FOR BHF USE

LL1

2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2013)

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: 0050492

Facility Name: Heritage Health-Dwight

Address: 300 East Mazon Ave (Number) Dwight (City) 60420 (Zip Code)

County: Livingston

Telephone Number: (815) 584-1240 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2006

Type of Ownership:

	VOLUNTARY,NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		x	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Dave Underwood **Telephone Number:** (309) 823-7135
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 01/01/13 to 12/31/13 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) David M. Underwood
(Title) Sr. VP & CFO

Paid Preparer

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

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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 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	92	Skilled (SNF)	92	33,580	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	92	TOTALS	92	33,580	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	15,404	8,671	4,745	28,820	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,404	8,671	4,745	28,820	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.82%

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 [x]

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 July 2006

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 _____ and days of care provided 4,745

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	248,223	12,033		260,256		260,256	6,483	266,739			1
2	Food Purchase		223,559		223,559		223,559	28	223,587			2
3	Housekeeping	127,913	32,207		160,120		160,120	4	160,124			3
4	Laundry	65,581	10,152		75,733		75,733		75,733			4
5	Heat and Other Utilities			107,718	107,718		107,718	1,423	109,141			5
6	Maintenance	83,222	57,571	47,404	188,197		188,197	14,074	202,271			6
7	Other (specify):*											7
8	**TOTAL General Services**	524,939	335,522	155,122	1,015,583		1,015,583	22,012	1,037,595			8
	B. Health Care and Programs											
9	Medical Director			10,800	10,800		10,800		10,800			9
10	Nursing and Medical Records	1,424,203	165,564	12,716	1,602,483		1,602,483	2,512	1,604,995			10
10a	Therapy		519,080	527,709	1,046,789	(535,719)	511,070		511,070			10a
11	Activities	112,259	5,798		118,057		118,057		118,057			11
12	Social Services	74,342		3,819	78,161		78,161		78,161			12
13	CNA Training							543	543			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,610,804	690,442	555,044	2,856,290	(535,719)	2,320,571	3,055	2,323,626			16
	C. General Administration											
17	Administrative	77,675			77,675		77,675		77,675			17
18	Directors Fees											18
19	Professional Services			262,689	262,689		262,689	(243,969)	18,720			19
20	Dues, Fees, Subscriptions & Promotions			134,354	134,354	(50,370)	83,984	(51,913)	32,071			20
21	Clerical & General Office Expenses	219,950	23,625	8,987	252,562		252,562	268,963	521,525			21
22	Employee Benefits & Payroll Taxes			549,050	549,050		549,050	40,810	589,860			22
23	Inservice Training & Education			7,226	7,226		7,226	546	7,772			23
24	Travel and Seminar			10,577	10,577		10,577	(8,578)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			47,630	47,630		47,630	10,192	57,822			26
27	Other (specify):*			4,225	4,225		4,225	(4,000)	225			27
28	**TOTAL General Administration**	297,625	23,625	1,024,738	1,345,988	(50,370)	1,295,618	12,051	1,307,669			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,433,368	1,049,589	1,734,904	5,217,861	(586,089)	4,631,772	37,118	4,668,890			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 Heritage Health-Dwight #0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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			201,957	201,957		201,957	17,262	219,219			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,695	19,695		19,695	(27,534)	(7,839)			32
33	Real Estate Taxes			47,545	47,545		47,545		47,545			33
34	Rent-Facility & Grounds			200,000	200,000		200,000	6,087	206,087			34
35	Rent-Equipment & Vehicles			15,073	15,073		15,073	4,331	19,404			35
36	Other (specify):*											36
37	**TOTAL Ownership**			484,270	484,270		484,270	146	484,416			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					535,719	535,719	(27,819)	507,900			39
40	Barber and Beauty Shops			5,125	5,125		5,125		5,125			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					50,370	50,370		50,370			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			5,125	5,125	586,089	591,214	(27,819)	563,395			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,433,368	1,049,589	2,224,299	5,707,256		5,707,256	9,445	5,716,701			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 Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(27,926)			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	(920)			17
18	Fines and Penalties				18
19	Entertainment	(15,028)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,823)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,000)			24
25	Fund Raising, Advertising and Promotional	(60,447)			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				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (117,144)		$	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)	126,589		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 126,589		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 9,445		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.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS **Page 5A**

Heritage Health-Dwight

ID# 0050492

Report Period Beginning: 01/01/13

Ending: 12/31/13

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15		0	33	15
16			24	16
17		(920)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(8,823)	19	22
23				23
24		(4,000)	27	24
25		(60,447)	20	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**	(74,190)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Dwight **#** 0050492 **Report Period Beginning:** 01/01/13 **Ending:** 12/31/13

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	6,483	0	0	0	0	0	0	0	0	6,483	1
2	Food Purchase	0	0	28	0	0	0	0	0	0	0	0	28	2
3	Housekeeping	0	0	4	0	0	0	0	0	0	0	0	4	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,423	0	0	0	0	0	0	0	0	1,423	5
6	Maintenance	0	0	14,074	0	0	0	0	0	0	0	0	14,074	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	22,012	0	0	0	0	0	0	0	0	22,012	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	2,512	0	0	0	0	0	0	0	0	2,512	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	543	0	0	0	0	0	0	0	0	543	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	3,055	0	0	0	0	0	0	0	0	3,055	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	(8,823)	(253,216)	18,070	0	0	0	0	0	0	0	0	(243,969)	19
20	Fees, Subscriptions & Promotions	(61,367)	0	9,454	0	0	0	0	0	0	0	0	(51,913)	20
21	Clerical & General Office Expenses	0	0	268,963	0	0	0	0	0	0	0	0	268,963	21
22	Employee Benefits & Payroll Taxes	0	0	40,810	0	0	0	0	0	0	0	0	40,810	22
23	Inservice Training & Education	0	0	546	0	0	0	0	0	0	0	0	546	23
24	Travel and Seminar	(15,028)	0	6,450	0	0	0	0	0	0	0	0	(8,578)	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	10,192	0	0	0	0	0	0	0	0	10,192	26
27	Other (specify):*	(4,000)	0	0	0	0	0	0	0	0	0	0	(4,000)	27
28	**TOTAL General Administration**	(89,218)	(253,216)	354,485	0	0	0	0	0	0	0	0	12,051	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(89,218)	(253,216)	379,552	0	0	0	0	0	0	0	0	37,118	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Dwight # 0050492 **Report Period Beginning:** 01/01/13 **Ending:** 12/31/13

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	0	0	0	17,262	0	0	0	0	0	0	0	17,262	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(27,926)	0	0	392	0	0	0	0	0	0	0	(27,534)	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	6,087	0	0	0	0	0	0	0	6,087	34
35	Rent-Equipment & Vehicles	0	0	0	4,331	0	0	0	0	0	0	0	4,331	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(27,926)	0	0	28,072	0	0	0	0	0	0	0	146	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	(27,819)	0	0	0	0	0	0	0	0	0	(27,819)	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	(27,819)	0	0	0	0	0	0	0	0	0	(27,819)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(117,144)	(281,035)	379,552	28,072	0	0	0	0	0	0	0	9,445	45

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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
Heritage Enterprises, Inc.	100	See Pg 25				

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			$			$	$	1
2	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	(27,819)	(27,819)	2
3	V								3
4	V	19	Adjustment for Related Organization	253,216	Heritage Operations Group, LLC	0.00%		(253,216)	4
5	V								5
6	V	34	Adjustment for Related Organization		Heritage Manor Real Estate, LLC	0.00%			6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				10
11	V								11
12	V								12
13	V								13
14	Total			$ 253,216			$ (27,819)	$ * (281,035)	14

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	1	Dietary	$	Heritage Enterprises, Inc.		$	$ 6,483	15
16	V	2	Food Purchase					28	16
17	V	3	Housekeeping					4	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,423	19
20	V	6	Maintenance					14,074	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					2,512	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					543	26
27	V	14	Program Transportation					0	27
28	V	15	Other					0	28
29	V	17	Administrative					0	29
30	V	18	Directors Fees					0	30
31	V	19	Professional Services					18,070	31
32	V	20	Fees, Subscription, Promotions					9,454	32
33	V	21	Clerical & General Office Expenses					268,963	33
34	V	22	Employee Benefits & Payroll Taxes					40,810	34
35	V	23	Inservice Training & Education					546	35
36	V	24	Travel and Seminar					6,450	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					10,192	38
39	Total			$			$ 0	$ * 379,552	39

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	27	Other	$	Heritage Enterprises, Inc.		$	$	15
16	V	30	Depreciation					17,262	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					392	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					6,087	20
21	V	35	Rent-Equipment & Vehicles					4,331	21
22	V	36	Other					0	22
23	V	38	Medically Nec Transportation					0	23
24	V	39	Ancillary Service Centers					0	24
25	V	40	Barber and Beauty Shops					0	25
26	V	41	Coffee and Gift Shops					0	26
27	V	42	Other					0	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			$			$ 0	$ * 28,072	39

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	Heritage Enterprises Inc.	Member		100.00					$		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 Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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: Heritage Operations Group
Street Address: Box 3188
City / State / Zip Code: Bloomington, IL 61701
Phone Number: ( )
Fax Number: ( )

	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	1	Dietary	Beds	2,604	24	$ 183,508	$ 183,106	92	$ 6,483	1
2	2	Food Purchase	Beds	2,604	24	798	0	92	28	2
3	3	Housekeeping	Beds	2,604	24	106	0	92	4	3
4	4	Laundry	Beds	2,604	24	0	0	92	0	4
5	5	Heat & Other Utilities	Beds	2,604	24	40,282	0	92	1,423	5
6	6	Maintenance	Beds	2,604	24	398,350	84,311	92	14,074	6
7	7	Other	Beds	2,604	24	0	0	92	0	7
8	9	Medical Director	Beds	2,604	24	0	0	92	0	8
9	10	Nursing & Medical Records	Beds	2,604	24	71,096	69,815	92	2,512	9
10	11	Activities	Beds	2,604	24	0	0	92	0	10
11	12	Social Service	Beds	2,604	24	0	0	92	0	11
12	13	Nurse Aide Training	Beds	2,604	24	15,364	15,279	92	543	12
13	14	Program Transportation	Beds	2,604	24	0	0	92	0	13
14	15	Other	Beds	2,604	24	0	0	92	0	14
15	17	Administrative	Beds	2,604	24	0	0	92	0	15
16	18	Directors Fees	Beds	2,604	24	0	0	92	0	16
17	19	Professional Services	Beds	2,604	24	511,456	0	92	18,070	17
18	20	Fees, Subscription, Promotions	Beds	2,604	24	267,591	0	92	9,454	18
19	21	Clerical & General Office Expens	Beds	2,604	24	7,612,820	7,140,260	92	268,963	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,604	24	1,155,097	0	92	40,810	20
21	23	Inservice Training & Education	Beds	2,604	24	15,452	0	92	546	21
22	24	Travel and Seminar	Beds	2,604	24	182,552	0	92	6,450	22
23	25	Other Admin. Staff Transportatio	Beds	2,604	24	0	0	92	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,604	24	288,473	0	92	10,192	24
25	TOTALS					$ 10,742,945	$ 7,492,771		$ 379,552	25

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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: Heritage Operations Group
Street Address: Box 3188
City / State / Zip Code: Bloomington, IL 61701
Phone Number: ( )
Fax Number: ( )

	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	27	Other	Beds	2,604	24	$	$	92	$	1
2	30	Depreciation	Beds	2,604	24	488,578		92	17,262	2
3	31	Amortization of Pre-Op & Org	Beds	2,604	24			92		3
4	32	Interest	Beds	2,604	24	11,093		92	392	4
5	33	Real Estate Taxes	Beds	2,604	24			92		5
6	34	Rent-Facility & Grounds	Beds	2,604	24	172,279		92	6,087	6
7	35	Rent-Equipment & Vehicles	Beds	2,604	24	122,579		92	4,331	7
8	36	Other	Beds	2,604	24			92		8
9	38	Medically Nec Transportation	Beds	2,604	24			92		9
10	39	Ancillary Service Centers	Beds	2,604	24			92		10
11	40	Barber and Beauty Shops	Beds	2,604	24			92		11
12	41	Coffee and Gift Shops	Beds	2,604	24			92		12
13	42	Other	Beds	2,604	24			92		13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 794,529	$		$ 28,072	25

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	Bank of America		x	Van			$	$			$ 283	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							19,412	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 19,695	9
	B. Non-Facility Related*											
10	Interest Income										(27,926)	10
11												11
12	Allocated Corporate										392	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (27,534)	14
15	TOTALS (line 9+line14)						$	$			$ (7,839)	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **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 & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2012 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 51,527	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.)		$ 48,327	2
3. Under or (over) accrual (line 2 minus line 1).		$ (3,200)	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 50,745	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. **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.		$ 47,545	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2008		8
2009		9
2010	48,641	10
2011	49,214	11
2012	47,544	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2012	$	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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Dwight COUNTY Livingston

FACILITY IDPH LICENSE NUMBER 0050492

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2012 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 2012.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	050504483001		$ 45,655.00	$ 45,655.00
2.	050504483002		$ 1,589.00	$ 1,589.00
3.	050504483011		$ 1,083.00	$ 1,083.00
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 48,327.00	$ 48,327.00

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? _____ 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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 Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,102 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

D. Does the Operating Entity? [ ] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

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

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	92				$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1992 Improvements			1992	8,456						9
10	1993 Improvements			1993	586,243						10
11	1994 Improvements			1994	12,874						11
12	1995 Improvements			1995	496						12
13	Water Heater			1996	7,350						13
14	Interior Rehab (see attached)			1997	118,804						14
15	Garbage Disposal			1997	983						15
16											16
17	Parking Lot			1998	2,717						17
18	Interior Rehab			1998	17,242						18
19											19
20	Alarm Repair/Replacement			1999	1,120						20
21	Air Conditioning Unit			1999	2,461						21
22	Shower Room Repair			1999	6,345						22
23											23
24	Fire Dampers			2000	1,290						24
25	Boiler			2000	1,540						25
26											26
27	Water Heater			2001	7,200						27
28	Window Replacements			2001	4,437						28
29	Flooring -- Kitchen			2001	604						29
30	Code Alert System			2001	933						30
31	Motor Reolacement--A/C			2001	1,398						31
32											32
33	C/O Allocation					17,262		17,262			33
34	Book Depreciation					121,189		121,189			34
35											35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	A/C compressor	2002	$ 582	$		$	$	$	37
38	Boiler Tubing	2002	11,208						38
39	Backflow preventor	2002	2,803						39
40	Wallcoverings	2002	21,813						40
41	Compressor	2002	1,175						41
42	Rooftop A/C unit	2002	20,169						42
43	adustment	2002	(9,766)						43
44	Wallcoverings	2003	1,528						44
45	Rooftop A/C unit	2003							45
46	Exterior Doors	2003	3,121						46
47	30 Gallon Tank	2003	1,056						47
48	Compressor	2003	1,839						48
49	Walk in Freezer	2003	3,301						49
50	Disposal	2003	771						50
51									51
52	Fire Supression System	2004	1,523						52
53	Pump	2004	714						53
54	Boiler	2004	13,085						54
55	Water Softener	2004	1,467						55
56	Parking Lot Sealant	2004	2,800						56
57	Laundry drain	2004	2,350						57
58									58
59	Motor --Circulator	2005	1,674						59
60	Water Heater	2005	10,113						60
61	Kitchen Door	2005	240						61
62	A/C compressor	2005	175						62
63	Generator Panel	2005	833						63
64	Closet Rehab	2005	1,137						64
65	Exterior Lights	2005	127						65
66	A/C compressor	2005	4,597						66
67	Kitchen Water Heater	2005	1,059						67
68	Sidewalks	2005	7,450						68
69	Boiler Repair	2005	1,967						69
70	TOTAL (lines 4 thru 69)		$ 893,404	$ 138,451		$ 138,451	$	$	70

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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		$ 893,404	$ 138,451		$ 138,451	$	$	1
2	Inline exhaust	2006	2,465						2
3	A/C compressor	2006	8,093						3
4	Exhaust fan	2006	2,435						4
5	Roof	2006	97,870						5
6	Dayroom -- paint	2006							6
7	Sewer	2006	2,260						7
8									8
9	Dayroom -- paint	2007	10,633						9
10	In-sink Erator	2007	895						10
11	Rooftop A/C	2007	12,269						11
12	Window	2007	583						12
13	Water Softener	2007	17,709						13
14	Water Heater	2007	11,668						14
15	Exterior Panting	2007	14,215						15
16	Water Heater	2007	12,140						16
17	adjustments	2007	(3,034)						17
18	Boiler	2008	6,030						18
19	Kitchen/Restroom Upgrade	2008	3,989						19
20	HVAC Unit	2008	13,845						20
21	Resident Room/Corridor Painting	2008	4,275						21
22									22
23	Shower	2009	33,402						23
24	Sidewalk	2009	3,860						24
25	Dining room rehab: flooring, wallcovering & labor	2009	16,336						25
26	Nurse Call system	2009	257,238						26
27									27
28									28
29	Fire Alarm	2010	47,091						29
30	Storage Shed/garage	2010	40,207						30
31	Asphalt Drive/parking lot	2010	35,536						31
32	Facility Remodel	2010	813,560						32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,358,974	$ 138,451		$ 138,451	$	$	34

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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		$ 2,358,974	$ 138,451		$ 138,451	$	$	1
2									2
3	Landscapping	2011	17,207						3
4	Facility Remodel	2011	99,642						4
5	Rooftop A/C	2011	16,547						5
6									6
7	water heater	2012	13,186						7
8	compressor	2012	6,742						8
9	Lighting Upgrade	2012	2,762						9
10									10
11	Rooftop A/C Units	2013	15,027						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	TOTAL (lines 1 thru 33)		$ 2,530,087	$ 138,451		$ 138,451	$	$	34

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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		$ 2,530,087	$ 138,451		$ 138,451	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,530,087	$ 138,451		$ 138,451	$	$	34

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	$ 857,267	$ 80,768	$ 80,768	$		$	71
72	Current Year Purchases	2,954						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 860,221	$ 80,768	$ 80,768	$		$	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,390,308	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 219,219	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 219,219	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	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.

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Dwight Continental Manor.
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. [x] 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:		92		$ 200,000	20		3
4	Additions							4
5								5
6								6
7	TOTAL		92		$ 200,000 **			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 [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.	/2014	$
13.	/2015	$
14.	/2016	$

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: $ 15,073 Description:
    (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.

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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
   ☐ 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.

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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		hrs	$		$ 230,868	$		$ 230,868	1
2	Licensed Speech and Language Development Therapist		hrs			42,299			42,299	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			237,896	7		237,903	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				519,073		519,073	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					16,646			16,646	13
14	TOTAL			$		$ 527,709	$ 519,080		$ 1,046,789	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.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (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	$ 12,630	$	1
2	Cash-Patient Deposits	15,185		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,061,516		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,413		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,935,136)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (814,392)	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	2,578,492		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	922,311		16
17	Accumulated Depreciation (book methods)	(1,934,456)		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)**	$ 1,566,347	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 751,955	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 224,401	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,185		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	202,211		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,838		31
32	Accrued Real Estate Taxes(Sch.IX-B)	50,744		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Assessment Tax	74,127		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 572,506	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			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)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 572,506	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 179,449	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 751,955	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (25,701)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (25,701)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	205,150	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)**	$ 205,150	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)**	$ 179,449	24	*

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

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,303,336	1
2	Discounts and Allowances for all Levels	(2,142,683)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,160,653	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,721,059	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,721,059	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	1,466	12
13	Barber and Beauty Care	7,276	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	981,461	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	12,565	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,002,768	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	27,926	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 27,926	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,912,406	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,015,583	31
32	Health Care	2,856,290	32
33	General Administration	1,345,988	33
	B. Capital Expense		
34	Ownership	484,270	34
	C. Ancillary Expense		
35	Special Cost Centers	5,125	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,707,256	40
41	**Income before Income Taxes (line 30 minus line 40)****	205,150	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 205,150	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$	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.**

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	1,856	2,024	$ 55,078	$ 27.21	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	16,921	18,276	478,893	26.20	3
4	Licensed Practical Nurses	2,870	3,398	60,459	17.79	4
5	CNAs & Orderlies	57,702	61,358	720,892	11.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,666	6,289	108,881	17.31	8
9	Activity Director					9
10	Activity Assistants	8,748	9,218	112,259	12.18	10
11	Social Service Workers	3,988	4,386	74,342	16.95	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,939	23,858	248,223	10.40	15
16	Dishwashers					16
17	Maintenance Workers	5,699	6,013	83,222	13.84	17
18	Housekeepers	10,969	11,663	127,913	10.97	18
19	Laundry	6,045	6,640	65,581	9.88	19
20	Administrator	1,900	2,080	77,675	37.34	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,523	11,316	219,950	19.44	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	154,826	166,519	$ 2,433,368 *	$ 14.61	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		$ 0		35
36	Medical Director		10,800		36
37	Medical Records Consultant		458		37
38	Nurse Consultant				38
39	Pharmacist Consultant		5,520		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		3,819		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 20,597		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	0	$ 0		50
51	Licensed Practical Nurses	0	0		51
52	Certified Nurse Assistants/Aides	0	0		52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Randy Provence			$ 77,675
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 77,675

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Mgt	$ 253,216
McQuellon Consulting	Consult	650
Legal adj to Zero		8,823
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 262,689

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 43,177
Unemployment Compensation Insurance	46,231
FICA Taxes	186,153
Employee Health Insurance	237,873
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	35,616
Central Office Allocation	40,810
TOTAL (agree to Schedule V, line 22, col.8)	$ 589,860

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	9,933
Health Care Worker Background Check	
(Indicate # of checks performed)	1,930
Patient Background Checks	
	19,776
Dues & Subscriptions	6,373
License & Fees	5,301
Central Office Allocation	9,454
Less: Public Relations Expense	(19,776)
Non-allowable advertising	(920)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 32,071

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	7,797
	752
Seminar Expense	2,028
	(8,578)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

**See instructions.

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Heritage Health-Dwight # 0050492 Report Period Beginning: 01/01/13 Ending: 12/31/13

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. **Illinois Health Care Association**

(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? **Yes**
What was the average life used for new equipment added during this period? **7 Yrs.**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** 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? **No**
If YES, give effective date of lease.

(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. $ **50,370**
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. $ Has any meal income been offset against related costs? Indicate the amount. $ **1,032**

(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? **100%**
d. Have vehicle usage logs been maintained?
e. Are all vehicles stored at the nursing home during the night and all other times when not in use?
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
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. $ 0

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

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

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

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Line #	Adjustment Amount				
1009	PETTY CASH	12,630						1,009	1,009	PETTY C	12,630
1010	CASH IN BANK							1,100	1,100	ACCTS R	1,061,516
1040	CASH IN BANK-PAYROLL							1,101	1,101	ALLOW. FOR UNCOLLECTIBI	
1100	ACCOUNTS RECEIVABLE	1,061,516						1,110	1,110	ACCTS RECEIV-M/C	
1110	MEDICARE RECEIVABLES							1,125	1,125	ACCTS RECEIV-IPA	
1125	IPA INCOME RECEIVABLE							1,135	1,135	ACCTS RECEIV-IC	
1130	MEDICARE COST REPORT							1,140	1,140	UNAPPLIED CASH RECEIPTS	
1135	ACCOUNTS RECEIVABLE-IC							1,145	1,145	A/R SUSPENSE-REFUNDS	
1140	UNAPPLIED CASH RECEIPTS							1,200	1,200	PREPAID	31,413
1145	A/R SUSPENSE-REFUNDS							1,220	1,220	OTHER PREPAID EXPENSES	
1190	ACCRUED INTEREST REC							1,300	1,300	DIETARY INVENTORY	
1200	PREPAID INSURANCE	31,413						1,310	1,310	SUPPLIES INVENTORY	
1220	OTHER PREPAID EXPENSES							1,320	1,320	LINEN INVENTORY	
1300	FOOD INVENTORY							1,409	1,409	LAND	0
1310	SUPPLIES INVENTORY							1,450	1,450	FURNITU	922,311
1409	LAND	0						1,460			(665,493)
1450	FURNITURE & EQUIPMENT	922,311						1,475	1,475	CODE AI	2,578,492
1460	ACCUM DEPR-FURN & EQU	-665,493						1,490	1,490	ACCUM I	(1,268,963)
1475	BUILDING & IMPROVEMEN	2,578,492						1,530	1,530	RESIDEN	15,185
1490	ACCUM DEPR-BUILDING	-1,268,963						1,550	1,550	LOAN FE	0
1530	RESIDENT FUNDS	15,185						1,551	1,551	LOAN FEES ADDED	
1550	LOAN FEES	0						1,850	1,850	INTERCC	(1,935,136)
1560	REAL ESTATE TAX ESCROW							2,010	2,010	ACCOUN	(224,401)
1575	REIMBURSABLE PURCHASES							2,100	2,095	BONUSES PAYABLE	
1850	INTRACOMPANY	-1,935,136						2,100	2,100	ACCRUE	(70,185)
2010	ACCOUNTS PAYABLE	-224,401						2,100	2,100	PR CLEARING-BENEFITS	
2095	BONUSES PAYABLE							2,100	2,100	PR CLEARING-LABOR	
2100	ACCRUED PAYROLL	-70,185						2,110	2,110	ACCRUE	(132,026)
2110	ACCRUED VACATION PAY	-132,026						2,120	2,120	U.C. TAXES PAYABLE	

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	-5,838	-5,838
2130	FIT PAYABLE		
2140	STATE W/H PAYABLE		0
2145	EARNED INCOME CREDIT		
2150	UC FED CREDIT REDUCTION		
2230	PAYROLL SAVINGS		
2235	IRA W/HOLDINGS		
2240	UNITED WAY		
2245	GROUP INSURANCE PAYABLE		
2246	GROUP INSURANCE PAYABLE-CAFETERIA		
2260	WAGE GARNISHMENTS		
2280	MISC PAYROLL DEDUCTIONS		
2300	ACCRUED INTEREST PAYA	0	
2310	SALES TAX PAYABLE		
2320	IPA PAYMENTS PAYABLE	-74,127	
2350	REAL ESTATE TAX PAYAB	-50,744	
2385	ACTIVITY FUND	0	
2390	SECURITY DEPOSITS	0	
2391	VOLUNTEER FUND		
2393	HEART FUND/BAZAAR		
2395	DEFERRED INC EMP & MEM		
2400	CURRENT PORTION LT DEBT		
2460	INCOME TAXES PAYABLE		
2512	DUE TO RESIDENTS	-15,185	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	25,701	
2970	PROFIT/LOSS FOR PERIOD	-205,150	
3007.1	PATIENT DAYS-PRIVATE	8,671	

2,125	2,125	FICA TA:	(5,838)
2,130	2,130	FEDERAL W/H TAX PAYABLI	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE RE:	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETI	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GARNISHMENT	
2,300	2,300	ACCRUE	0
2,320	2,320	IPA PAYI	(74,127)
2,350	2,350	REAL ES	(50,744)
2,385			0
2,400	2,400	CURRENT PORTION OF LT DI	
2,512	2,512	DUE TO I	(15,185)
2,600	2,600	LASALLI	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DI	
2,720	2,720	RETAINI	25,701
		net incom	(205,150)
		balance	0

3,007

3007.2		PATIENT DAYS-IPA	15,404					3,007
3007.3		PATIENT DAYS-MEDICARE	4,745					3,007
3007.4		PATIENT DAYS-CONVERSION						3,007
3007.5		PATIENT DAYS-LICENSED						3,007
3007.6		PATIENT DAYS-TOTAL						3,007
3010	1	BASIC CHARGE-PRIVATE &	-5,242,856	0	0	0	0	3,007
3015	1	PRIVATE ASSESSMENT TAX INCOME		0	0	0	0	3,010
3020	1	BASIC CHARGE-IPA	0	0	0	0	0	3,020
3030	1	BASIC CHARGE-MEDICARI	0	0	0	0	0	3,030
3035	4	DAY CARE/HOME CARE		0	0	0	0	3,040
3040	1	LIGHT NURSING CARE	0	0	0	0	0	3,050
3050	1	MEDIUM NURSING CARE		0	0	0	0	3,060
3060	1	HEAVY NURSING CARE		0	0	0	0	3,061
3061	1	SKILLED NURSING CARE						3,080
3080	1	NURSING SUPPLIES-PRIVA	-40,806	0	0	0	0	3,081
3081	1	NURSING SUPPLIES-IPA		0	0	0	0	3,082
3082	1	NURSING SUPPLIES MED PT A		0	0	0	0	3,083
3083	1	NURSING SUPPLIES MED PT B						3,100
3100	17	DRUGS	-981,461	0	0	0	0	3,101
3101	17	DRUGS-OTHER						3,110
3110	6	PT-PRIVATE	-1,721,059	0	0	0	0	3,111
3111	6	PT-IPA		0	0	0	0	3,112
3112	6	PT-MEDICARE PART A		0	0	0	0	3,113
3113	6	PT-MEDICARE PART B		0	0	0	0	3,140
3130	1	PUBLIC AID ASSESSMENT INC						3,150
3140	19	LABORATORY INCOME		0	0	0	0	3,151
3150	6	SPEECH/OT-PRIVATE		0	0	0	0	3,152
3151	6	SPEECH/OT-IPA		0	0	0	0	3,153
3152	6	SPEECH/OT-MED PART A		0	0	0	0	3,160
3153	6	SPEECH/OT MED PART B						3,410
3410	2	IPA DISCOUNTS	2,142,683	0	0	0	0	3,411
3411	2	MEDICAID PART B DISCOUNT		0	0	0	0	3,420
3420	2	MEDICARE DISCOUNTS		0	0	0	0	3,500

3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0		3,520
3520		16	RENT INCOME	0		6	0	6	0		3,530
3530		13	BEAUTY SHOP	-7,276		0	0	0	0		3,560
3560		12	ACTIVITY FUND INCOME	-63		0	0	0	0		3,570
3570		12	VENDING INCOME/EXPENS	-1,403		0	0	0	0		3,590
3580		12	MANAGEMENT FEES			0	0	0	0		3,595
3590		1	EQUIPMENT RENTAL	-19,674		0	0	0	0		3,600
3595		21	RESIDENT TRANSPORTATI	-12,565		0	0	0	0		4,110
3600		21	MISC INCOME	0		0	0	0	0		4,111
4110			GENERAL & ADMINIST WA	205,187	219,950	21	1	17	0		4,115
4111			ADMINISTRATOR WAGES	77,675	77,675	17	1	0	0		4,120
4115			VACATION & SICK - G&A	14,763		21	1	0	0		4,125
4120	4475		EMPLOYEE BENEFITS	17,258	549,050	22	3	0	0		4,130
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0		4,135
4130			EMPLOYEE SCHOLORSHIP	20,134		21	1	0	0		4,250
4135			EMPLOYEE SCHOLORSHIP	-1,776		23	3	0	0		4,255
4220			DIRECTORS FEES	0	0	18	3	0	0		4,260
4250	4255		OFFICE SUPPLIES	23,052	23,625	21	2	0	0		4,275
4260			TELEPHONE	8,987	8,987	21	3	0	0	**	4,276
4275			TRAINING & EMPLOYEE D	7,226	7,226	23	3	16	0		4,280
4280			GENERAL TRAVEL	7,797	10,577	24	3	16	0		4,281
4281			MEAL EXPENSE FOR TRAV	752		24	3	19	0	***	4,285
4285			EDUCATION & SEMINAR	2,028		24	3	19	-15,028		4,289
4290			HELP WANTED ADVERTISI	9,933	134,354	20	3	0	0	-50,370	4,290
4291			PROMOTIONAL ADVERTIS	40,671		20	3	25	-40,671		4,291
4292			PUBLIC RELATIONS	19,776		20	3	25	-19,776		4,292
4300			LICENSES & FEES	55,671		20	3	17	0		4,300
4310			DUES & SUBSCRIPTIONS	6,373		20	3	17	-920		4,310
4320			CONTRIBUTIONS	0		27	3	20	0		4,320
4350			PROFESSIONAL FEES	9,473	262,689	19	3	22	-8,823		4,350
4355			MEDICAL DIRECTOR	10,800	10,800	9	3	0	0		4,355
4360			UTILIZATION REVIEW	0		10	3	0	0		4,362
4361			OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	458		10	3	0	0	4,364
4363	PHARMACIST FEES	5,520		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,819	3,819	12	3	0	0	4,383
4370	TV RENTAL	10,187		35	3	5	0	4,390
4380	INCOME TAXES		4,225	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,930		20	3	26	0	4,401
4400	PAYROLL TAXES	224,321		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	8,063		22	3	0	0	4,420
4410	GROUP INSURANCE	237,873		22	3	0	0	4,430
4420	LIABILITY INSURANCE	47,630	47,630	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURA	43,177		22	3	0	0 **	4,450
4450	CENTRAL OFFICE FEES	253,216		19	3	34	0	4,460
4460	BAD DEBTS	4,000		27	3	24	-4,000	4,461
4470	LOST ITEMS-RESIDENTS	225		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	47,545	47,545	33	3	0	0	4,486
4600	LEASED EQUIPMENT	4,886	15,073	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	77,772	83,222	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	5,450		6	1	0	0	4,510
5130	ELECTRIC	39,029	107,718	5	3	0	0	4,600
5131	NATURAL GAS	25,100		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	43,589		5	3	0	0	5,130
5134	TRASH COLLECTION	9,467	47,404	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	19,178	57,571	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN	38,393		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC	37,937		6	3	0	0	5,140
5210	DIETARY WAGES	230,227	248,223	1	1	0	0	5,160
5220	DIETARY SICK & VAC	17,996		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	224,591	223,559	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,351	12,033	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	2,171		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	7,511		1	2	0	0	5,260
5295	MEAL CREDIT	-1,032		2	2	0	0	5,270
5310	LAUNDRY WAGES	60,531	65,581	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	5,050		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	5,024	10,152	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	5,128		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	117,668	127,913	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VA	10,245		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	14,376	32,207	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	17,831		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,424,203	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	441,194		10	1	0	0	6,020
6030	DON WAGES	55,078		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	37,699		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	57,477		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICA	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	2,982		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDIC	686,129		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	34,763		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING W	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	99,768		10	1	0	0	6,390
6275	REHAB SICK & VAC	9,113		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0		7,280
6290	NURSING SUPPLIES	102,160	165,564	10	2	0	0		7,281
6295	NURSING SUPPLIES	48,972		10	2	0	0		7,380
6390	REPLACEMENT-NURSING	14,432		10	2	0	0		7,391
6490	NURSING OTHER	6,738	12,716	10	3	0	0	***	7,393
7280	DRUG PURCHASES	242,090	519,080	39	2	0	0		7,510
7281	DRUG PURCHASES-OTHER	276,983		39	2				7,540
7380	LABORATORY SERVICES	16,646	527,709	39	3	0	0		7,590
7410	HOME HEALTH SALARY			39	1	0	0		7,620
7440	HOME HEALTH SICK & VAC			39	1	0	0		7,660
7450	HOME HEALTH EXPENSES			39	3	0	0		7,710
7510	ACTIVITES WAGES	104,989	112,259	11	1	0	0		7,720
7540	ACTIVITIES SICK & VAC	7,270		11	1	0	0		7,730
7590	ACTIVITIES SUPPLIES	5,798	5,798	11	2	0	0		7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0		7,750
7610	PT WAGES			39	1	0	0		7,770
7611	PT SICK & VACATION			39	1	0	0	***	7,820
7620	PT FEES	237,896		39	3	0	0		7,890
7660	PT SUPPLIES	7		39	2	0	0		7,960
7710	SOCIAL SERVICE WAGES	67,901	74,342	12	1	0	0		8,120
7720	SOCIAL SERVICE SICK & V	6,441		12	1	0	0		8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	***	8,130
7740	OT FEE	230,868		39	3	0	0		8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	***	9,510
7770	SPEECH THERAPY FEE	42,299		39	3	0	0		9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0		9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0		
7820	BEAUTICIAN FEES	5,125	5,125	40	3	0	0		
7890	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0		
7910	VOLUNTEER COORDINATOR			21	1	0	0		
7940	VOL COORD SICK & VAC			21	1	0	0		
7960	VOL COORD SUPPLIES	573		21	2	0	0		
8100	RENT	200,000	200,000	34	3	0	0		

8120	INTEREST EXPENSE	19,695	19,695	32	3	14	-27,926
8130	DEPRECIATION	201,957	201,957	30	3	9	0
8150	LOAN FEE AMORTIZATION	0		32	3	0	0
9510	INTEREST INCOME	-27,926		32	0	10	0
9520	MISC NON-OPERATING INC	0		0	0	0	0
9700	INCOME TAXES	0		0	0	0	0
		5,679,330	5,707,256				
			27,926				
GRAND TOTALS		-205,150					-117,144
		(NET INCOME)					
		0					

FACILITY NAME:	
FACILITY ID:	0
FACILITY UNITS:	89
BALANCE SHEET TOTAL	0

	G/L	RECAP CENSUS
PP	8,671	8,671
IPA	15,404	15,404
medicare	4,745	4,745
		28,820

IPA BEDHOLDS	0
PP BEDHOLDS	0
PP CONVERS	0

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EBT

3,007 PATIENT 8,671

3,007	PATIENT	15,404
3,007	PATIENT	4,745
		0
3,010	BASIC CH	(5,242,856)
3,020	BASIC CH	0
3,030	BASIC CH	0
		0
		0
		0
		0
3,080	NURSING	(40,806)
3,081	NURSING	0
3,082	NURSING	0
3,083	NURSING	0
3,100	DRUGS-M	(981,461)
		0
3,110	PHYSICAL	(1,721,059)
		0
3,112	PHYSICAL	0
3,113	PHYSICAL	0
3,140	LABORATORY INCOME	
		0
3,152	ST/OT TH	0
3,153	ST/OT TH	0
3,185	REHAB/ISOLATION/OTHER CHG	
3,410	IPA/OTHE	0
3,411	MEDICAR	0
3,420	MEDICAR	2,069,135

3,520	RENT INC	0
3,530	BEAUTY S	(7,276)
		(63)
3,570	VENDING	(1,403)
3,590	EQUIPME	(19,674)
3,595	RESIDENT	(12,565)
3,600	MISC INC	0
4,110	G&A WAG	205,187
4,111	ADMINIST	77,675
4,115	G&A PTO	14,763
4,120	EMPLOYE	17,351
4,130	EMPLOYE	20,134
4,135	EMPLOYE	(1,776)
4,250	OFFICE SU	12,454
4,255	POSTAGE	3,082
4,260	TELEPHO	8,987
4,275	TRAININ(	7,226
		400
4,280	GENERAL	7,797
4,281	MEAL EX	752
4,285	EDUCATI	2,028
4,289	MEETING	0
4,290	HELP WA	9,933
4,291	PROMOTI	40,671
4,292	PUBLIC R	19,776
4,300	LICENSE	55,671
4,310	DUES & S	6,373
4,320	CONTRIB	0
4,350	PROFESSI	9,473
4,355	MEDICAL	10,800
		458
		5,520

4,364	SOCIAL S	3,819
4,370	TV RENT/	10,187
4,383	BACKGR(	1,930
4,390	OTHER T/	0
4,400	PAYROLL	224,321
4,401	PAYROLL	8,063
4,410	GROUP IN	237,873
4,420	LIABILIT'	47,630
4,430	WORKMA	38,359
4,435	W/C-FIRS'	2,125
4,436	DRUG TE:	2,293
4,450	MANAGE	253,216
4,460	BAD DEB'	4,000
4,461	BAD DEB'	73,548
4,470	LOST ITE:	225
4,475	UNIFORM	(93)
4,486	SERVICE	18,939
4,490	MISC EXP	1,064
4,496	MISC. M.I	7,516
4,510	REAL EST	47,545
4,600	LEASED E	4,886
5,110	MAINTEN	77,772
5,120	MAINTEN	5,450
5,130	ELECTRI(	39,029
5,131	NATURAL	25,100
5,133	WATER &	43,589
5,134	TRASH C(	9,467
5,140	PROP/PLA	19,178
5,160	GENERAL	38,393
5,165	MAINTEN	18,998
5,210	DIETARY	230,227
5,220	DIETARY	17,996
5,248	FOOD PU	223,527

5,250	SUPPLIES	2,351
5,260	REPLACE	2,171
5,270	KITCHEN	7,511
5,295	MEAL INC	(1,032)
5,310	LAUNDRY	60,531
5,340	LAUNDRY	5,050
5,370	REPLACE	5,024
		0
5,390	SUPPLIES	5,128
5,410	HOUSEKE	117,668
5,440	HOUSEKE	10,245
5,480	SUPPLIES	14,376
5,490	SUPPLIES	17,831
6,020	RN WAGE	441,194
6,030	DON WAC	55,078
6,035	ADON WA	0
6,040	RN PTO &	37,699
6,120	LPN WAG	57,477
6,140	LPN PTO	2,982
6,220	AIDES WA	686,129
6,240	AIDES PT	34,763
		0
		0
		0
		0
6,270	REHAB W	99,768
6,275	REHAB PT	9,113
6,290	NURSING	102,160
6,295	NURSING	48,972
6,390	REPLACE	14,432
6,490	OTHER	6,738

7,280	DRUG PU	242,090
7,281	DRUG PU	276,983
7,380	LABORAT	9,342
7,390	X-RAY SE	3,551
		3,753
7,510	ACTIVITI	104,989
7,540	ACTIVITI	7,270
7,590	ACTIVITI	5,798
7,620	PHYSICAL	237,896
7,660	P.T. SUPP	7
7,710	SOCIAL S	67,901
7,720	SOCIAL S	6,441
7,730	SOCIAL S	0
7,740	OCCUPAT	230,868
7,770	SPEECH T	42,299
7,820	BEAUTIC	5,125
		0
		573
8,120	INTEREST	283
		19,412
8,130	DEPRECI	201,957
		0
9,510	INTEREST	(27,926)
9,520	MISC NO	0
4,220		0
8,100		200,000
9,702		0
5,230		0
		(205,150)

Expenses Fixed Assets

Related Parties
From Page 6

FACILITY	MEDICAID NUMBER	STATE LICENSE NUMBER
Owned SNFs		
Heritage Health - South, L	20-5300302001	48843
Heritage Health - Bloomin	20-3904134001	48157
Heritage Health - Carlinvill	20-5508113001	48850
Heritage Health - Chillicoth	20-5412664001	48868
Heritage Health - Dwight, I	20-5412784001	50492
Heritage Health - Elgin, LL	20-3902154001	48132
Heritage Health - El Paso,	20-3903447001	48124
Heritage Health - Gibson C	20-3902572001	48116
Heritage Health - Gillespie	20-5428620001	48892
Heritage Health - LaSalle,	27-3741988001	51276
Heritage Health - Litchfield	20-5508096001	48900
Heritage Health - Mendota	20-3904038001	48108
Heritage Health - Minonk,	20-3903980001	48058
Heritage Health - Mt. Sterl	20-3903543001	48041
Heritage Health - Mt. Zion	20-3903622001	48074
Heritage Health - Normal,	20-3903883001	48082
Heritage Health - Pana, LL	20-5508128001	48884
Heritage Health - Peru, LL	20-3902978001	48090
Heritage Health - Staunton	20-5437628001	48876
Heritage Health - Streator,	20-3902216001	48066
Barton W. Stone Jacksonv	20-5298969002	48918
Danville Joint Ventures, LL	37-1357323001	42168
Heritage Hea	37-1359387001	41699
Cotillion Ridg	37-1402726001	45138
Country Hea	37-6064916001	7880
Mason City A	37-1168043001	34256
St. Clara's M	37-6075710001	50724
Vonderlieth L	37-0967671001	19976