671						60
61 Reconstruct - Plumbing	2004	1,316						61
62 Reconstruct - Carpeting	2004	26,289						62
63 Reconstruct - Wallcovering & Corner Guards	2004	9,204						63
64 Reconstruct - Water & Sewer Work	2004	167						64
65 Concrete Pad at main entrance	2004	3,040						65
66 Prox Readers & Electric Strikes for Court Yard Doors	2005	3,970						66
67 Retirement 8-2004 - Door Alarm (asset # 179)	1989	(1,061)						67
68 Retirement 8-2004 - Door Alarm (asset #435)	1992	(1,218)						68
69	2005	11,265						69
70 TOTAL (lines 4 thru 69)		\$ 8,491,909	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	70

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478

Report Period Beginning:

06/01/15

Ending:

05/31/16

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		\$ 8,491,909	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	1
2	EXTERIOR PAINTING	2005	18,189						2
3	3 HOLLOW METAL DOORS	2005	4,655						3
4	generator wiring	2006	4,073						4
5	emergency light	2006	924						5
6	wallcovering	2006	1,044						6
7	electrical	2006	2,240						7
8	kitchen door	2006	3,265						8
9	renov - wallcovering	2006	32,322						9
10	fire rated door	2006	12,592						10
11	kitchen wall / flooring	2006	17,880						11
12	kitchen wall / flooring	2006	4,950						12
13	roof replacement	2006	152,782						13
14	additional roof replacement	2006	13,210						14
15	flooring in shower stalls	2007	21,105						15
16	Electrical wrok in mechanical room	2007	4,246						16
17	12 resident room doors	2007	40,380						17
18	Renov - General Contractor	2009	591,269						18
19	Renov - Interest on Construction	2009	30,360						19
20	Trane Condensing Unit	2008	2,626						20
21	Wallcovering	2008	526						21
22	20 Receptacles	2008	5,600						22
23	2 Water Heaters	2008	7,500						23
24	4 Doors	2008	7,820						24
25	2 Water Heaters	2008	39,574						25
26	Renov - Elevator System	2008	67,498						26
27	Renov - Arch & Engineerng Cost, Permit Fees, Plan Reviews	2009	122,882						27
28	Renov - General Overhead Capital	2009	110,321						28
29	Renov - Resilient Flooring, Wallcovering & Corner Guards	2009	15,066						29
30	Fire Alarm Panel	2009	24,985						30
31	Resident Room Flooring	2009	37,952						31
32	Renov - Basic Electrical	2009	13,105						32
33	Concrete Ramp & Steps	2008	10,404						33
34	TOTAL (lines 1 thru 33)		\$ 9,913,254	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	34

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478

Report Period Beginning:

06/01/15

Ending:

05/31/16

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		\$ 9,913,254	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	1
2	Renov - Soil & Concrete Testing	2009	7,197						2
3	Renov - Gen Contractor - Site Prep	2009	96,739						3
4	Paving	2008	38,550						4
5	Concrete Ramp & Steps	2009	6,336						5
6	Renov - Legal Fees pertaining to Easement	2009	30,973						6
7	Renov - Resilient Flooring	2009	13,176						7
8	1st floor corridor handrail	2009	8,946						8
9	Renov - Carpeting & pads	2009	9,276						9
10	Renov - Wallcovering & corner guards	2009	57,481						10
11	steel entrance roof	2009	13,320						11
12	Room 229 flooring	2010	2,976						12
13	HM door	2011	1,725						13
14	pave, stripe, and sealcoat	2010	27,135						14
15	Addition - Arch & Engineering cost	2011	103,173						15
16	Addition - Landscape Design Consultant	2011	87,650						16
17	Addition - Soil Testing	2011	2,311						17
18	Addition - Concrete Testing	2011	2,881						18
19	Addition - Legal Fees, Permit Fees, Water & Sewer Fees	2011	36,870						19
20	Addition - Plan Reviews	2011	3,455						20
21	Addition - General Overhead Capital & Interest on Constr	2011	123,627						21
22	Addition - General Contractor	2011	931,924						22
23	Addition -Carpeting & Pads	2011	25,808						23
24	Addition - Wallcovering & Corner Guards	2011	15,850						24
25	Cold water line in Break Room	2011	1,950						25
26	remote annunciator panel	2011	6,330						26
27	Painting exterior handrails, 4 doors on W, N, E elevations	2011	5,108						27
28	Addition - Additional Concrete Testing	2011	27,129						28
29	door	2011	1,840						29
30	Addition - Landscaping	2011	3,500						30
31	Addition - Carpeting tiles	2011	956						31
32	exterior painting	2011	16,300						32
33	exterior HM Door	2011	2,785						33
34	TOTAL (lines 1 thru 33)		\$ 11,626,528	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	34

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478

Report Period Beginning:

06/01/15

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05/31/16

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		\$ 11,626,528	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	1
2	Ceiling in Heritage Corridor	2011	7,647						2
3	Renov - Accoustical Ceiling Tiles in all Mechanical Rooms	2011	61,498						3
4	CIRCUIT BREAKER UPDATE	2012	13,719						4
5	EXTERIOR PATIO	2012	15,737						5
6	HOT WATER HEATER	2012	8,840						6
7									7
8	2nd Flr Corridor, Lounge, & Nurses Station Renovations:								8
9	Carpentry on New Nurses' station in 2nd flr corridor	2012	158,060						9
10	Carpeting/ Wallcovering, Corner Guards for 2nd								10
11	flr corridor renovation of nurses' station and lounge	2012	20,484						11
12	Electrical for 2nd flr corridor renov nsg station, lounge	2012	36,560						12
13	Intrusion Detection System for 2nd flr corridor renov	2012	8,185						13
14	floor drain in kitchen	2013	5,198						14
15	kitchen ceiling	2013	17,307						15
16	new / upgraded dishwasher area	2013	30,900						16
17	stainless corners for kitchen area	2013	9,934						17
18	janitors closet replacement in kitchen	2013	13,818						18
19	2 ext doors - employee and svc doors	2013	12,829						19
20	smoke wall upgrades - tent lights on 2nd & 3rd floors, new access hatch to attic in								20
21	Arcadia Unit. Install 5 EZ path devices at dbl drs	2013	18,587						21
22	electrical upgrades - for new 120V EM recpt/feeds : Admin Ofc, BOM, 2nd flr DON Ofc,								22
23	2nd/3rd flr Med Rms and 2nd/3rd flr Kiosks	2014	5,946						23
24	corridor carpet - Heritage Unit	2014	2,498						24
25	Heritage Corridor / Lounge carpeting	2014	4,195						25
26	North East parking lot lighting electrical upgrades	2014	10,195						26
27	roof gable end access door	2014	3,841						27
28	replace bad NW pole feed wiring	2014	9,024						28
29	Grand Heritage Library-firestop from dr to ext wall. Firestopping @ 1st flr E stairwell								29
30	& 3rd flr stairwell @ amokewall btwn lounge & rm 227	2014	26,516						30
31	relocate 8 circuits from life safety panel EMA to critical branch panel								31
32	ENBL	2014	2,329						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,130,375	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	34

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478

Report Period Beginning:

06/01/15

Ending:

05/31/16

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		\$ 12,130,375	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	1
2	fire springler in laundry & relocate 2 smoke detectors-2nd/3rd flr nurses stations.								2
3	Install fire damper on 2nd flr O2 rm	2014	4,366						3
4	instal 2 Return Pumps	2014	3,461						4
5	East egress pathway lighting	2015	12,728						5
6	fire damper 2nd flr next to smoke wall	2015	2,684						6
7	stone for landscaping around bldg	2014	3,960						7
8									8
9	Carpet Freight	2015	578						9
10	Carpet for acadia unit for corridors and lounge areas	2015	5,028						10
11	replace drywall ceiling in elevator machinery rm. Firestop ceiling and flr above.								11
12	Remount fire detector	2015	9,641						12
13	install Arcadia unit carpet in corridors & lounge areas	2015	7,107						13
14	elec circuits/boxes for new flat panel tv's for rms 229-238	2015	4,650						14
15	rebuild smoke wall by 1st flr nurse station. Firestop top of wall in clean utility & private dining rm. Install fire door on								15
16	3rd flr Soiled Utility & adj 3rd flr smoke doors.	2015	24,520						16
17	new cooling system in elevator equipment room	2015	5,098						17
18	AC circuit repaired on kitch HVAC by Gen on E side of bldg	2015	6,550						18
19	repair / repl cooling system & elec wiring in laundry room	2015	6,091						19
20	repl auto trans switch in GEN located in back of bldg on E side	2016	3,572						20
21	furnish / install 3 cube fuse bases & 20 amp fuses in Emer Gen Panel EMD in Grand Heritage Elec rm & 3-120V 20 amp circuits /GFI boxes								21
22	in kitchen @ SE corner for meat slicer, SW rm for ice								22
23	machine & W side for toaster.	2016	2,955						23
24	repair / repl damaged asphalt on SE drive & rear parking lot. Seal & stripe								24
25	entire lot.	2015	22,584						25
26	replace 4 squares of concrete sidewalk on E side of bldg and Mud-Jack 9 squares,								26
27	also on E side of bldg	2015	5,655						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,261,603	\$ 412,786		\$ 412,786	\$	\$ 8,084,478	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	\$ 3,268,091	\$ 127,961	\$ 127,961	\$		\$ 3,036,557	71
72	Current Year Purchases	90,518						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			27,552	27,552			74
75	TOTALS	\$ 3,358,609	\$ 127,961	\$ 155,513	\$ 27,552		\$ 3,036,557	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	Residents	1995 Goshen GHS		\$ 17,000	\$	\$	\$		\$ 17,000	76
77		Paratransit								77
78										78
79										79
80	TOTALS			\$ 17,000	\$	\$	\$		\$ 17,000	80

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)	\$ 16,237,403	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 540,747	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 568,299	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 27,552	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,138,035	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: \$ 51,418 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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	22394	hrs	\$ 917,999		\$ 4,507	22,394	\$ 922,506	1	
2	Licensed Speech and Language Development Therapist	10a	8012	hrs	328,437		1,232	8,012	329,669	2	
3	Licensed Recreational Therapist			hrs						3	
4	Licensed Physical Therapist	10a	26046	hrs	1,067,726		15,474	26,046	1,083,200	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			1,130,373		1,130,373	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs						10	
11	Academic Education			hrs						11	
12	Other (specify): <u>Inhalation Therapist</u>	10a, 3	591		24,227			591	24,227	12	
13	Other (specify): <u>IV Therapy/X-Ray/Lab</u>	43, 2 & 3				281,728	27,591		309,319	13	
14	TOTAL				\$ 2,338,389		\$ 281,728	\$ 1,179,177	57,043	\$ 3,799,294	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	\$ 4,260	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (2,385,586))	2,818,974		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,730		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,829,964	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,191		13
14	Buildings, at Historical Cost	12,261,603		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,375,609		16
17	Accumulated Depreciation (book methods)	(11,138,035)		17
18	Deferred Charges	27,955,575		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) OMIT	55,386		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 33,110,329	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 35,940,293	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 316,800	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	999,491		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	438,574		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	131,533		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,886,398	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,964,711		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)	\$ 2,964,711	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,851,109	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 31,089,184	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 35,940,293	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 31,787,766	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 31,787,766	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	485,759	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)	\$ 485,759	17
	B. Transfers (Itemize):		
18	Change in Interdivision	(1,184,341)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (1,184,341)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 31,089,184	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Manorcare of Palos Hts East

0049478

Report Period Beginning: 06/01/15

Ending: 05/31/16

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	\$ 27,831,435	1
2	Discounts and Allowances for all Levels	(17,280,393)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,551,042	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	13,914,457	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 13,914,457	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	2,244	12
13	Barber and Beauty Care	22,559	13
14	Non-Patient Meals	2,623	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,232,201	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	189,414	19
20	Radiology and X-Ray	268,038	20
21	Other Medical Services	77,562	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,794,641	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	1,629	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,629	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 27,261,769	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,908,626	31
32	Health Care	10,577,382	32
33	General Administration	5,600,834	33
	B. Capital Expense		
34	Ownership	7,014,986	34
	C. Ancillary Expense		
35	Special Cost Centers	1,459,857	35
36	Provider Participation Fee	214,325	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 26,776,010	40
41	Income before Income Taxes (line 30 minus line 40)**	485,759	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 485,759	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,449,422	44
45	Private Pay - Net Inpatient Revenue	1,221,585	45
46	Medicare - Net Inpatient Revenue	6,958,634	46
47	Other-(specify) <u>Hospice</u>	122,800	47
48	Other-(specify) <u>Insurance</u>	798,601	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,551,042	49

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

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

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

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

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,637	1,769	\$ 101,284	\$ 57.25	1
2	Assistant Director of Nursing	7,567	8,175	321,410	39.32	2
3	Registered Nurses	72,734	78,579	2,659,935	33.85	3
4	Licensed Practical Nurses	21,326	23,040	657,028	28.52	4
5	CNAs & Orderlies	129,613	140,193	1,757,976	12.54	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	60,608	65,443	2,682,734	40.99	7
8	Rehab/Therapy Aides	42,064	45,420	1,214,677	26.74	8
9	Activity Director	9,677	10,458	131,860	12.61	9
10	Activity Assistants					10
11	Social Service Workers	11,951	12,919	290,449	22.48	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	32,664	35,315	457,506	12.96	15
16	Dishwashers					16
17	Maintenance Workers	3,867	4,179	88,285	21.13	17
18	Housekeepers	20,186	21,809	227,271	10.42	18
19	Laundry	5,254	5,680	62,186	10.95	19
20	Administrator	2,080	2,080	145,217	69.82	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	31,840	34,277	646,519	18.86	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	3,073	3,324	53,488	16.09	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	456,141	492,660	\$ 11,497,825 *	\$ 23.34	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	20,625	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)		\$ 20,625		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	49	2,280	10, 3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	49	\$ 2,280		53

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

** See instructions.

Facility Name & ID Number

Manorcare of Palos Hts East

STATE OF ILLINOIS

0049478

Report Period Beginning:

06/01/15

Page 21

Ending: 05/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Dana Wikstrom	Administrator	0	\$ 76,049
Frank Troha	Administrator	0	69,168
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 145,217

B. Administrative - Other

Description	Amount
Various Home Office Services - See Page 8 for breakdown	\$ 1,137,086
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$ 1,137,086

C. Professional Services

Vendor/Payee	Type	Amount
Anspach Meeks Ellenberger LLP	Legal Fees	\$ 69
Buchanan Ingersoll & Ronney PC	Legal Fees	3,993
Greenberg Traurig/Littler Mendelson PC	Legal Fees	53,698
Polsinelli Shughart PC/SNF Global	Legal Fees	30,478
(Legal Fees were adjusted off via Page 5, Line 22; therefore no invoices are attached)		
Meyers & Flowers LLC	Collection Services	9,428
Transworld Systems Inc	Collection Services	4,327
Weltman Weinberg & Reis Co LPA	Collection Services	11
(Collection Costs were adjusted off via Page 5a, Line 5)		
MPRO	H/R Consulting	800
Southwest Nephrology Assoc SC	Clinical Consulting	877
(Consulting Fees reclassified to Line 21)		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 103,681

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 185,224
Unemployment Compensation Insurance	130,547
FICA Taxes	837,869
Employee Health Insurance	482,725
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Payments	
401K	27,435
LT Incent, Oth Benefits & Mktg Adj	(805)
Tuition Program	
SMSP Match	2,071
Employee Uniforms	11,891
Home Office Allocation	80,916
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,757,873

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$ 1,990
Advertising: Employee Recruitment	78,623
Health Care Worker Background Check (Indicate # of checks performed 608)	6,881
Patient Background Checks	1748
Dues & Subscriptions	13,221
Association Dues	10,925
Advertising	28,185
Other Licensesand Permits	4,853
Less: Non-Allowable Association Dues	(3,693)
Less: Public Relations Expense	()
Non-allowable advertising	(28,185)
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 130,280

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	9,138
Includes travel expense to the Home Office in Toledo, OH for regional meetings	
Seminar Expense	
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 9,138

* Attach copy of IMRF notifications

**See instructions.

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
ICHA \$4,587 & ACHA \$2,645
- (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. \$ 71,831 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. \$ 214,325
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 benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? YES Indicate the amount. \$ 2,623
- (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