		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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: 0007534

Facility Name: Providence Palos Heights

Address: 13259 South Central Avenue (Number) Palos Heights (City) 60463 (Zip Code)

County: Cook

Telephone Number: (708)597-1000 **Fax #** (708)389-9990

HFS ID Number:

Date of Initial License for Current Owners: 02/10/60

Type of Ownership:

[X]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[X]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

IRS Exemption Code 501 (C) 3

In the event there are further questions about this report, please contact:
Name: Michael W. Martin **Telephone Number:** (217) 258-8888
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 01/01/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) SEE ACCOUNTANTS' PREPARATION REPORT (Date)
(Print Name and Title)
(Firm Name & Address) McGladrey & Pullen, LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

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 Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	95	Skilled (SNF)	95	34,675	1
2		Skilled Pediatric (SNF/PED)			2
3	98	Intermediate (ICF)	98	35,770	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	193	TOTALS	193	70,445	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	8,707	3,428	22,083	34,218	8
9	SNF/PED					9
10	ICF	6,752	5,160	3,241	15,153	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,459	8,588	25,324	49,371	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.08%

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 [X] NO [ ] Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 02/01/1960

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 95 and days of care provided 22,083

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	740,958	76,045		817,003		817,003		817,003			1
2	Food Purchase		451,017		451,017		451,017	6,356	457,373			2
3	Housekeeping	327,163	85,017		412,180		412,180		412,180			3
4	Laundry	66,995	44,069		111,064		111,064	(1,916)	109,148			4
5	Heat and Other Utilities			200,018	200,018		200,018	20,903	220,921			5
6	Maintenance	288,741		362,715	651,456		651,456	(27,143)	624,313			6
7	Other (specify):*											7
8	TOTAL General Services	1,423,857	656,148	562,733	2,642,738		2,642,738	(1,800)	2,640,938			8
	B. Health Care and Programs											
9	Medical Director			31,507	31,507		31,507		31,507			9
10	Nursing and Medical Records	3,808,315	746,438	8,222	4,562,975		4,562,975		4,562,975			10
10a	Therapy			1,755,051	1,755,051		1,755,051		1,755,051			10a
11	Activities	132,497	9,339	1,060	142,896		142,896		142,896			11
12	Social Services	200,397	220	1,090	201,707		201,707		201,707			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,141,209	755,997	1,796,930	6,694,136		6,694,136		6,694,136			16
	C. General Administration											
17	Administrative			1,296,372	1,296,372		1,296,372	(1,120,150)	176,222			17
18	Directors Fees											18
19	Professional Services			78,941	78,941		78,941	9,530	88,471			19
20	Dues, Fees, Subscriptions & Promotions			52,942	52,942		52,942	2,978	55,920			20
21	Clerical & General Office Expenses	709,925	101,695	51,446	863,066		863,066	695,734	1,558,800			21
22	Employee Benefits & Payroll Taxes			1,333,880	1,333,880		1,333,880		1,333,880			22
23	Inservice Training & Education			3,419	3,419		3,419		3,419			23
24	Travel and Seminar			750	750		750	12,663	13,413			24
25	Other Admin. Staff Transportation			11,764	11,764		11,764	4,662	16,426			25
26	Insurance-Prop.Liab.Malpractice			677,999	677,999		677,999	5,105	683,104			26
27	Other (specify):* Home Office Benefits							239,819	239,819			27
28	TOTAL General Administration	709,925	101,695	3,507,513	4,319,133		4,319,133	(149,659)	4,169,474			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,274,991	1,513,840	5,867,176	13,656,007		13,656,007	(151,459)	13,504,548			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.

Facility Name & ID Number Providence Palos Heights #0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			419,255	419,255		419,255	134,216	553,471			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			183,507	183,507		183,507	(35,595)	147,912			32
33	Real Estate Taxes							11,733	11,733			33
34	Rent-Facility & Grounds							10,357	10,357			34
35	Rent-Equipment & Vehicles			4,648	4,648		4,648		4,648			35
36	Other (specify):*											36
37	TOTAL Ownership			607,410	607,410		607,410	120,711	728,121			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,345,925		1,345,925		1,345,925		1,345,925			39
40	Barber and Beauty Shops	1,153	2,266		3,419		3,419		3,419			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			193,244	193,244		193,244		193,244			42
43	Other (specify):* Non-Allow Costs			659,087	659,087		659,087	(659,087)				43
44	TOTAL Special Cost Centers	1,153	1,348,191	852,331	2,201,675		2,201,675	(659,087)	1,542,588			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,276,144	2,862,031	7,326,917	16,465,092		16,465,092	(689,835)	15,775,257			45

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	(9,668)	2		4
5	Telephone, TV & Radio in Resident Rooms	(9,287)	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	77,617	30		9
10	Interest and Other Investment Income	(63,517)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(150,000)	43		24
25	Fund Raising, Advertising and Promotional	(10,134)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(5,528)	43		28
29	Other-Attach Schedule See Pg 5A	(538,400)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (708,917)		$	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)	19,082		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 19,082		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (689,835)		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

Providence Palos Heights

ID# 0007534

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Disallow non-allowable Lab Expense	$ (83,339)	43	1
2	Disallow non-allowable X-Ray Expense	(71,848)	43	2
3	Disallow Laundry Income	(1,916)	4	3
4	Disallow Interehab Physiatry	(111,366)	43	4
5	Disallow non-allowable residents welfare	(71,552)	43	5
6	Disallow non-allowable marketing expense	(150,875)	43	6
7	Disallow non-allowable accretion expense	(4,262)	43	7
8	Offset miscellaneous income	(12,476)	21	8
9	Remove Capitalized Repair Expenses	(39,438)	6	9
10	Miscellaneous	(108)	43	10
11	Gift gratuities	(75)	43	11
12	Expense Equip > $2,500	8,855	6	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
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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**	(538,400)		49

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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
Rest Haven Illiana Christian		Rest Haven Central	Palos Heights	Holland Home	South Holland	Sheltered Care
Convalescent Home		Rest Haven South	South Holland	Village Woods	Crete	Independent Ret.
		Rest Haven West	Downers Grove	Providence Mgmt. &		
		Haven Park	Zeeland, MI	Development Co.	Tinley Park	Management Co.
				Providence Home		
				Health Care	Tinley Park	Home Health
				Saratoga Grove	Downers Grove	Supportive Living

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2	Food	$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	$ 16,024	$ 16,024	1
2	V	5	Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	20,903	20,903	2
3	V	6	Maintenance-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,440	3,440	3
4	V	17	Administrative	1,296,372	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	176,222	(1,120,150)	4
5	V	19	Professional Services		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	9,530	9,530	5
6	V	20	Dues,fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,978	2,978	6
7	V	21	Clerical & General-Salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	616,055	616,055	7
8	V	21	Clerical & General-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	101,442	101,442	8
9	V	24	Travel & Seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	12,663	12,663	9
10	V	25	Other admin. Staff transporation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	4,662	4,662	10
11	V	26	Insurance-prop,liab. & malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	5,105	5,105	11
12	V	27	Mgmt allocation of EE benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	239,819	239,819	12
13	V	30	Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	56,599	56,599	13
14	Total			$ 1,296,372			$ 1,265,442	$ * (30,930)	14

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	32	Interest expense	$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	$ 27,922	$ 27,922	15
16	V	33	Real Estate taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	11,733	11,733	16
17	V	34	Rent-facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	10,357	10,357	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 50,012	$ * 50,012	39

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5	N/A - Voluntary Board with no compensation. See Attached Schedule 7A										5
6											6
7	No Board Members or businesses that they control has business dealings with the facility.										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 Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 2/31/2011

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 [X] NO [ ]

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

Name of Related Organization: Providence Mgmt & Devolopment Co.
Street Address: 18601 North Creek Drive, Suite A
City / State / Zip Code: Tinley Park,IL 60477
Phone Number: (708) 342-8100
Fax Number: (708) 342-8006

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food	Accumulated Cost B	91,713,965	17	$ 100,940	$	14,559,431	$ 16,024	1
2	5	Utilities	Accumulated Cost B	91,713,965	17	131,675		14,559,431	20,903	2
3	6	Maintenance	Accumulated Cost B	91,713,965	17	21,668		14,559,431	3,440	3
4	17	Administrative	Direct Cost A	1	1	1,195,939	1,195,939	1	176,222	4
5	19	Professional services	Accumulated Cost B	91,713,965	17	60,031		14,559,431	9,530	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	91,713,965	17	18,758		14,559,431	2,978	6
7	21	Clerical & general - salary	Accumulated Cost B	91,713,965	17	3,880,704	3,880,704	14,559,341	616,055	7
8	21	Clerical & general - Other	Accumulated Cost B	91,713,965	17	639,012		14,559,431	101,442	8
9	24	Travel & seminar	Accumulated Cost B	91,713,965	17	79,768		14,559,431	12,663	9
10	25	Other Admin. Staff transportatio	Accumulated Cost B	91,713,965	17	29,368		14,559,341	4,662	10
11	26	Insurance-prop.,liab. & malpract	Accumulated Cost B	91,713,965	17	32,156		14,559,431	5,105	11
12	27	Mgmt allocation of ee benefits	Accumulated Cost B	91,713,965	17	1,510,690		14,559,431	239,819	12
13	30	Depreciation	Accumulated Cost B	91,713,965	17	356,530		14,559,341	56,599	13
14	32	Interest expense	Accumulated Cost B	91,713,965	17	175,890		14,559,431	27,922	14
15	33	Real Estate taxes	Accumulated Cost B	91,713,965	17	73,911		14,559,431	11,733	15
16	34	Rent-facility & grounds	Accumulated Cost B	91,713,965	17	65,240		14,559,341	10,357	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 8,372,280	$ 5,076,643		$ 1,315,454	25

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Tax Exempt Bonds		X	Mortgage & Additions	Varies	11/01/04	$ 4,800,000	$ 2,529,495	10/31/34	Variable	$ 183,507	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 4,800,000	$ 2,529,495			$ 183,507	9
	B. Non-Facility Related*											
10								Disallow non-care interest			(63,517)	10
11								Allocated from Home Office			27,922	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (35,595)	14
15	TOTALS (line 9+line14)						$ 4,800,000	$ 2,529,495			$ 147,912	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.)

Facility Name & ID Number Providence Palos Heights # 0007534 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	**2010**	$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.	**Allocated from Home Office**	**11,733**	
TOTAL REFUND $ For Tax Year. **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ **11,733**	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	2006	**8**
	2007	**9**
	2008	**10**
	2009	**11**
	2010	**12**

Real Estate taxes are allocated from a for-profit management entity.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	**13**
14	PLUS APPEAL COST FROM LINE 5	$	**14**
15	LESS REFUND FROM LINE 6	$	**15**
16	AMOUNT TO USE FOR RATE CALCULATION	$	**16**

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Providence Palos Heights COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0007534

CONTACT PERSON REGARDING THIS REPORT Bill DeYoung

TELEPHONE (708) 342-8100 FAX #: (708) 348-8006

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	19-09-01-203-007-1007	Home Office Building	$ 26,598.12	$ 11,733.00
2.	19-09-01-203-007-1001	Home Office Building	$ 18,025.28	$
3.	19-09-01-203-007-1006	Home Office Building	$ 26,158.20	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 70,781.60	$ 11,733.00

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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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 Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,845 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (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).

None

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	441,662	1960	$ 30,000	1
2					2
3	TOTALS	441,662		$ 30,000	3

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	50			1960	$ 341,041	$	40	$	$	$ 341,041	4
5	50			1962	122,119		40			122,119	5
6				1963	86,546		40			86,546	6
7	93			1967	585,862		40			585,862	7
8				1975	147,301		40	3,683	3,683	136,250	8
	Improvement Type**										
9	Improvements			1967	312,475		40			312,475	9
10	Improvements			1970	74,824		40			74,824	10
11	Improvements			1971	10,740		40			10,740	11
12	Improvements			1972	3,992		40	92	92	3,992	12
13	Improvements			1973	2,002		40	50	50	1,917	13
14	Improvements			1974	1,001		40	25	25	930	14
15	Improvements			1976	8,418		40	210	210	7,450	15
16	Improvements			1977	1,073		40	27	27	927	16
17	Improvements			1979	450		40	11	11	363	17
18	Improvements			1980	629		40	16	16	512	18
19	Improvements			1982	3,077		40	77	77	2,310	19
20	Improvements			1983	4,063		40	102	102	2,958	20
21	Improvements			1984	11,366		40	284	284	7,952	21
22	Improvements			1985	5,552		40	139	139	3,753	22
23	Improvements			1986	308,545		40	7,714	7,714	200,564	23
24	Improvements			1987	242,285		40	6,057	6,057	151,425	24
25	Improvements			1988	144,720		40	3,618	3,618	75,500	25
26	Improvements			1989	75,090		40	1,877	1,877	43,162	26
27	Improvements			1990	258,016		40	6,450	6,450	145,280	27
28	Improvements			1991	88,476		40	2,212	2,212	48,184	28
29	Improvements			1992	51,572		40	1,289	1,289	25,780	29
30	Improvements			1993	283,946		40	7,099	7,099	135,470	30
31	Improvements			1994	396,618		40	9,915	9,915	179,484	31
32	Improvements			1995	207,113		40	5,526	5,526	90,448	32
33	Improvements			1995	13,913		15			13,913	33
34	Parking Lot Expansion			1996	74,714		40	1,868	1,868	28,954	34
35	Wing C & D Renovations			1996	226,501		40	5,662	5,662	87,761	35
36	Improvements			1996	279,308		40	6,982	6,982	108,221	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 Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	
37	Dental Office Renovations	1996	$ 4,642	$	15	$ 147	$ 147	$ 4,642	37
38	Lighting System	1996	49,263		40	1,232	1,232	19,096	38
39	Architect Fees	1996	13,512		40	338	338	5,239	39
40	Alarm System	1996	4,704		15	151	151	4,704	40
41	Whirlpool Renovation	1996	11,914		15	401	401	11,914	41
42	Door	1996	656		15	18	18	656	42
43	Unit I & II Renovation	1996	22,981		40	574	574	8,897	43
44	Landscaping	1997	5,984		15	398	398	5,771	44
45	Unit I A & B remodel:Carpentry, elec. Plumb	1997	236,778		25	9,472	9,472	137,345	45
46	Unit I C & D remodel:Carpentry, elec. plumb.	1997	211,804		25	8,472	8,472	122,844	46
47	Unit I Whirlpool Renovation	1997	3,264		25	130	130	1,885	47
48	Unit II Whirlpool Renovation	1997	3,910		25	156	156	2,262	48
49	Plumbing	1997	1,595		25	64	64	928	49
50	Unit II Laundry Room Cabinets	1997	729		25	30	30	435	50
51	Chapel Roof	1997	8,750		25	350	350	5,075	51
52	Ramp Entrance	1997	32,456		25	1,298	1,298	18,821	52
53	Employee Patio	1997	3,975		25	159	159	2,306	53
54	Ramp Curbing	1997	1,396		25	56	56	812	54
55	Stairwell Doors	1997	1,833		25	74	74	1,073	55
56	Handicap Ramp	1997	12,166		25	486	486	7,047	56
57	Medical Supply Room Renovation	1997	20,773		25	830	830	12,035	57
58	Unit II A & B remodel:Carpentry, fire protection	1997	78,500		25	3,140	3,140	45,530	58
59	A & B Basement Remodeling	1997	2,331		25	94	94	1,363	59
60	Unit II Storage Room	1997	3,458		25	138	138	2,001	60
61	Unit I A & B remodel:Carpentry, elec., tile	1998	18,389		25			18,389	61
62	Unit II Handicap Ramp	1998	2,002		25	80	80	1,080	62
63	Unit II Storage Room	1998	8,807		25	352	352	4,752	63
64	Unit II A & B Bsmnt remodel:Carpty, elec, plumb.	1998	83,634		25	3,345	3,345	45,158	64
65	Unit I A & B remodel:Carpty,plmg, elec.	1998	19,906		25	796	796	10,746	65
66	Unit II A & B Bsmt remodel:Carpty & fire prot.	1998	10,676		25	427	427	5,765	66
67	Design Plan for Renovation	1998	706		25	28	28	378	67
68	Unit II A & B Bsmt remodel:Carpentry & fee	1998	2,314		25	93	93	1,255	68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,257,156	$		$ 104,314	$ 104,314	$ 3,547,271	70

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 12A, Carried Forward		$ 5,257,156	$		$ 104,314	$ 104,314	$ 3,547,271	1
2	Painting for Renovation	1998	3,873		25	154	154	2,079	2
3	Unit I A & B remodel:Carpty,& finishing	1998	20,171		25	806	806	10,881	3
4	Carpeting	1998	13,997		5			13,997	4
5	Unit I A & B remodel:Carpty, plmg, fire	1998	8,026		25	322	322	4,347	5
6	Unit II Patio /Alzheimer's Garden	1998	49,519		25	1,980	1,980	26,730	6
7	Hot Water Heater	1998	831		15	56	56	756	7
8	Roof	1998	991		10			991	8
9	A/C Circulator	1998	1,115		15	74	74	999	9
10	Chimney Vent	1998	519		25	20	20	270	10
11	Fascia	1998	789		25	32	32	432	11
12	Smoke Detectors	1998	1,081		15	72	72	972	12
13	Speed Bumps for Parking Lot	1998	781		5			781	13
14	Heating & Cooling System	1998	34,826		25	1,394	1,394	18,819	14
15	Nurses' Alarm System	1998	13,917		25	556	556	7,506	15
16	Piping	1998	682		25	28	28	378	16
17	Patio	1999	10,472		40	262	262	3,275	17
18	Carpeting	1999	6,283		10			6,283	18
19	Electrical Generator	1999	66,394		10			66,394	19
20	Wall Firestopping	1999	15,000		10			15,000	20
21	Interior design fee	1999	228		10			228	21
22	Electrical	1999	4,383		10			4,383	22
23	Wall Firestopping	1999	35,000		10			35,000	23
24	Switchboard	1999	5,696		10			5,696	24
25	Landscaping	1999	48,376		40	1,210	1,210	15,125	25
26	Parking Lot	1999	8,610		40	216	216	2,700	26
27	Air Conditioners	1999	80,030		40			80,030	27
28	Boiler Repairs	1999	9,060		10			9,060	28
29	Landscaping	2000	10,704		15	712	712	8,188	29
30	Patio Shelter	2000	5,150		20	256	256	2,944	30
31	Garden	2000	7,768		15	516	516	5,934	31
32	Benches	2000	958		10			958	32
33	Lobby remodel	2000	102,660		10			102,660	33
34	TOTAL (lines 1 thru 33)		$ 5,825,046	$		$ 112,980	$ 112,980	$ 4,001,067	34

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 12B, Carried Forward		$ 5,825,046	$		$ 112,980	$ 112,980	$ 4,001,067	1
2	Dining Room Renovation	2000	6,269		15	416	416	4,784	2
3	Wing Renovation	2000	102,095		40	2,552	2,552	29,348	3
4	Boiler and Pump	2000	10,450		15	696	696	8,004	4
5	Ansul	2000	3,728		15	248	248	2,852	5
6	Generator	2000	8,629		20	430	430	4,945	6
7	Fire Alarm System	2000	10,135		40	252	252	2,898	7
8	Exhaust Fan	2000	2,780		15	184	184	2,116	8
9	Landscaping	2001	5,680		5			5,680	9
10	Lobby remodel	2001	41,806		40	1,045	1,045	10,973	10
11	A-Wing remodel	2001	51,393		40	1,285	1,285	13,493	11
12	Sinks	2001	5,165		15	344	344	3,612	12
13	Doors	2001	5,278		15	352	352	3,696	13
14	Ejector Pump	2001	9,674		15	645	645	6,773	14
15	Automatic door	2001	4,817		7			4,817	15
16	Dining Room Renovation	2001	3,076		7			3,076	16
17	Exam Room Decoration	2001	14,068		7			14,068	17
18	Sewage Pump	2002	718		15	48	48	456	18
19	Whirlpool renovation	2002	2,177		15	145	145	1,378	19
20	Roof renovation	2002	90,250		10	9,025	9,025	85,738	20
21	Code Alert	2002	3,164		10	316	316	3,002	21
22	Firestopping work	2002	3,108		40	78	78	741	22
23	Dining Room Renovation	2002	135,527		40	3,388	3,388	32,186	23
24	Cabinets	2002	4,928		7			4,928	24
25	Blinds	2002	1,045		7			1,045	25
26	File cabinets	2002	2,327		7			2,327	26
27	Furniture	2002	1,814		7			1,814	27
28	Dining Room Renovation	2003	17,358		7			17,358	28
29	Lights	2003	20,442		20	1,022	1,022	8,687	29
30	Roof renovation	2003	152,000		10	15,200	15,200	129,200	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,544,947	$		$ 150,651	$ 150,651	$ 4,411,062	34

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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		$ 6,544,947	$		$ 150,651	$ 150,651	$ 4,411,062	1
2	Menu boards	2003	2,160		10	216	216	1,836	2
3	Carpeting	2003	5,957		7			5,957	3
4	Sliding doors	2003	2,100		10	210	210	1,785	4
5	Wander system	2003	21,630		20	1,082	1,082	9,707	5
6									6
7	Tile	2004	24,492		10	2,450	2,450	18,375	7
8	Door	2004	4,579		10	458	458	3,435	8
9	Basement restroom	2004	37,076		40	927	927	8,343	9
10	Lights/shades	2004	3,562		20	178	178	1,602	10
11	Awning	2004	10,790		10	1,079	1,079	8,093	11
12	Shades	2004	1,960		7	140	140	1,960	12
13	Exit ramps	2004	5,450		15	363	363	2,723	13
14									14
15	Fire Door	2005	5,637		10	564	564	3,666	15
16	Storm Sewer improvements	2005	42,800		20	2,140	2,140	13,910	16
17	Water Heaters	2005	8,808		15	588	588	3,822	17
18	Patio and Major Landscaping Improvements	2005	16,805		15	1,120	1,120	7,280	18
19	Lights	2005	16,708		20	836	836	5,434	19
20	Unit 1 basement Improvements	2005	4,165		20	208	208	1,352	20
21	Elevator	2005	28,163		20	1,408	1,408	9,152	21
22	Unit 1 basement windows	2005	7,750		40	194	194	1,261	22
23	Wallpaper	2005	8,185		7	1,170	1,170	7,605	23
24	Baseboards	2005	1,078		7	154	154	1,001	24
25	Dock flooring	2005	2,000		7	286	286	1,859	25
26	Window Coverings	2005	13,162		7	1,880	1,880	12,220	26
27	5 Ton 3 Phase Condensing Unit	2005	2,696		20	135	135	877	27
28	Carpeting	2005	1,254		20	63	63	409	28
29	Electric Door Unit	2005	1,087		20	54	54	351	29
30	PC Disposer	2005	2,699		20	135	135	877	30
31	Electric Door Unit	2005	1,529		20	76	76	494	31
32	Nurse Call System	2005	7,749		20	387	387	2,516	32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,836,978	$		$ 169,152	$ 169,152	$ 4,548,964	34

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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		$ 6,836,978	$		$ 169,152	$ 169,152	$ 4,548,964	1
2	Parking Lot Lights	2005	2,940		15	196	196	1,274	2
3	Patio & Drainage Improvements	2005	10,958		15	731	731	4,751	3
4	Driveway	2005	29,377		20	1,469	1,469	9,548	4
5	Elevator	2006	18,897		20	472	472	2,832	5
6	Security Alarm System	2006	115,751		10	5,788	5,788	34,728	6
7	Nurse Call System	2006	123,550		7	8,825	8,825	52,950	7
8	5 Ton Rooftop Water Heater/Circulation Pump	2006	10,954		15	365	365	2,190	8
9	Asbestos Retirement Obligation	2006	97,309		7	6,951	6,951	41,706	9
10	Whirlpool Tub	2006	41,350		15	1,378	1,378	8,268	10
11	CSH Heating Unit	2006	3,750		15	125	125	750	11
12	Dock Door	2006	3,959		20	99	99	594	12
13	Central Air Unit	2006	5,677		15	189	189	1,134	13
14	Auto Door Opener	2006	2,200		10	110	110	660	14
15	New Phone System	2007	99,032		10	9,903	9,903	44,564	15
16	Cabnets Remodel	2007	4,686		15	312	312	1,404	16
17	Front Desk Cabinets	2007	13,428		20	671	671	3,020	17
18	Sump Pump	2007	9,240		15	616	616	2,772	18
19	Fire Panel	2007	16,950		10	1,695	1,695	7,628	19
20	HVAC Fixed	2007	11,325		15	755	755	3,398	20
21	Door Installed	2007	3,320		15	221	221	995	21
22	Outlets	2007	10,620		2			10,620	22
23	Foyer Windows and Cabinets	2007	5,530		20	277	277	1,246	23
24	Boiler Repairs	2007	114,664		15	7,644	7,644	34,398	24
25	Dinning Windows & Kickplates	2007	4,894		20	245	245	1,102	25
26	Waterproof Basement	2007	3,300		15	220	220	990	26
27	Doors and Cabinets Installed	2007	6,572		20	329	329	1,480	27
28	HVAC C&D Wing Piping	2007	85,642		40	2,141	2,141	9,635	28
29	Audio Station, Shades, Control Box	2007	3,168		7	453	453	2,038	29
30	Sign Repair	2007	2,840		20	142	142	639	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,698,861	$		$ 221,474	$ 221,474	$ 4,836,278	34

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 12E, Carried Forward		$ 7,698,861	$		$ 221,474	$ 221,474	$ 4,836,278	1
2	Unit 2 lobby - remove wall & replace flooring	2008	19,750		40	495	495	1,732	2
3	Install sprinkler system in Chapel	2008	23,175		40	580	580	2,030	3
4	Elec. Units - 2 carts	2008	5,240		20	262	262	917	4
5	HVAC - fan coils	2008	42,386		20	2,120	2,120	7,420	5
6	A/C unit	2008	5,292		20	264	264	924	6
7									7
8	Pipe railings	2008	5,298		15	354	354	1,239	8
9	Insulate hot water piping	2008	4,348		15	290	290	1,015	9
10	Commercial doors	2008	9,360		15	624	624	2,184	10
11	Reconnect new RTU and replace air handlers	2008	39,719		15	2,648	2,648	9,268	11
12	5 ton HVAC - rooftop unit	2008	9,788		15	652	652	2,282	12
13									13
14	Unit 2 lobby - carpeting	2008	14,161		7	2,024	2,024	7,084	14
15	Wallpaper	2008	9,000		7	1,286	1,286	4,501	15
16									16
17	Central-Wander alarm	2009	131,334		10	13,133	13,133	32,834	17
18	Unit 2 Waterproofing	2009	4,365		15	291	291	728	18
19	Central Egress doors	2009	10,735		20	537	537	1,342	19
20	Chimmney Tuckpointing	2009	7,000		20	350	350	875	20
21	Dining Room Lighting	2009	6,777		20	339	339	847	21
22	Emergency Phone	2009	3,168		7	453	453	1,131	22
23	Facility Signage	2009	3,628		10	363	363	907	23
24	Facility Signage	2009	13,033		10	1,303	1,303	3,259	24
25	Tile Flooring	2009	10,785		20	539	539	1,349	25
26	Signage	2009	8,059		10	806	806	2,015	26
27	Painting-Lobby	2009	15,100		7	2,157	2,157	5,393	27
28	Asbestos removal	2009	3,520		7	503	503	1,257	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,103,882	$		$ 253,847	$ 253,847	$ 4,928,809	34

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 8,103,882	$		$ 253,847	$ 253,847	$ 4,928,809	1
2	Nurse Call Station	2010	156,023		10	15,602	15,602	23,403	2
3	H-Vac Roof Unit	2010	9,222		15	615	615	922	3
4	Drain lines	2010	43,579		20	2,179	2,179	3,268	4
5	Unit 1 Boiler	2010	116,668		15	7,778	7,778	11,667	5
6	Gas Line Repair & Replacement	2010	11,879		20	594	594	891	6
7	Repair & Replace Alarm & Smoke Detectors	2010	12,583		20	629	629	944	7
8	Kitchen Water Heater, Exhaust Fan, and Water Pump	2010	9,133		20	457	457	685	8
9	Heater Exchange Unit Installed	2010	3,592		20	180	180	269	9
10	Repair Cost Non-Depre	2010			20				10
11									11
12	Current Year Building Depreciation			276,475			(276,475)		12
13	Current Year Land Improvement Depreciation			27,008			(27,008)		13
14	Allocation from Home Office	2011	669,574		20	31,089	31,089	161,889	14
15									15
16	PH repeators	2011	27,545		10	1,377	1,377	1,377	16
17	Wireless project	2011	9,793		10	490	490	490	17
18	Gas piping	2011	30,174		40	377	377	377	18
19	Nursecall station	2011	9,477		10	474	474	474	19
20	Valve	2011	7,850		15	262	262	262	20
21	PH drapes	2011	19,764		7	1,412	1,412	1,412	21
22	Ph asphalt	2011	91,376		10	4,569	4,569	4,569	22
23	U2 A&D flooring	2011	5,896		7	421	421	421	23
24	DR Hvac	2011	15,563		15	519	519	519	24
25	Seal Coat drive and U shape drive	2011	5,600		20	140	140	140	25
26	Sheet dampers	2011	2,572		20	64	64	64	26
27	Electrical installation	2011	3,300		20	83	83	83	27
28	Glass and mirror	2011	5,831		20	146	146	146	28
29	Installation of new Valve	2011	3,353		20	84	84	84	29
30	Kitchen remodelling	2011	8,069		20	202	202	202	30
31	Shower Project	2011	10,713		20	268	268	268	31
32									32
33	Reconcile to book depreciation			(6,020)			6,020		33
34	TOTAL (lines 1 thru 33)		$ 9,393,011	$ 297,463		$ 323,855	$ 26,392	$ 5,143,633	34

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$ 2,258,634	$ 121,792	$ 188,115	$ 66,323	3-10	$ 2,132,457	71
72	Current Year Purchases	260,574		15,991	15,991	3-10	15,991	72
73	Fully Depreciated Assets	2,493,580					2,493,580	73
74	Allocation from Home Office	698,951		24,937	24,937		632,389	74
75	TOTALS	$ 5,711,739	$ 121,792	$ 229,043	$ 107,251		$ 5,274,417	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	Allocation from Home Office			$ 9,075	$	$ 572	$ 572		$ 8,051	76
77										77
78										78
79										79
80	TOTALS			$ 9,075	$	$ 572	$ 572		$ 8,051	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 15,143,825	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 419,255	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 553,471	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 134,216	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 10,426,102	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	N/A				87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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								5
6	Allocated from home office				10,357			6
7	TOTAL				$ 10,357 **			7

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

9. Option to Buy: ☐ YES ☒ X NO Terms: *

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.	/2012	$
13.	/2013	$
14.	/2014	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO

16. Rental Amount for movable equipment: $ 4,648 Description: Dietary Equip -4648
(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			N/A		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.

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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
[X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
COMMUNITY COLLEGE [ ]
HOURS PER CNA ____

3. CLINICAL PORTION:
IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A(3)	hrs	$	10,450	$ 752,432	$	10,450	$ 752,432	1
2	Licensed Speech and Language Development Therapist		hrs		4,396	316,529		4,396	316,529	2
3	Licensed Recreational Therapist	10A(3)	hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		9,529	686,090		9,529	686,090	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				1,345,925		1,345,925	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	24,375	$ 1,755,051	$ 1,345,925	24,375	$ 3,100,976	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 & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2011 (last day of reporting year)

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	$ 1,500	$ 1,500	1
2	Cash-Patient Deposits	2,754	2,754	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 331,590)	3,006,292	3,006,292	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	12,474	12,474	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,023,020	$ 3,023,020	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	30,000	30,000	13
14	Buildings, at Historical Cost	8,616,791	9,393,011	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,126,824	5,720,815	16
17	Accumulated Depreciation (book methods)	(11,165,373)	(10,426,102)	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):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,608,242	$ 4,717,724	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,631,262	$ 7,740,744	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 990,934	$ 990,934	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,754	2,754	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	74,797	74,797	30
31	Accrued Taxes Payable (excluding real estate taxes)	32,201	32,201	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due In/From Related Entities	5,165,685	5,165,685	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 6,266,371	$ 6,266,371	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable		2,529,495	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Long-Term Liabilities	146,321	146,321	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 146,321	$ 2,675,816	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,412,692	$ 8,942,187	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (781,430)	$ (1,201,443)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,631,262	$ 7,740,744	48

***(See instructions.)**

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,137,942)	1	
2	Restatements (describe):		2	
3	**Prior Period adjustment**	(312,676)	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,450,618)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	669,188	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)**	$ 669,188	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)**	$ (781,430)	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 14,177,089	1
2	Discounts and Allowances for all Levels	(4,530,014)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,647,075	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,340,067	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,340,067	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	9,668	14
15	Telephone, Television and Radio	9,287	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,850,195	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	173,584	19
20	Radiology and X-Ray	42,728	20
21	Other Medical Services	47,284	21
22	Laundry	1,916	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,134,662	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 Revenue	12,476	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 12,476	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 17,134,280	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,642,738	31
32	Health Care	6,694,136	32
33	General Administration	4,319,133	33
	B. Capital Expense		
34	Ownership	607,410	34
	C. Ancillary Expense		
35	Special Cost Centers	2,008,431	35
36	Provider Participation Fee	193,244	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 16,465,092	40
41	**Income before Income Taxes (line 30 minus line 40)****	669,188	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 669,188	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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.**

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,888	2,080	$ 95,749	$ 46.03	1
2	Assistant Director of Nursing	3,912	4,160	133,749	32.15	2
3	Registered Nurses	23,900	33,402	992,999	29.73	3
4	Licensed Practical Nurses	35,271	37,581	947,812	25.22	4
5	CNAs & Orderlies	69,387	117,949	1,583,989	13.43	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,551	10,181	132,497	13.01	10
11	Social Service Workers	10,349	11,024	200,397	18.18	11
12	Dietician	4,052	4,182	90,910	21.74	12
13	Food Service Supervisor	1,886	2,078	68,916	33.16	13
14	Head Cook	17,150	18,069	255,211	14.12	14
15	Cook Helpers/Assistants	32,080	33,561	325,921	9.71	15
16	Dishwashers					16
17	Maintenance Workers	16,096	17,147	288,741	16.84	17
18	Housekeepers	26,280	27,658	327,163	11.83	18
19	Laundry	5,398	5,910	66,995	11.34	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	23,942	25,225	709,925	28.14	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	3,796	4,019	54,017	13.44	31
32	Other Health Care(specify)					32
33	Other(specify) Beautician	77	93	1,153	12.40	33
34	TOTAL (lines 1 - 33)	285,015	354,319	$ 6,276,144 *	$ 17.71	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	31,507	9(3)	36
37	Medical Records Consultant	Monthly	3,584	10(3)	37
38	Nurse Consultant	Monthly	4,638	10(3)	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	Monthly	1,060	11(3)	44
45	Social Service Consultant	Monthly	440	12(2)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 41,229		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$	10(3)	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides			10(3)	52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Carol Shaw Burns	Administrator		$ 176,222
Amount paid out of home office, allocated in column 7			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 176,222

B. Administrative - Other

Description	Amount
Management Fees (eliminated in Col. 7)	$ 1,296,372
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 1,296,372

C. Professional Services

Vendor/Payee	Type	Amount
		$
See Schedule 21A		78,941
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 78,941

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 285,016
Unemployment Compensation Insurance	56,558
FICA Taxes	467,850
Employee Health Insurance	364,201
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Education	11,213
Employee Welfare	57,677
Drug Testing	5,792
TDA Expense	73,987
Uniform	103
Employee Medical	11,483
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,333,880

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

Description	Line #	Amount
		$
N/A		
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	5,967
Health Care Worker Background Check	
(Indicate # of checks performed 93)	3,016
Patient Background Checks 12	12,745
JCAHO Expense	12,093
Life Services Network Dues	10,055
Miscellaneous Dues	1,251
Miscellaneous Subscriptions	5,825
Allocated from Home Office	2,978
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 55,920

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	750
Allocated from Home Office	12,663
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 13,413

**See instructions.

Providence Palos Heights

Provider #: 0007534

1/1/2011 to 12/31/2011

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Vendor/Payee	Type	Amount
McVey & Parsky, LLC	Legal	1,314
Laner Muchin Dombrow Becker Levin & Tominberg, LTD	Legal	17,842
Much Shelist	Legal	651
Maria Lourdes de Ocampo	Legal	2,400
John R. Russell Ltd	Legal	2,650
RECL	Legal	955
IDPH	Surveys	486
Achieve Accreditation	Surveys	3,394
National asset management	Surveys	1,618
KPMG	Accounting	5,438
McGladrey & Pullen LLP	Accounting	10,592
New Heights Group	Consulting	1,937
Holleran Consulting	Consulting	2,229
Linden Group	Consulting	7,855
Mary jane Impoy	Consulting	18,315
Mitigation solution	Consulting	1,267
Total (agree to Schedule V, line 19, column 3)		78,941
Plus: Allocated from Home Office		9,530
Less: AP Accrual Adjustment		0
Total (agree to Schedule V, line 19, column 8)		88,471

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3									N/A				
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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? **Yes**
If YES, give association name and amount. **Life Services Network - 10055**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report? **N/A**

(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? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **6.5 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **140,426** Line **10(2)**

(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? **No**
If YES, give effective date of lease. **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 fo
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 Departmen
during this cost report period. $ **193,244**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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. $ **0** Has any meal income been offset against
related costs? **Yes** Indicate the amount. $ **9,668**

(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 fo
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **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 othe
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? N/A
Indicate the amount of income earned from providing such
transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **KPMG**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of service
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees