



Facility Name & ID Number Heritage Health Staunton

# 0048876 Report Period Beginning: 01/01/15 Ending: 12/31/15

**III. STATISTICAL DATA**

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	99	Skilled (SNF)	99	36,135	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	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	11,712	9,086	2,857	23,655	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,712	9,086	2,857	23,655	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.46%

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

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

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

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

I. On what date did you start providing long term care at this location?  
Date started July 2007

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided 2,857

Medicare Intermediary WPS

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

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

Facility Name &amp; ID Number

Heritage Health Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	177,268	8,793		186,061		186,061	5,281	191,342		1
2	Food Purchase		157,599		157,599		157,599	31	157,630		2
3	Housekeeping	110,665	24,551		135,216		135,216	38	135,254		3
4	Laundry	50,966	13,649		64,615		64,615		64,615		4
5	Heat and Other Utilities			93,224	93,224		93,224	1,371	94,595		5
6	Maintenance	54,545	72,080	54,569	181,194		181,194	16,155	197,349		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	393,444	276,672	147,793	817,909		817,909	22,876	840,785		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			16,500	16,500		16,500		16,500		9
10	Nursing and Medical Records	1,241,433	81,614	80,563	1,403,610		1,403,610	(12,359)	1,391,251		10
10a	Therapy		358,602	567,434	926,036	(373,416)	552,620		552,620		10a
11	Activities	86,506	7,448		93,954		93,954		93,954		11
12	Social Services	45,465		1,858	47,323		47,323		47,323		12
13	CNA Training		9,055		9,055		9,055	940	9,995		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,373,404	456,719	666,355	2,496,478	(373,416)	2,123,062	(11,419)	2,111,643		16
	<b>C. General Administration</b>										
17	Administrative	90,780			90,780		90,780		90,780		17
18	Directors Fees										18
19	Professional Services			247,597	247,597		247,597	(203,915)	43,682		19
20	Dues, Fees, Subscriptions & Promotions			97,809	97,809	(54,203)	43,606	(11,771)	31,835		20
21	Clerical & General Office Expenses	93,432	20,568	7,582	121,582		121,582	316,050	437,632		21
22	Employee Benefits & Payroll Taxes			444,336	444,336		444,336	47,196	491,532		22
23	Inservice Training & Education			5,436	5,436		5,436	884	6,320		23
24	Travel and Seminar			3,374	3,374		3,374	1,625	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			51,640	51,640		51,640	13,669	65,309		26
27	Other (specify):*			24,000	24,000		24,000	(24,000)			27
28	<b>TOTAL General Administration</b>	184,212	20,568	881,774	1,086,554	(54,203)	1,032,351	139,738	1,172,089		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,951,060	753,959	1,695,922	4,400,941	(427,619)	3,973,322	151,195	4,124,517		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 Staunton

#0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation							177,370	177,370			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			33,310	33,310		33,310	192,037	225,347			32
33	Real Estate Taxes							32,557	32,557			33
34	Rent-Facility & Grounds			433,634	433,634		433,634	(427,976)	5,658			34
35	Rent-Equipment & Vehicles			12,000	12,000		12,000	7,885	19,885			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			478,944	478,944		478,944	(18,127)	460,817			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					373,416	373,416	8,854	382,270			39
40	Barber and Beauty Shops		361	13,259	13,620		13,620		13,620			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					54,203	54,203		54,203			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		361	13,259	13,620	427,619	441,239	8,854	450,093			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,951,060	754,320	2,188,125	4,893,505		4,893,505	141,922	5,035,427			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 Staunton

# 0048876

Report Period Beginning: 01/01/15

Ending: 12/31/15

**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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(542)			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	(4,961)			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	(24,000)			24
25	Fund Raising, Advertising and Promotional	(19,088)			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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (48,591)		\$	30

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	2	
		Amount	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)	190,513		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 190,513		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 141,922		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	2	3	4	
		Yes	No	Amount	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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY						
48		49		50		51
						52

Heritage Health Staunton

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Report Period Beginning: 01/01/15

Ending: 12/31/15

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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		0	20	17
18				18
19			24	19
20		0	27	20
21				21
22		0	19	22
23				23
24		(24,000)	27	24
25		(19,088)	20	25
26				26
27		0	22	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	<b>Total</b>		(43,088)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Staunton# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	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)	
	<b>A. General Services</b>													
1	Dietary	0	0	5,281	0	0	0	0	0	0	0	0	5,281	1
2	Food Purchase	0	0	31	0	0	0	0	0	0	0	0	31	2
3	Housekeeping	0	0	38	0	0	0	0	0	0	0	0	38	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,371	0	0	0	0	0	0	0	0	1,371	5
6	Maintenance	0	0	16,155	0	0	0	0	0	0	0	0	16,155	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	0	22,876	0	0	0	0	0	0	0	0	22,876	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(12,981)	622	0	0	0	0	0	0	0	0	(12,359)	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	940	0	0	0	0	0	0	0	0	940	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	<b>TOTAL Health Care and Programs</b>	0	(12,981)	1,562	0	0	0	0	0	0	0	0	(11,419)	16
	<b>C. General Administration</b>													
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	0	(222,879)	18,964	0	0	0	0	0	0	0	0	(203,915)	19
20	Fees, Subscriptions & Promotions	(19,088)	0	7,317	0	0	0	0	0	0	0	0	(11,771)	20
21	Clerical & General Office Expenses	0	0	316,050	0	0	0	0	0	0	0	0	316,050	21
22	Employee Benefits & Payroll Taxes	0	0	47,196	0	0	0	0	0	0	0	0	47,196	22
23	Inservice Training & Education	0	(110)	994	0	0	0	0	0	0	0	0	884	23
24	Travel and Seminar	(4,961)	0	6,586	0	0	0	0	0	0	0	0	1,625	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	13,669	0	0	0	0	0	0	0	0	13,669	26
27	Other (specify):*	(24,000)	0	0	0	0	0	0	0	0	0	0	(24,000)	27
28	<b>TOTAL General Administration</b>	(48,049)	(222,989)	410,776	0	0	0	0	0	0	0	0	139,738	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(48,049)	(235,970)	435,214	0	0	0	0	0	0	0	0	151,195	29



STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Capital Expense	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)	
	<b>D. Ownership</b>													
30	Depreciation	0	157,957	0	19,413	0	0	0	0	0	0	0	177,370	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(542)	192,640	0	(61)	0	0	0	0	0	0	0	192,037	32
33	Real Estate Taxes	0	32,557	0	0	0	0	0	0	0	0	0	32,557	33
34	Rent-Facility & Grounds	0	(433,634)	0	5,658	0	0	0	0	0	0	0	(427,976)	34
35	Rent-Equipment & Vehicles	0	0	0	7,885	0	0	0	0	0	0	0	7,885	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	(542)	(50,480)	0	32,895	0	0	0	0	0	0	0	(18,127)	37
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	8,854	0	0	0	0	0	0	0	0	0	8,854	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	<b>TOTAL Special Cost Centers</b>	0	8,854	0	0	0	0	0	0	0	0	0	8,854	44
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(48,591)	(277,596)	435,214	32,895	0	0	0	0	0	0	0	141,922	45

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<a href="#">Heritage Enterprises, Inc.</a>	100	<a href="#">Attached Following This Page</a>		<a href="#">Heritage Operations Group</a>	<a href="#">Bloomington</a>	<a href="#">Mgmt. Services</a>
				<a href="#">Green Tree Pharmacy</a>	<a href="#">Minonk</a>	<a href="#">Pharmacy</a>

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	<a href="#">10 Adjustment for Related Organization</a>	\$	<a href="#">GreenTree Pharmacy</a>	0.00%	\$ (12,981)	\$ (12,981)	1
2	V	<a href="#">23 Adjustment for Related Organization</a>		<a href="#">GreenTree Pharmacy</a>	0.00%	(110)	(110)	2
3	V	<a href="#">39 Adjustment for Related Organization</a>		<a href="#">GreenTree Pharmacy</a>	0.00%	8,854	8,854	3
4	V	<a href="#">19 Adjustment for Related Organization</a>	222,879	<a href="#">Heritage Operations Group, LLC</a>	0.00%		(222,879)	4
5	V							5
6	V	<a href="#">34 Adjustment for Related Organization</a>	433,634	<a href="#">Heritage Manor Real Estate, LLC</a>	0.00%		(433,634)	6
7	V	<a href="#">33 Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		32,557	32,557	7
8	V	<a href="#">32 Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		187,867	187,867	8
9	V	<a href="#">30 Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		157,957	157,957	9
10	V	<a href="#">32 Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		4,773	4,773	10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		\$ 656,513			\$ 378,917	\$ * (277,596)	14

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	1 Dietary	\$	Heritage Enterprises, Inc.		\$	\$	5,281	15	
16	V	2 Food Purchase						31	16	
17	V	3 Housekeeping						38	17	
18	V	4 Laundry						0	18	
19	V	5 Heat & Other Utilities						1,371	19	
20	V	6 Maintenance						16,155	20	
21	V	7 Other						0	21	
22	V	9 Medical Director						0	22	
23	V	10 Nursing & Medical Records						622	23	
24	V	11 Activities						0	24	
25	V	12 Social Service						0	25	
26	V	13 Nurse Aide Training						940	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						18,964	31	
32	V	20 Fees, Subscription, Promotions						7,317	32	
33	V	21 Clerical & General Office Expenses						316,050	33	
34	V	22 Employee Benefits & Payroll Taxes						47,196	34	
35	V	23 Inservice Training & Education						994	35	
36	V	24 Travel and Seminar						6,586	36	
37	V	25 Other Admin. Staff Transportation						0	37	
38	V	26 Insurance-Prop.Liab.Malpract						13,669	38	
39	Total		\$			\$	0	\$ *	435,214	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	27 Other	\$	Heritage Enterprises, Inc.		\$	\$	0	15	
16	V	30 Depreciation						19,413	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						(61)	18	
19	V	33 Real Estate Taxes						0	19	
20	V	34 Rent-Facility & Grounds						5,658	20	
21	V	35 Rent-Equipment & Vehicles						7,885	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	\$ *	32,895	39

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

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	Heritage Enterprises Inc.	Sole 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 Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization

Heritage Operations Group

Street Address

Box 3188

City / State / Zip Code

Bloomington, IL 61701

Phone Number

( )

Fax Number

( )

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Beds	2,835	27	\$ 151,240	\$ 150,308	99	\$ 5,281	1
2	2	Food Purchase	Beds	2,835	27	878	0	99	31	2
3	3	Housekeeping	Beds	2,835	27	1,094	0	99	38	3
4	4	Laundry	Beds	2,835	27	0	0	99	0	4
5	5	Heat & Other Utilities	Beds	2,835	27	39,264	0	99	1,371	5
6	6	Maintenance	Beds	2,835	27	462,630	80,387	99	16,155	6
7	7	Other	Beds	2,835	27	0	0	99	0	7
8	9	Medical Director	Beds	2,835	27	0	0	99	0	8
9	10	Nursing & Medical Records	Beds	2,835	27	17,825	16,766	99	622	9
10	11	Activities	Beds	2,835	27	0	0	99	0	10
11	12	Social Service	Beds	2,835	27	0	0	99	0	11
12	13	Nurse Aide Training	Beds	2,835	27	26,928	26,075	99	940	12
13	14	Program Transportation	Beds	2,835	27	0	0	99	0	13
14	15	Other	Beds	2,835	27	0	0	99	0	14
15	17	Administrative	Beds	2,835	27	0	0	99	0	15
16	18	Directors Fees	Beds	2,835	27	0	0	99	0	16
17	19	Professional Services	Beds	2,835	27	543,062	0	99	18,964	17
18	20	Fees, Subscription, Promotions	Beds	2,835	27	209,523	0	99	7,317	18
19	21	Clerical & General Office Expens	Beds	2,835	27	9,050,509	8,564,147	99	316,050	19
20	22	Employee Benefits & Payroll Tax	Beds	2,835	27	1,351,528	0	99	47,196	20
21	23	Inservice Training & Education	Beds	2,835	27	28,468	0	99	994	21
22	24	Travel and Seminar	Beds	2,835	27	188,595	0	99	6,586	22
23	25	Other Admin. Staff Transportatio	Beds	2,835	27	0	0	99	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,835	27	391,443	0	99	13,669	24
25	TOTALS					\$ 12,462,987	\$ 8,837,683		\$ 435,214	25

Facility Name & ID Number Heritage Health Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization See Pg 8  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_) \_\_\_\_\_

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	27	Other	Beds	2,835	27	\$	\$	99	\$	1
2	30	Depreciation	Beds	2,835	27	555,915		99	19,413	2
3	31	Amortization of Pre-Op & Org	Beds	2,835	27			99		3
4	32	Interest	Beds	2,835	27	(1,746)		99	(61)	4
5	33	Real Estate Taxes	Beds	2,835	27			99		5
6	34	Rent-Facility & Grounds	Beds	2,835	27	162,022		99	5,658	6
7	35	Rent-Equipment & Vehicles	Beds	2,835	27	225,798		99	7,885	7
8	36	Other	Beds	2,835	27			99		8
9	38	Medically Nec Transportation	Beds	2,835	27			99		9
10	39	Ancillary Service Centers	Beds	2,835	27			99		10
11	40	Barber and Beauty Shops	Beds	2,835	27			99		11
12	41	Coffee and Gift Shops	Beds	2,835	27			99		12
13	42	Other	Beds	2,835	27			99		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					\$ 941,989	\$		\$ 32,895	25

Facility Name & ID Number

Heritage Health Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Bank of America		x	Mortgage			\$	\$			\$ 187,867						
2	Bank of America		x	Loan Fee Amortization							4,773						
3																	
4																	
5																	
<b>Working Capital</b>																	
6	Bank of America		x	Working Capital							33,310						
7																	
8																	
9	<b>TOTAL Facility Related</b>						\$	\$			\$ 225,950						
<b>B. Non-Facility Related*</b>																	
10	Interest Income										(542)						
11																	
12	Allocated Corporate										(61)						
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (603)						
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$ 225,347						

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.)



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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 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.)		\$	32,557		2
3. Under or (over) accrual (line 2 minus line 1).		\$	32,557		3
4. Real Estate Tax accrual used for 2015 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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	32,557		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010			<b>FOR BHF USE ONLY</b>	
	2011	30,613	8		
	2012	31,575	9		
	2013	31,965	10		
	2014	32,557	11		
			12	13	FROM R. E. TAX STATEMENT FOR 2014 \$
				14	PLUS APPEAL COST FROM LINE 5 \$
				15	LESS REFUND FROM LINE 6 \$
				16	AMOUNT TO USE FOR RATE CALCULATION \$

**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.**

## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Staunton COUNTY Macoupin

FACILITY IDPH LICENSE NUMBER 48876

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 2014 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 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>0100190300</u>	_____	\$ 31,331.96	\$ 31,331.96
2. <u>0100190001</u>	_____	\$ 166.34	\$ 166.34
3. <u>0100190000</u>	_____	\$ 303.06	\$ 303.06
4. <u>0100190400</u>	_____	\$ 756.10	\$ 756.10
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>32,557.46</u>	\$ <u>32,557.46</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES        x   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

Facility Name & ID Number Heritage Health Staunton

# 0048876 Report Period Beginning:

01/01/15 Ending:

12/31/15

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 24,700 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>53,090</u>	1
2					2
3	TOTALS			\$ <u>53,090</u>	3

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Accumulated Depreciation
4	99			\$ 2,016,995	\$		\$	\$
5								
6								
7								
8								
<b>Improvement Type**</b>								
9	Laundry Room Central A/C		1996	2,869				
10	Heritage Manor Sign		1996	1,948				
11	Circulating Pump--Water System		1996	1,232				
12								
13	Roof							
14	Window Replacement		1998	16,818				
15	Boilers		1998	14,711				
16			1998	32,278				
17	Interior Painting--Materials and Labor		1999	7,875				
18	Underground Storage Tank		1999	15,000				
19	Plumbing ---Storage Tank		1999	1,032				
20	Air conditioning Unit		1999	3,312				
21	Mixing Valve--Water Heater		1999	4,269				
22								
23	Water Heater		2000	3,647				
24	Water Softener		2000	3,271				
25	Underground Storage Tank		2000					
26								
27	Cissell Dryer		2001					
28	Water Heater		2001	2,967				
29								
30								
31								
32								
33	C/O Allocation				19,413		19,413	
34	Book Depreciation				126,151		126,151	
35								
36								

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Heritage Health Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Water Heater	2002	\$ 4,142	\$		\$	\$	\$	37
38	Boiler	2002	6,349						38
39	A/C Unit	2002	3,385						39
40	Storage Tank	2002	864						40
41									41
42	A/C Unit	2003	1,015						42
43	Nurses Call Station	2003	3,774						43
44	A/C Unit	2003	3,385						44
45									45
46	Exterior door	2004	4,634						46
47	Islandaire Units	2004	7,284						47
48	Roof	2004	70,680						48
49									49
50	Ansul System	2005	2,170						50
51	Roof	2005	129,178						51
52	Furnance	2005	1,395						52
53	A/C Unit	2005	7,586						53
54	Energy Management	2005	13,035						54
55	Wall Repair	2005	1,212						55
56	Kitchen Storage	2005	8,791						56
57	Adjustment	2005	(1,090)						57
58	Fire Dampers	2006	2,798						58
59	Cable & Phone wiring	2006	8,477						59
60	Door replacement	2006	1,064						60
61	A/C Unit	2006	12,294						61
62	Driveway blacktop	2006	16,000						62
63	Exterior door	2006	60						63
64	Sanyo Unit	2006	1,830						64
65	Interior paint	2006	5,500						65
66		2006	(8,716)						66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 2,435,320	\$ 145,564		\$ 145,564	\$	\$	70

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

Facility Name &amp; ID Number Heritage Health Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,435,320	\$ 145,564		\$ 145,564	\$	\$	1
2	Interior Rehab-- Paint, floors & Lighting	2007	194,007						2
3	Water Meter	2007	7,953						3
4	Exterior Doors	2007	4,725						4
5	Fire Alarm	2007	41,283						5
6	Boiler	2007	3,473						6
7	HVAC	2007	18,079						7
8	Water Heater	2007	5,508						8
9	Rooftop HVAC	2007	4,290						9
10	Exhaust Fan	2007	500						10
11	adjustments	2007	(15,002)						11
12	HVAC	2008	7,886						12
13	Boiler	2008	37,955						13
14	Nurse Call System	2008	77,001						14
15	Sprinkler System	2008	74,332						15
16									16
17	Flooring Replacement	2009	8,751						17
18									18
19	Conference room paint, flooring & labor	2010	9,876						19
20	Data equipment relocation	2010	10,197						20
21									21
22									22
23	PTAC units	2011	7,228						23
24	Water heater	2011	5,775						24
25	Landscapping	2011	3,200						25
26									26
27	Lighting Upgrade	2012	5,304						27
28	PTAC units	2012	3,742						28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,951,383	\$ 145,564		\$ 145,564	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,951,383	\$ 145,564		\$ 145,564	\$	\$	1
2									2
3	Generator Replacement	2013	55,133						3
4	Water Heater	2013	8,737						4
5	PTAC Installations	2013	8,907						5
6	Replace (3) Valve Actuators & Thermostats	2013	6,454						6
7									7
8	Replace (6) PTAC Units	2014	7,581						8
9	Reface (22) Wardrobe Units	2014	29,110						9
10									10
11	Install (2) new hollow metal doors	2015	3,406						11
12	Install security doors with appropriate electronics	2015	22,769						12
13	Replace (6) PTAC units	2015	7,995						13
14	Replace compressor for PT RTU	2015	2,617						14
15	Replace AC rooftop unit for kitchen and dining room	2015	17,051						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)		\$ 3,121,143	\$ 145,564		\$ 145,564	\$	\$	34

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



XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 625,430	\$ 29,148	\$ 29,148	\$		\$	71
72	Current Year Purchases	7,635						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 633,065	\$ 29,148	\$ 29,148	\$		\$	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		2006 Chevy Uplander van	2012	\$ 18,608	\$ 2,658	\$ 2,658	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 18,608	\$ 2,658	\$ 2,658	\$		\$	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)	\$ 3,825,906	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 177,370	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 177,370	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 Staunton

# 0048876

Report Period Beginning: 01/01/15

Ending: 12/31/15

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: None

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES  NO

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

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. \_\_\_\_\_ /2016                      \$ \_\_\_\_\_

13. \_\_\_\_\_ /2017                      \$ \_\_\_\_\_

14. \_\_\_\_\_ /2018                      \$ \_\_\_\_\_

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 12,000 Description: Televisions and office equipment

(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 Staunton # 0048876 Report Period Beginning: 01/01/15 Ending: 12/31/15  
**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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		9,995		9,995
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$ 9,995	\$	\$ 9,995
10	SUM OF line 9, col. 1 and 2 (e)	\$	9,995		

**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**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist		hrs	\$			\$ 249,533	\$		\$ 249,533	1
2	Licensed Speech and Language Development Therapist		hrs				32,576			32,576	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				269,018	1,493		270,511	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescripts					357,109		357,109	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						16,307			16,307	13
14	<b>TOTAL</b>			\$			\$ 567,434	\$ 358,602		\$ 926,036	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 Heritage Health Staunton

# 0048876

Report Period Beginning: 01/01/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 364	\$	1
2	Cash-Patient Deposits	10,368		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	723,866		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,210		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	294,659		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,050,467	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,050,467	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 311,043	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,368		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	211,431		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,372		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
<b>Other Current Liabilities(specify):</b>				
36	<u>Bed Tax</u>	21,931		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 557,145	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 557,145	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 493,322	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 1,050,467	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 250,768	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 250,768	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	242,554	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 242,554	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 493,322	24 *

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

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1		
I. Revenue		Amount		
<b>A. Inpatient Care</b>				
1	Gross Revenue -- All Levels of Care	\$ 4,441,972	1	
2	Discounts and Allowances for all Levels	(1,872,286)	2	
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 2,569,686</b>	3	
<b>B. Ancillary Revenue</b>				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,847,684	6	
7	Oxygen		7	
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,847,684</b>	8	
<b>C. Other Operating Revenue</b>				
9	Payments for Education		9	
10	Other Government Grants		10	
11	CNA Training Reimbursements		11	
12	Gift and Coffee Shop	372	12	
13	Barber and Beauty Care	9,169	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	698,452	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	10,154	21	
22	Laundry		22	
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 718,147</b>	23	
<b>D. Non-Operating Revenue</b>				
24	Contributions		24	
25	Interest and Other Investment Income***	542	25	
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 542</b>	26	
<b>E. Other Revenue (specify):****</b>				
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27	
28			28	
28a			28a	
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>		29	
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 5,136,059</b>	30	

		2		
II. Expenses		Amount		
<b>A. Operating Expenses</b>				
31	General Services	817,909	31	
32	Health Care	2,496,478	32	
33	General Administration	1,086,554	33	
<b>B. Capital Expense</b>				
34	Ownership	478,944	34	
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	13,620	35	
36	Provider Participation Fee		36	
<b>D. Other Expenses (specify):</b>				
37			37	
38			38	
39			39	
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 4,893,505</b>	40	
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>242,554</b>	41	
42	<b>Income Taxes</b>		42	
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 242,554</b>	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	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$</b>	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 Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,740	1,832	\$ 66,210	\$ 36.14	1
2	Assistant Director of Nursing		0			2
3	Registered Nurses	6,949	7,315	220,075	30.09	3
4	Licensed Practical Nurses	12,071	12,706	280,535	22.08	4
5	CNAs & Orderlies	46,186	48,617	628,767	12.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,755	1,847	45,846	24.82	8
9	Activity Director					9
10	Activity Assistants	5,895	6,205	86,506	13.94	10
11	Social Service Workers	2,148	2,261	45,465	20.11	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	13,451	14,159	177,268	12.52	15
16	Dishwashers					16
17	Maintenance Workers	3,437	3,618	54,545	15.08	17
18	Housekeepers	9,255	9,742	110,665	11.36	18
19	Laundry	4,875	5,132	50,966	9.93	19
20	Administrator	1,976	2,080	90,780	43.64	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,216	4,438	93,432	21.05	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)	113,954	119,952	\$ 1,951,060 *	\$ 16.27	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	16,500		36
37	Medical Records Consultant	4,405		37
38	Nurse Consultant			38
39	Pharmacist Consultant	4,323		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	1,858		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 27,086		49

**C. CONTRACT NURSES**

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





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	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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Heritage Health Staunton

# 0048876

Report Period Beginning:

01/01/15

Ending:

12/31/15

## 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. HCCI
- (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 Years
- (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. \$ 54,203  
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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 144
- (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? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**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 of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. None claimed  
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 Adjustment Line #	Amount
1009	PETTY CASH	364				1,009	1,009 PETTY C 364
1010	CASH IN BANK					1,100	1,100 ACCTS R 781,050
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. (57,184)
1100	ACCOUNTS RECEIVABLE	723,866				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 21,210
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	21,210				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 0
1409	LAND	0				1,460	0
1450	FURNITURE & EQUIPMENT	0				1,475	1,475 CODE AI 0
1460	ACCUM DEPR-FURN & EQU	0				1,490	1,490 ACCUM] 0
1475	BUILDING & IMPROVEMEN	0				1,530	1,530 RESIDEN 10,368
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	10,368				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC 294,659
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (311,043)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	294,659				2,100	2,100 ACCRUE (100,710)
2010	ACCOUNTS PAYABLE	-311,043				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-100,710				2,110	2,110 ACCRUE (110,721)
2110	ACCRUED VACATION PAY	-110,721				2,120	2,120 U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(2,372)	
2125	FICA TAX PAYABLE	-2,372	-2,372	2,130	2,130 FEDERAL W/H TAX PAYABLE		
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE		
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL		
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE REF		
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS		
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND		
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETE		
2240	UNITED WAY			2,246	2,250 401K W/F		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE G.		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYM	(21,931)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-21,931		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO 1	(10,368)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DEB		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	(250,768)	
2460	INCOME TAXES PAYABLE				net income	(242,554)	
2512	DUE TO RESIDENTS	-10,368					
2600	MORTGAGE PAYABLE	0					
2650	EQUIPMENT LOAN PAYABLE				balance	<u>0</u>	
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	-250,768					
2970	PROFIT/LOSS FOR PERIOD	-242,554					
3007.1	PATIENT DAYS-PRIVATE	9,086					3,007

3007.2	PATIENT DAYS-IPA	11,712						3,007
3007.3	PATIENT DAYS-MEDICARE	2,857						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 &	-4,421,084	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	-19,378	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	-698,452	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,847,684	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	1,872,286	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	-9,169		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	-27		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-345		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-1,510		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-8,260		0	0	0	0		4,110
3600	21 MISC INCOME	-1,894		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	87,778	93,432	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	90,780	90,780	17	1	0	0		4,120
4115	VACATION & SICK - G&A	5,654		21	1	0	0		4,121
4120 4475	EMPLOYEE BENEFITS	14,526	444,336	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	-4		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	20,568	20,568	21	2	0	0		4,275
4260	TELEPHONE	7,582	7,582	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	5,436	5,436	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	2,399	3,374	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	320		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	655		24	3	19	-4,961 ***		4,289
4290	HELP WANTED ADVERTISING	14,332	97,809	20	3	0	0 -54,203		4,290
4291	PROMOTIONAL ADVERTISING	3,506		20	3	25	-3,506		4,291
4292	PUBLIC RELATIONS	11,294		20	3	25	-11,294		4,292
4300	LICENSES & FEES	58,644		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	8,246		20	3	17	-4,288		4,310
4320	CONTRIBUTIONS	0		27	3	20	0		4,320
4350	PROFESSIONAL FEES	24,718	247,597	19	3	22	0		4,350
4355	MEDICAL DIRECTOR	16,500	16,500	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	4,405		10	3	0	0	4,364
4363	PHARMACIST FEES	4,323		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	1,858	1,858	12	3	0	0	4,383
4370	TV RENTAL	8,516		35	3	5	0	4,390
4380	INCOME TAXES		24,000	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,787		20	3	26	0	4,401
4400	PAYROLL TAXES	169,462		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	9,423		22	3	0	0	4,420
4410	GROUP INSURANCE	215,503		22	3	0	0	4,430
4420	LIABILITY INSURANCE	51,640	51,640	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	35,426		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	222,879		19	3	34	0 **	4,460
4460	BAD DEBTS	24,000		27	3	24	-24,000	4,461
4470	LOST ITEMS-RESIDENTS	0		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	3,484	12,000	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	51,488	54,545	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	3,057		6	1	0	0	4,510
5130	ELECTRIC	36,877	93,224	5	3	0	0	4,600
5131	NATURAL GAS	26,326		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	30,021		5	3	0	0	5,130
5134	TRASH COLLECTION	8,724	54,569	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	37,891	72,080	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	34,189		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	45,845		6	3	0	0	5,140
5210	DIETARY WAGES	161,972	177,268	1	1	0	0	5,160
5220	DIETARY SICK & VAC	15,296		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	157,743	157,599	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,090	8,793	1	2	0	0	5,248



5260	DIETARY REPLACEMENT	1,768		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	4,935		1	2	0	0	5,260
5295	MEAL CREDIT	-144		2	2	0	0	5,270
5310	LAUNDRY WAGES	47,059	50,966	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	3,907		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	8,197	13,649	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	5,452		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	102,411	110,665	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	8,254		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	23,617	24,551	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	934		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,241,433	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	197,668		10	1	0	0	6,020
6030	DON WAGES	66,210		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	22,407		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	265,012		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICAL	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	15,523		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	590,001		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	38,766		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	71,835		10	3	0	0	6,270
6250	NURSE AIDE TRAINING W/	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	9,055	9,055	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	42,651		10	1	0	0	6,390
6275	REHAB SICK & VAC	3,195		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	22,674	81,614	10	2	0	0	7,281
6295	NURSING SUPPLIES	53,478		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	5,462		10	2	0	0	7,391
6490	NURSING OTHER	0	80,563	10	3	0	0	7,393
7280	DRUG PURCHASES	108,212	358,602	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	248,897		39	2			7,540
7380	LABORATORY SERVICES	16,307	567,434	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	78,912	86,506	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	7,594		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	7,448	7,448	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	269,018		39	3	0	0 ***	7,890
7660	PT SUPPLIES	1,493		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	43,247	45,465	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	2,218		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	249,533		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	32,576		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	13,259	13,259	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	361	361	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	0		21	2	0	0	
8100	RENT	433,634	433,634	34	3	0	0	

8120	INTEREST EXPENSE	33,310	33,310	32	3	14	-542	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-542		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,892,963	4,893,505					
			542					

GRAND TOTALS -242,554 -48,591  
(NET INCOME)

0  
FACILITY NAME:  
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	9,086	9,086
IPA	11,712	11,712
medicare	2,857	2,857
		23,655



UND

RIA

BT

BT

3,007 PATIENT	11,712
3,007 PATIENT	2,857
	0

3,010 BASIC CI	(4,421,084)
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3,020 BASIC CI	0
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3,030 BASIC CI	0
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	0
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3,080 NURSING	(19,378)
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3,081 NURSING	0
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3,082 NURSING	0
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3,083 NURSING	0
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3,100 DRUGS-M	(698,452)
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	0
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3,110 PHYSICIAN	(1,847,684)
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3,112 PHYSICIAN	0
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3,113 PHYSICIAN	0
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3,140 LABORATORY INCOME	
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3,152 ST/OT TR	0
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3,153 ST/OT TR	0
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3,185 REHABILITATION/ISOLATION/OTHER CHG	
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3,410 IPA/OTHER	0
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3,411 MEDICAL	0
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3,420 MEDICAL	1,763,579
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3,520 RENT INCOME	
3,530 BEAUTY	(9,169)
	(27)
3,570 VENDING	(345)
3,590 EQUIPMI	(1,510)
3,595 RESIDEN	(8,260)
3,600 MISC INC	(1,894)
4,110 G&A WA	87,778
4,111 ADMINIS	90,780
4,115 G&A PTC	5,654
4,120 EMPLOY	13,725
4,130 EMPLOYEE SCHOLARSHIPS	
4,135 EMPLOY	(4)
4,250 OFFICE S	7,682
4,255 POSTAGI	1,629
4,260 TELEPHC	7,582
4,275 TRAININ	5,436
4,280 GENERA	2,399
4,281 MEAL EX	320
4,285 EDUCAT	655
4,289 MEETINGS EXPENSE	
4,290 HELP WA	14,332
4,291 PROMOT	3,506
4,292 PUBLIC I	11,294
4,300 LICENSE	58,644
4,310 DUES & :	8,246
4,320 CONTRIBUTIONS	
4,350 PROFESS	24,718
4,355 MEDICAL	16,500
	4,405
	4,323

4,364 SOCIAL S	1,858
4,370 TV RENT	8,516
4,383 BACKGR	1,787
4,390 OTHER TAXES	
4,400 PAYROL	169,462
4,401 PAYROL	9,423
4,410 GROUP I	215,503
4,420 LIABILIT	51,640
4,430 WORKM.	34,002
4,435 W/C-FIRS	230
4,436 DRUG TE	1,194
4,450 MANAGI	222,879
4,460 BAD DEF	24,000
4,461 BAD DEF	108,707
4,470 LOST ITE	0
4,475 UNIFORM	801
4,486 SERVICE	27,204
4,490 MISC EX	329
4,496 MISC. M.	11,257
4,510 REAL ES	0
4,600 LEASED	3,484
5,110 MAINTEI	51,488
5,120 MAINTEI	3,057
5,130 ELECTRI	36,877
5,131 NATURA	26,326
5,133 WATER &	30,021
5,134 TRASH C	8,724
5,140 PROP/PL	37,891
5,160 GENERA	34,189
5,165 MAINTEI	18,641
5,210 DIETARY	161,972
5,220 DIETARY	15,296
5,248 FOOD PU	157,414



5,250 SUPPLIE	2,090
5,260 REPLACI	1,768
5,270 KITCHEN	4,935
5,295 MEAL IN	(144)
5,310 LAUNDR	47,059
5,340 LAUNDR	3,907
5,370 REPLACI	8,197
5,390 SUPPLIE	5,452
5,410 HOUSEK	102,411
5,440 HOUSEK	8,254
5,480 SUPPLIE	23,617
5,490 SUPPLIE	934
6,020 RN WAG	197,668
6,030 DON WA	66,210
6,035 ADON WAGES	
6,040 RN PTO &	22,407
6,120 LPN WAG	265,012
6,140 LPN PTO	15,523
6,220 AIDES W	590,001
6,240 AIDES PT	38,766
6,245	
	71,835
	0
	9,055
	0
6,270 REHAB V	42,651
6,275 REHAB F	3,195
6,290 NURSINC	22,674
6,295 NURSINC	53,478
6,390 REPLACI	5,462
6,490 OTHER	

7,280 DRUG PU	108,212
7,281 DRUG PU	248,897
7,380 LABORA	13,592
7,390 X-RAY S	2,715
	0
7,510 ACTIVIT	78,912
7,540 ACTIVIT	7,594
7,590 ACTIVIT	7,448
7,620 PHYSICA	269,018
7,660 P.T. SUPE	1,493
7,710 SOCIAL S	43,247
7,720 SOCIAL S	2,218
7,730 SOCIAL S	0
7,740 OCCUPA	249,533
7,770 SPEECH'	32,576
7,820 BEAUTIC	13,259
	361
	0
8,120 INTERES	0
	33,310
8,130 DEPRECI	0
	0
9,510 INTERES	(542)
9,520 MISC NO	0
4,220	0
8,100	433,634
9,702	0
5,230	0
	<u>(242,554)</u>

Expenses Fixed Assets

