FOR BHF USE

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0048843

Facility Name: Heritage Health Beardstown

Address: 8306 St Lukes Drive (Number) Beardstown (City) 62618 (Zip Code)

County: Cass

Telephone Number: (217) 323-4055 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2007

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 01/01/16 to 12/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider
(Signed)
(Date)
(Type or Print Name) David M Underwood
(Title) EVP & 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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

III. STATISTICAL DATA

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

	1 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	79	Skilled (SNF)	79	28,914	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	79	TOTALS	79	28,914	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	13,780	7,721	2,454	23,955	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,780	7,721	2,454	23,955	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.85%

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 [x] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 7/2006

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 2,454

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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	223,517	9,258		232,775		232,775	4,133	236,908			1
2	Food Purchase		212,850		212,850		212,850	(118,929)	93,921			2
3	Housekeeping	86,074	23,191		109,265		109,265	(45,173)	64,092			3
4	Laundry	54,744	6,334		61,078		61,078		61,078			4
5	Heat and Other Utilities			239,334	239,334		239,334	1,284	240,618			5
6	Maintenance	98,404	52,520	59,617	210,541		210,541	(75,410)	135,131			6
7	Other (specify):*											7
8	TOTAL General Services	462,739	304,153	298,951	1,065,843		1,065,843	(234,095)	831,748			8
	B. Health Care and Programs											
9	Medical Director			3,000	3,000		3,000		3,000			9
10	Nursing and Medical Records	1,330,507	98,750	17,716	1,446,973		1,446,973	(11,252)	1,435,721			10
10a	Therapy		502,186	28,305	530,491	(529,776)	715		715			10a
11	Activities	49,169	3,951		53,120		53,120		53,120			11
12	Social Services	32,277		3,857	36,134		36,134		36,134			12
13	CNA Training							1,018	1,018			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,411,953	604,887	52,878	2,069,718	(529,776)	1,539,942	(10,234)	1,529,708			16
	C. General Administration											
17	Administrative	76,500			76,500		76,500		76,500			17
18	Directors Fees											18
19	Professional Services			260,329	260,329		260,329	(241,796)	18,533			19
20	Dues, Fees, Subscriptions & Promotions			226,955	226,955	(167,211)	59,744	(6,809)	52,935			20
21	Clerical & General Office Expenses	143,626	16,551	20,429	180,606		180,606	132,939	313,545			21
22	Employee Benefits & Payroll Taxes			391,321	391,321		391,321	32,568	423,889			22
23	Inservice Training & Education			7,135	7,135		7,135	998	8,133			23
24	Travel and Seminar			3,494	3,494		3,494	1,505	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			41,773	41,773		41,773	13,662	55,435			26
27	Other (specify):* Lost resident credit			79,395	79,395		79,395	(79,680)	(285)			27
28	TOTAL General Administration	220,126	16,551	1,030,831	1,267,508	(167,211)	1,100,297	(146,613)	953,684			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,094,818	925,591	1,382,660	4,403,069	(696,987)	3,706,082	(390,942)	3,315,140			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 Beardstown #0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation							187,941	187,941			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			35,871	35,871		35,871	56,888	92,759			32
33	Real Estate Taxes							45,342	45,342			33
34	Rent-Facility & Grounds			459,900	459,900		459,900	(516,934)	(57,034)			34
35	Rent-Equipment & Vehicles			18,311	18,311		18,311	7,355	25,666			35
36	Other (specify):*											36
37	**TOTAL Ownership**			514,082	514,082		514,082	(219,408)	294,674			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			447,518	447,518	529,776	977,294	(91,132)	886,162			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					167,211	167,211		167,211			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			447,518	447,518	696,987	1,144,505	(91,132)	1,053,373			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,094,818	925,591	2,344,260	5,364,669		5,364,669	(701,482)	4,663,187			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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	(61,914)			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	(179)			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	(3,650)			19
20	Contributions	(507)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,192)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(79,173)			24
25	Fund Raising, Advertising and Promotional	(14,696)			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)**	$ (165,311)		$	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)	(536,171)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (536,171)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (701,482)		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

Heritage Health Beardstown

ID# 0048843

Report Period Beginning: 01/01/16

Ending: 12/31/16

	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		0	20	17
18				18
19			24	19
20		(507)	27	20
21				21
22		(5,192)	19	22
23				23
24		(79,173)	27	24
25		(14,696)	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	**Total**	(99,568)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Beardstown **#** 0048843 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY 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	4,133	0	0	0	0	0	0	0	0	4,133	1
2	Food Purchase	0	(118,929)	0	0	0	0	0	0	0	0	0	(118,929)	2
3	Housekeeping	0	(45,203)	30	0	0	0	0	0	0	0	0	(45,173)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,284	0	0	0	0	0	0	0	0	1,284	5
6	Maintenance	0	(92,701)	17,291	0	0	0	0	0	0	0	0	(75,410)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	(256,833)	22,738	0	0	0	0	0	0	0	0	(234,095)	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	(11,506)	254	0	0	0	0	0	0	0	0	(11,252)	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	1,018	0	0	0	0	0	0	0	0	1,018	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	(11,506)	1,272	0	0	0	0	0	0	0	0	(10,234)	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	(5,192)	(252,448)	15,844	0	0	0	0	0	0	0	0	(241,796)	19
20	Fees, Subscriptions & Promotions	(14,696)	0	7,887	0	0	0	0	0	0	0	0	(6,809)	20
21	Clerical & General Office Expenses	0	(108,382)	241,321	0	0	0	0	0	0	0	0	132,939	21
22	Employee Benefits & Payroll Taxes	0	0	32,568	0	0	0	0	0	0	0	0	32,568	22
23	Inservice Training & Education	0	0	998	0	0	0	0	0	0	0	0	998	23
24	Travel and Seminar	(3,650)	0	5,155	0	0	0	0	0	0	0	0	1,505	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	13,662	0	0	0	0	0	0	0	0	13,662	26
27	Other (specify):*	(79,680)	0	0	0	0	0	0	0	0	0	0	(79,680)	27
28	**TOTAL General Administration**	(103,218)	(360,830)	317,435	0	0	0	0	0	0	0	0	(146,613)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(103,218)	(629,169)	341,445	0	0	0	0	0	0	0	0	(390,942)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Beardstown **#** 0048843 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	165,472	0	22,469	0	0	0	0	0	0	0	187,941	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(179)	56,826	0	241	0	0	0	0	0	0	0	56,888	32
33	Real Estate Taxes	0	45,342	0	0	0	0	0	0	0	0	0	45,342	33
34	Rent-Facility & Grounds	(61,914)	(459,900)	0	4,880	0	0	0	0	0	0	0	(516,934)	34
35	Rent-Equipment & Vehicles	0	0	0	7,355	0	0	0	0	0	0	0	7,355	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(62,093)	(192,260)	0	34,945	0	0	0	0	0	0	0	(219,408)	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	(91,132)	0	0	0	0	0	0	0	0	0	(91,132)	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	(91,132)	0	0	0	0	0	0	0	0	0	(91,132)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(165,311)	(912,561)	341,445	34,945	0	0	0	0	0	0	0	(701,482)	45

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Attached Following This Page		Heritage Operations G	Bloomington	Mgmt. Services
				Green Tree Pharmacy	Minonk	Pharmacy
				Evergreen Place	Beardstown	SLF

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	10	Adjustment for Related Organiza	$	GreenTree Pharmacy	0.00%	$ (11,506)	$ (11,506)	1
2	V	39	Adjustment for Related Organization		GreenTree Pharmacy		(91,132)	(91,132)	2
3	V	19	Adjustment for Related Organization	252,448	Heritage Operations Group, LLC	0.00%		(252,448)	3
4	V	34	Adjustment for Related Organization	459,900	Heritage Manor Real Estate, LLC	0.00%		(459,900)	4
5	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		45,342	45,342	5
6	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		54,146	54,146	6
7	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		165,472	165,472	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		2,680	2,680	8
9	V	21	Adjustment for Related Organization		Evergreen Place	0.00%	(108,382)	(108,382)	9
10	V	6	Adjustment for Related Organization		Evergreen Place		(92,701)	(92,701)	10
11	V	2	Adjustment for Related Organization		Evergreen Place		(118,929)	(118,929)	11
12	V	3	Adjustment for Related Organization		Evergreen Place		(45,203)	(45,203)	12
13	V								13
14	Total			$ 712,348			$ (200,213)	$ * (912,561)	14

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Operations Group LLC		$	$ 4,133	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					30	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,284	19
20	V	6	Maintenance					17,291	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					254	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,018	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					15,844	31
32	V	20	Fees, Subscription, Promotions					7,887	32
33	V	21	Clerical & General Office Expenses					241,321	33
34	V	22	Employee Benefits & Payroll Taxes					32,568	34
35	V	23	Inservice Training & Education					998	35
36	V	24	Travel and Seminar					5,155	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					13,662	38
39	Total			$			$ 0	$ * 341,445	39

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Operations Group LLC		$	$ 0	15
16	V	30	Depreciation					22,469	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					241	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					4,880	20
21	V	35	Rent-Equipment & Vehicles					7,355	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	$ * 34,945	39

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

	1	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.	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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [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	2,571	26	$ 134,491	$ 133,835	79	$ 4,133	1
2	2	Food Purchase	Beds	2,571	26	0	0	79	0	2
3	3	Housekeeping	Beds	2,571	26	965	0	79	30	3
4	4	Laundry	Beds	2,571	26	0	0	79	0	4
5	5	Heat & Other Utilities	Beds	2,571	26	41,789	0	79	1,284	5
6	6	Maintenance	Beds	2,571	26	562,719	88,582	79	17,291	6
7	7	Other	Beds	2,571	26	0	0	79	0	7
8	9	Medical Director	Beds	2,571	26	0	0	79	0	8
9	10	Nursing & Medical Records	Beds	2,571	26	8,251	9,150	79	254	9
10	11	Activities	Beds	2,571	26	0	0	79	0	10
11	12	Social Service	Beds	2,571	26	0	0	79	0	11
12	13	Nurse Aide Training	Beds	2,571	26	33,130	26,566	79	1,018	12
13	14	Program Transportation	Beds	2,571	26	0	0	79	0	13
14	15	Other	Beds	2,571	26	0	0	79	0	14
15	17	Administrative	Beds	2,571	26	0	0	79	0	15
16	18	Directors Fees	Beds	2,571	26	0	0	79	0	16
17	19	Professional Services	Beds	2,571	26	515,620	0	79	15,844	17
18	20	Fees, Subscription, Promotions	Beds	2,571	26	256,684	0	79	7,887	18
19	21	Clerical & General Office Expense	Beds	2,571	26	7,853,640	7,408,797	79	241,321	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,571	26	1,059,901	0	79	32,568	20
21	23	Inservice Training & Education	Beds	2,571	26	32,489	0	79	998	21
22	24	Travel and Seminar	Beds	2,571	26	167,777	0	79	5,155	22
23	25	Other Admin. Staff Transportatio	Beds	2,571	26	0	0	79	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,571	26	444,625	0	79	13,662	24
25	TOTALS					$ 11,112,081	$ 7,666,930		$ 341,445	25

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [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	2,571	26	$	$	79	$	1
2	30	Depreciation	Beds	2,571	26	731,247		79	22,469	2
3	31	Amortization of Pre-Op & Org	Beds	2,571	26			79		3
4	32	Interest	Beds	2,571	26	7,851		79	241	4
5	33	Real Estate Taxes	Beds	2,571	26			79		5
6	34	Rent-Facility & Grounds	Beds	2,571	26	158,824		79	4,880	6
7	35	Rent-Equipment & Vehicles	Beds	2,571	26	239,379		79	7,355	7
8	36	Other	Beds	2,571	26			79		8
9	38	Medically Nec Transportation	Beds	2,571	26			79		9
10	39	Ancillary Service Centers	Beds	2,571	26			79		10
11	40	Barber and Beauty Shops	Beds	2,571	26			79		11
12	41	Coffee and Gift Shops	Beds	2,571	26			79		12
13	42	Other	Beds	2,571	26			79		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					$ 1,137,301	$		$ 34,945	25

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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				$	$			$ 54,146	1
2	Bank of America		x								2,680	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x								35,871	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 92,697	9
	B. Non-Facility Related*											
10	Interest Income										(179)	10
11												11
12	Allocated Corporate										241	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 62	14
15	TOTALS (line 9+line14)						$	$			$ 92,759	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None 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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 45,342	2
3. Under or (over) accrual (line 2 minus line 1).		$ 45,342	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **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.		$ 45,342	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2011	40,275	8
2012	40,926	9
2013	42,085	10
2014	43,776	11
2015	45,342	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2015	$	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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Beardstown COUNTY Cass

FACILITY IDPH LICENSE NUMBER 0048843

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 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	03-011-012-01		$ 6,004.86	$ 6,005.00
2.	03-011-012-00		$ 39,337.16	$ 39,337.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 45,342.02	$ 45,342.00

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 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,200 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).

Evergreen Place SLF - 26 Apartments - Related organization

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				$ 25,000	1
2					2
3	TOTALS			$ 25,000	3

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	79				$ 1,380,636	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Remodel faciltiy--Materials & Labor			1997	272,458						9
10											10
11	Nurse Call System			1997	1,500						11
12											12
13	Remodel faciltiy--Materials & Labor			1998	85,772						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	Door Alarm System			2000	2,727						27
28	A/C Compressor			2000	2,984						28
29	Compressor -- Walk-in Freezer			2000	2,586						29
30	Water Heater			2000	2,804						30
31											31
32											32
33	C/O Allocation					22,469		22,469			33
34	Book Depreciation Excl SLF					143,504		143,504			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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Recirculating Pump	2001	$ 889	$		$	$	$	37
38	West entrance Door	2001	1,700						38
39									39
40	Door	2002	2,840						40
41	a/c unit	2002	15,900						41
42	Shower room Wall	2002	1,200						42
43	Cpmpressor	2002	13,348						43
44									44
45	Sewer Relocation	2002	2,011						45
46									46
47	Sewer Relocation	2003	2,206						47
48	a/c units	2003	10,170						48
49									49
50	Disposer	2003	1,454						50
51	A/C Unit	2003	5,786						51
52	Rebuild Generator	2003	4,276						52
53									53
54	Exterior doors	2004	3,212						54
55	Shower room Remodel	2004	9,028						55
56	Landscapping	2004	3,030						56
57	Canopy	2004	570						57
58	Door	2004	1,068						58
59	A/C Unit	2004	7,326						59
60	Heat/Cool Units	2004	6,960						60
61	Carpet	2004	911						61
62	Compressor	2004	2,949						62
63	Chiller	2004	1,970						63
64	Drier Core	2004	953						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,851,224	$ 165,973		$ 165,973	$	$	70

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 1,851,224	$ 165,973		$ 165,973	$	$	1
2	Shower Remodel	2005	7,273						2
3	Ansul System	2005	2,540						3
4									4
5									5
6	Interior rehab -- Labor and Materials	2005	28,299						6
7	Delayed Egress Magnet	2005	2,092						7
8	Panic Door Hardware	2005	2,125						8
9	Roof repair	2005	3,702						9
10									10
11									11
12	Door opener	2006	2,445						12
13	Wanderguard system	2006	2,267						13
14	Hot water heater	2006	13,771						14
15	Sidewalk	2006	4,928						15
16									16
17	Hvac	2006	17,853						17
18									18
19	Alarm system	2006	6,568						19
20	Gererator regulator	2006	1,727						20
21	Awning	2006	4,264						21
22	Closet door	2006	2,722						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)		$ 1,953,800	$ 165,973		$ 165,973	$	$	34

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 1,953,800	$ 165,973		$ 165,973	$	$	1
2	HVAC	2007	9,672						2
3	Chiller	2007	2,603						3
4									4
5	Post 6/30/07 capital review								5
6	Landscaping	2007	28,000						6
7	Water Heater	2007	21,682						7
8	Rooftop A/C	2007	205						8
9	Blinds	2007	845						9
10	Roof fans	2007	3,457						10
11	A/C	2007	12,487						11
12	Doors	2007	3,358						12
13	Generator	2007	39,004						13
14	Wall Heater	2007	3,384						14
15	Circulating pump	2007	896						15
16	Roof	2007	141,801						16
17	Capital report Adj	2007	(216,315)						17
18	HVAC Rooftop Unit	2008	148,000						18
19	Water Heater	2008	14,252						19
20	Heater Replacement	2008	4,008						20
21	Resident Room Remodel-- Painting, Lighting	2008	75,015						21
22	Hot Water Heater	2008	6,621						22
23	HVAC Units	2008	19,280						23
24	Electric Heater	2008	5,195						24
25	Capital report Adj	2008	(50,625)						25
26	Elevator	2009	9,873						26
27	Mixing valve	2009	3,715						27
28	Room painting	2009	6,065						28
29	Comdensor	2009	5,260						29
30	Lights	2009	4,055						30
31	Parking Lot	2009	83,790						31
32	Flooring	2009	18,770						32
33	Nurse Call System	2009	107,659						33
34	TOTAL (lines 1 thru 33)		$ 2,465,812	$ 165,973		$ 165,973	$	$	34

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 2,465,812	$ 165,973		$ 165,973	$	$	1
2	Capital Report Adj	2009	(16,907)						2
3	Electric reheats	2010	2,953						3
4	HVAC units	2010	15,119						4
5	Insulation	2010	34,950						5
6	Parking Lot	2010	23,462						6
7	Nurse Call System	2010	183,517						7
8									8
9	Sprinkler	2011	83,201						9
10	Roof	2011	133,678						10
11	Heat/cool Units	2011	19,980						11
12	water tank	2011	7,503						12
13	Heat Panel	2011	5,003						13
14	sign	2011	14,000						14
15									15
16	Roof Replacement	2012	19,770						16
17	Water Heater	2012	13,243						17
18									18
19	Lighting	2012	22,130						19
20									20
21	Compressor Replacements	2013	10,494						21
22	Elevator Door Restrictor	2013							22
23	Replace Heat Controls	2013	4,940						23
24	Sprinkler System Installation	2013							24
25	Duct Heater Replacement	2013							25
26									26
27	Elevator Door Restrictor-Final Payment	2014							27
28	Replace Dishwasher	2014							28
29	Roof Replacement	2014	173,569						29
30	Rebuild Fan Motor	2014							30
31	Chiller Replacement	2014							31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,216,417	$ 165,973		$ 165,973	$	$	34

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 3,216,417	$ 165,973		$ 165,973	$	$	1
2									2
3	Supply and install 1200 amp breaker switch	2015	22,500						3
4	Install (8) PTAC units	2015	10,026						4
5	Replace duct heaters and controls	2015	2,537						5
6	Install new water tank	2015	4,805						6
7	Repalce water heater	2015	8,740						7
8									8
9	Installed (2) PTAC units in resident rooms	2016	4,146						9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,269,171	$ 165,973		$ 165,973	$	$	34

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	$ 1,034,265	$ 21,968	$ 21,968	$		$	71
72	Current Year Purchases	12,812						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,047,077	$ 21,968	$ 21,968	$		$	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)	$ 4,341,248	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 187,941	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 187,941	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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

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: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

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

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: $ 18,311 Description: Office equipment and mattresses
(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	None		$	$	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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Beardstown

STATE OF ILLINOIS
0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 165,145	$		$ 165,145	1
2	Licensed Speech and Language Development Therapist		hrs			114,147			114,147	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			168,226	715		168,941	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				501,471		501,471	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					28,305			28,305	13
14	TOTAL			$		$ 475,823	$ 502,186		$ 978,009	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 Beardstown **#** 0048843 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/16 **(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	$ 10,007	$	1
2	Cash-Patient Deposits	15,648		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,296,547		3
4	Supply Inventory (priced at)	26,373		4
5	Short-Term Investments			5
6	Prepaid Insurance	25,164		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,233,107)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 140,632	$	10
	B. Long-Term Assets			
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	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 140,632	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 165,694	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,648		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	176,480		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,286		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Bed Tax	23,669		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 385,777	$	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)**	$ 385,777	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (245,145)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 140,632	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (690,572)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (690,572)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	445,427	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)**	$ 445,427	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)**	$ (245,145)	24 *

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,487,395	1
2	Discounts and Allowances for all Levels	(1,866,468)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,620,927	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,569,057	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,569,057	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	754	12
13	Barber and Beauty Care	730	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	61,914	16
17	Sale of Drugs	965,844	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	21,747	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,050,989	23
	D. Non-Operating Revenue		
24	Contributions	568,944	24
25	Interest and Other Investment Income***	179	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 569,123	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)**	$ 5,810,096	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,065,843	31
32	Health Care	2,069,718	32
33	General Administration	1,267,508	33
	B. Capital Expense		
34	Ownership	514,082	34
	C. Ancillary Expense		
35	Special Cost Centers	447,518	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)***	$ 5,364,669	40
41	**Income before Income Taxes (line 30 minus line 40)****	445,427	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 445,427	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 Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	1,832	1,928	$ 54,191	$ 28.11	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	4,843	5,098	149,125	29.25	3
4	Licensed Practical Nurses	17,245	18,153	425,832	23.46	4
5	CNAs & Orderlies	52,407	55,165	648,841	11.76	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,897	1,997	52,518	26.30	8
9	Activity Director					9
10	Activity Assistants	2,982	3,139	49,169	15.66	10
11	Social Service Workers	1,824	1,920	32,277	16.81	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	18,578	19,556	223,517	11.43	15
16	Dishwashers					16
17	Maintenance Workers	5,159	5,430	98,404	18.12	17
18	Housekeepers	7,099	7,473	86,074	11.52	18
19	Laundry	3,644	3,836	54,744	14.27	19
20	Administrator	1,984	2,088	76,500	36.64	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,517	8,965	143,626	16.02	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)	128,011	134,748	$ 2,094,818 *	$ 15.55	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		3,000		36
37	Medical Records Consultant		1,560		37
38	Nurse Consultant				38
39	Pharmacist Consultant		4,163		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		3,857		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 12,580		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 0		50
51	Licensed Practical Nurses		11,728		51
52	Certified Nurse Assistants/Aides		0		52
53	TOTAL (lines 50 - 52)		$ 11,728		53

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lori Moon			$ 76,500
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 76,500

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 services	$ 252,448
ADP	Payroll tax processing	1,234
Tango Inc.	ACA compliance	625
McKee Environmental	Inspections	830
Legal adj to Zero		5,192
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 260,329

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 23,025
Unemployment Compensation Insurance	35,908
FICA Taxes	160,254
Employee Health Insurance	148,127
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	24,007
Central Office Allocation	32,568
TOTAL (agree to Schedule V, line 22, col.8)	$ 423,889

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	3,089
Health Care Worker Background Check	
(Indicate # of checks performed)	1,553
PR	4,767
Dues & Subscriptions	10,168
License & Fees	32,141
Central Office Allocation	7,887
Less: Public Relations Expense	(4,767)
Non-allowable advertising	(1,903)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 52,935

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	2,908
	37
Seminar Expense	549
	1,505
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. $ **167,211**
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? **Yes** 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. $ **11,822**

(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 Line #	Adjustment Amount	
1009		PETTY CASH	10,007						
1010		CASH IN BANK							
1040		CASH IN BANK-PAYROLL							
1100		ACCOUNTS RECEIVABLE	1,296,547						
1110		MEDICARE RECEIVABLES							
1125		IPA INCOME RECEIVABLE							
1130		MEDICARE COST REPORT							
1135		ACCOUNTS RECEIVABLE-IC							
1140		UNAPPLIED CASH RECEIPTS							
1145		A/R SUSPENSE-REFUNDS							
1190		ACCRUED INTEREST REC							
1200		PREPAID INSURANCE	25,164						
1220		OTHER PREPAID EXPENSES							
1300		FOOD INVENTORY							
1310		SUPPLIES INVENTORY	26,373						
1409		LAND	0						
1450		FURNITURE & EQUIPMENT	0						
1460		ACCUM DEPR-FURN & EQUI	0						
1475		BUILDING & IMPROVEMENT	0						
1490		ACCUM DEPR-BUILDING	0						
1530		RESIDENT FUNDS	15,648						
1550		LOAN FEES	0						
1560		REAL ESTATE TAX ESCROW							
1575		REIMBURSABLE PURCHASES							
1850		INTRACOMPANY	-1,233,107						
2010		ACCOUNTS PAYABLE	-165,694						
2095		BONUSES PAYABLE							
2100		ACCRUED PAYROLL	-43,251						
2110		ACCRUED VACATION PAY	-133,229						
2120		UC TAXES PAYABLE							
2125		FICA TAX PAYABLE	-4,286	-4,286					
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 PAYAI	0						
2310		SALES TAX PAYABLE							
2320		IPA PAYMENTS PAYABLE	-23,669						
2350		REAL ESTATE TAX PAYABL	0						
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	-15,648						
2600		MORTGAGE PAYABLE	0						
2650		EQUIPMENT LOAN PAYABLE							
2695		CURRENT PORTION LT DEBT							
2696		DEFERRED INCOME TAXES							
2710		COMMON STOCK							
2720		RETAINED EARNINGS	690,572						
2970		PROFIT/LOSS FOR PERIOD	-445,427						
3007.1		PATIENT DAYS-PRIVATE	7,721						
3007.2		PATIENT DAYS-IPA	13,780						
3007.3		PATIENT DAYS-MEDICARE	2,454						
3007.4		PATIENT DAYS-CONVERSION							
3007.5		PATIENT DAYS-LICENSED							
3007.6		PATIENT DAYS-TOTAL							
3010	1	BASIC CHARGE-PRIVATE &	-4,470,847		0	0	0	0	
3015	1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0	
3020	1	BASIC CHARGE-IPA	0		0	0	0	0	
3030	1	BASIC CHARGE-MEDICARE	0		0	0	0	0	
3035	4	DAY CARE/HOME CARE			0	0	0	0	
3040	1	LIGHT NURSING CARE			0	0	0	0	
3050	1	MEDIUM NURSING CARE			0	0	0	0	
3060	1	HEAVY NURSING CARE			0	0	0	0	
3061	1	SKILLED NURSING CARE							
3080	1	NURSING SUPPLIES-PRIVAT	-11,446		0	0	0	0	
3081	1	NURSING SUPPLIES-IPA			0	0	0	0	
3082	1	NURSING SUPPLIES MED PT A			0	0	0	0	
3083	1	NURSING SUPPLIES MED PT B							
3100	17	DRUGS	-965,844		0	0	0	0	
3101	17	DRUGS-OTHER							
3110	6	PT-PRIVATE	-1,569,057		0	0	0	0	
3111	6	PT-IPA			0	0	0	0	
3112	6	PT-MEDICARE PART A			0	0	0	0	
3113	6	PT-MEDICARE PART B			0	0	0	0	
3130	1	PUBLIC AID ASSESSMENT II	123,840						
3140	19	LABORATORY INCOME			0	0	0	0	
3150	6	SPEECH/OT-PRIVATE			0	0	0	0	
3151	6	SPEECH/OT-IPA			0	0	0	0	
3152	6	SPEECH/OT-MED PART A			0	0	0	0	
3153	6	SPEECH/OT MED PART B							
3410	2	IPA DISCOUNTS	1,866,468		0	0	0	0	
3411	2	MEDICAID PART B DISCOUNT			0	0	0	0	
3420	2	MEDICARE DISCOUNTS			0	0	0	0	
3440	36	ASSESSMENT TAX EXPENSE			42	3	0	0	
3520	16	RENT INCOME	-61,914		6	0	6	-61,914	
3530	13	BEAUTY SHOP	-730		0	0	0	0	
3560	12	ACTIVITY FUND INCOME	-450		0	0	0	0	
3570	12	VENDING INCOME/EXPENSI	-304		0	0	0	0	
3580	12	MANAGEMENT FEES			0	0	0	0	
3590	1	EQUIPMENT RENTAL	-5,102		0	0	0	0	
3595	21	RESIDENT TRANSPORTATIC	-21,547		0	0	0	0	
3600	21	MISC INCOME	-200		0	0	0	0	
4110		GENERAL & ADMINIST WAC	122,561	143,626	21	1	17	0	
4111		ADMINISTRATOR WAGES	76,500	76,500	17	1	0	0	
4115		VACATION & SICK - G&A	21,065		21	1	0	0	
4120 4475		EMPLOYEE BENEFITS	14,220	391,321	22	3	0	0	
4125		EMPLOYEE HEPETITIS VACI	0		22	3	0	0	
4130		EMPLOYEE SCHOLORSHIP V	5,933	123,840	21	1	0	0	
4135		EMPLOYEE SCHOLORSHIP C	3,854		23	3	0	0	
4220		DIRECTORS FEES	0	0	18	3	0	0	
4250 4255		OFFICE SUPPLIES	16,551	16,551	21	2	0	0	
4260		TELEPHONE	20,429	20,429	21	3	0	0	
4275		TRAINING & EMPLOYEE DE	7,135	7,135	23	3	16	0	**
4280		GENERAL TRAVEL	2,908	3,494	24	3	16	0	
4281		MEAL EXPENSE FOR TRAVE	37		24	3	19	0	
4285		EDUCATION & SEMINAR	549		24	3	19	-3,650	***
4290		HELP WANTED ADVERTISIN	3,089	103,115	20	3	0	0	-43,371
4291		PROMOTIONAL ADVERTISI	8,026		20	3	25	-8,026	
4292		PUBLIC RELATIONS	4,767		20	3	25	-4,767	
4300		LICENSES & FEES	75,512		20	3	17	0	
4310		DUES & SUBSCRIPTIONS	10,168		20	3	17	-1,903	
4320		CONTRIBUTIONS	507		27	3	20	-507	
4350		PROFESSIONAL FEES	7,881	260,329	19	3	22	-5,192	
4355		MEDICAL DIRECTOR	3,000	3,000	9	3	0	0	
4360		UTILIZATION REVIEW	0		10	3	0	0	
4361		OTHER PHYSICIAN FEES			39	3	0	0	
4362		MEDICAL RECORDS CONSU	1,560		10	3	0	0	
4363		PHARMACIST FEES	4,163		10	3	0	0	
4364		SOC SERV/ACT CONSULT	3,857	3,857	12	3	0	0	
4370		TV RENTAL	84		35	3	5	0	
4380		INCOME TAXES		79,395	27	3	26	0	
4383		BACKGROUND CHECKS	1,553		20	3	26	0	
4400		PAYROLL TAXES	188,221		22	3	0	0	
4401		PAYROLL TAXES ADMINIST	7,941		22	3	0	0	
4410		GROUP INSURANCE	148,127		22	3	0	0	
4420		LIABILITY INSURANCE	41,773	41,773	26	3	0	0	
4425		INSURANCE-OWNERS			22	3	21	0	
4430		WORKMENS COMP INSURAI	23,025		22	3	0	0	
4450		CENTRAL OFFICE FEES	252,448		19	3	34	0	**
4460		BAD DEBTS	79,173		27	3	24	-79,173	
4470		LOST ITEMS-RESIDENTS	-285		27	3	0		
4490		MISCELLANEOUS	0		27	3	0	0	
4510		REAL ESTATE TAXES	0	0	33	3	0	0	
4600		LEASED EQUIPMENT	18,227	18,311	35	3	16	0	
5110		MAINTENANCE SALARIES	91,411	98,404	6	1	0	0	
5120		MAINTENANCE SICK & VAC	6,993		6	1	0	0	
5130		ELECTRIC	201,647	239,334	5	3	0	0	
5131		NATURAL GAS	0		5	3	0	0	
5132		HEATING & DEISEL OIL			5	3	0	0	
5133		WATER & SEWER	37,687		5	3	0	0	
5134		TRASH COLLECTION	11,592	59,617	6	3	0	0	
5140		PROPERTY PLANT REPLACE	11,926	52,520	6	2	0	0	
5160		GENERAL REPAIR & MAINT	40,594		6	2	0	0	
5165		MAINTENANCE CONTRACT	48,025		6	3	0	0	
5210		DIETARY WAGES	209,614	223,517	1	1	0	0	
5220		DIETARY SICK & VAC	13,903		1	1	0	0	
5240		SALES TAX			2	3	13	0	
5248		FOOD PURCHASES	224,672	212,850	2	2	0	0	
5250		SUPPLIES-DISHWASHING	3,953	9,258	1	2	0	0	
5260		DIETARY REPLACEMENT	2,916		1	2	0	0	
5270		KITCHEN SUPPLIES-PAPER	2,389		1	2	0	0	
5295		MEAL CREDIT	-11,822		2	2	0	0	
5310		LAUNDRY WAGES	50,395	54,744	4	1	0	0	
5340		LAUNDRY SICK & VAC	4,349		4	1	0	0	
5370		LAUNDRY REPLACEMENT	1,378	6,334	4	2	0	0	
5380		LAUNDRY REIMBURSEMENT			4	3	0	0	
5390		LAUNDRY SUPPLIES	4,956		4	2	0	0	
5410		HOUSEKEEPING WAGES	79,298	86,074	3	1	0	0	
5440		HOUSEKEEPING SICK & VAC	6,776		3	1	0	0	
5480		HOUSEKEEPING SUPPLIES	23,191	23,191	3	2	0	0	
5490		HOUSEKEEPING SUPPLIES-F	0		3	2	0	0	
6010		RN WAGES-MEDICARE		1,330,507	10	1	0	0	
6020		RN WAGES-NON MEDICARE	131,647		10	1	0	0	
6030		DON WAGES	54,191		10	1	0	0	
6035		ADON	0		10	1	0	0	
6040		RN SICK & VACATION	17,478		10	1	0	0	
6110		LPN WAGES-MEDICARE	400,436		10	1	0	0	
6120		LPN WAGES-NON MEDICAR	0		10	1	0	0	
6130		LPN WAGES OTHER			10	1	0	0	
6140		LPN SICK & VACATION	25,396		10	1	0	0	
6210		AIDE WAGES-MEDICARE			10	1	0	0	
6220		AIDE WAGES-NON MEDICAI	602,343		10	1	0	0	
6230		WARD CLERKS			10	1	0	0	
6240		AIDE VACATION & SICK	46,498		10	1	0	0	
6245		CONTRACT NURSES-RN	0		10	3	0	0	
6246		CONTRACT NURSES-LPN	11,728		10	3	0	0	
6247		CONTRACT NURSES-AIDES	0		10	3	0	0	
6250		NURSE AIDE TRAINING WAI	0	0	13	1	0	0	
6255		NURSE AID TRAINING EXP	0	0	13	2	0	0	
6260		NURSE AIDE TRAINING REII	0		0	0	0	0	
6270		REHAB WAGES	48,539		10	1	0	0	
6275		REHAB SICK & VAC	3,979		10	1	0	0	
6280		NURSING DEPT EDUCATION			23	3	0	0	
6290		NURSING SUPPLIES	11,593	98,750	10	2	0	0	
6295		NURSING SUPPLIES	82,490		10	2	0	0	
6390		REPLACEMENT-NURSING	4,667		10	2	0	0	
6490		NURSING OTHER	265	17,716	10	3	0	0	
7280		DRUG PURCHASES	145,947	502,186	39	2	0	0	***
7281		DRUG PURCHASES-OTHER	355,524		39	2			
7380		LABORATORY SERVICES	28,305	28,305	39	3	0	0	
7410		HOME HEALTH SALARY			39	1	0	0	
7440		HOME HEALTH SICK & VAC			39	1	0	0	
7450		HOME HEALTH EXPENSES			39	3	0	0	
7510		ACTIVITES WAGES	45,251	49,169	11	1	0	0	
7540		ACTIVITIES SICK & VAC	3,918		11	1	0	0	
7590		ACTIVITIES SUPPLIES	3,951	3,951	11	2	0	0	
7595		ACTIVITIES FEES	0	0	11	3	0	0	
7610		PT WAGES			39	1	0	0	
7611		PT SICK & VACATION			39	1	0	0	
7620		PT FEES	168,226	447,518	39	3	0	0	***
7660		PT SUPPLIES	715		39	2	0	0	
7710		SOCIAL SERVICE WAGES	30,317	32,277	12	1	0	0	
7720		SOCIAL SERVICE SICK & VA	1,960		12	1	0	0	
7730		SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	
7740		OT FEE	165,145		39	3	0	0	***
7750		SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770		SPEECH THERAPY FEE	114,147		39	3	0	0	***
7800		BEAUTICIAN WAGES		0	40	1	0	0	
7810		BEAUTICIAN SICK & VAC			40	1	0	0	
7820		BEAUTICIAN FEES	0	0	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	0		21	2	0	0	
8100		RENT	459,900	459,900	34	3	0	0	
8120		INTEREST EXPENSE	35,871	35,871	32	3	14	-179	
8130		DEPRECIATION	0	0	30	3	9	0	
8150		LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510		INTEREST INCOME	-179		32	0	10	0	
9520		MISC NON-OPERATING INC(	-568,944		0	0	0	0	
9700		INCOME TAXES	0		0	0	0	0	
			4,671,706	5,364,669					
				692,963					
GRAND TOTALS			-445,427					-165,311	
			(NET INCOME)						
			0						

1,009	1,009	CASH	10,007
1,100	1,100	ACCTS RI	1,424,944
1,101	1,101	ALLOW. I	(128,397)
1,110	1,110	ACCTS RECEIV-M/C	
1,125	1,125	ACCTS RECEIV-IPA	
1,135	1,135	ACCTS RECEIV-IC	
1,140	1,140	UNAPPLIED CASH RECEIPTS	
1,145	1,145	A/R SUSPENSE-REFUNDS	
1,200	1,200	PREPAID	25,164
1,220	1,220	OTHER PREPAID EXPENSES	
1,300	1,300	DIETARY INVENTORY	
1,310	1,310	SUPPLIES	26,373
1,320	1,320	LINEN INVENTORY	
1,409	1,409	LAND	0
1,450	1,450	FURNITU	0
1,460			0
1,475	1,475	BUILDIN(	0
1,490	1,490	ACCUM I	0
1,530	1,530	RESIDEN	15,648
1,550	1,550	LOAN FE	0
1,551	1,551	LOAN FEES ADDED	
1,850	1,850	INTERCO	(1,233,107)
2,010	2,010	ACCOUN	(165,694)
2,100	2,095	BONUSES PAYABLE	
2,100	2,100	ACCRUEI	(43,251)
2,100	2,100	PR CLEARING-BENEFITS	
2,100	2,100	PR CLEARING-LABOR	
2,110	2,110	ACCRUEI	(133,229)
2,120	2,120	U.C. TAX	0
2,125	2,125	FICA TA)	(4,286)
2,130	2,130	FEDERAL W/H TAX PAYABLE	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE REFUND	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETERIA	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GA	0
2,300	2,300	ACCRUEI	0
2,320	2,320	IPA PAYM	(23,669)
2,350	2,350	REAL EST	0
2,385			0
2,400	2,400	CURRENT PORTION OF LT DEBT	
2,512	2,512	DUE TO F	(15,648)
2,600	2,600	LASALLE	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DEBT	
2,720	2,720	RETAINE	690,572
		net income	(445,427)
		balance	0

3,007	3,007	PATIENT DA	7,721
3,007	3,007	PATIENT DA	13,780
3,007	3,007	PATIENT DA	2,454
3,007			0
3,007			
3,007			
3,007			
3,010	3,010	BASIC CHAR	(4,470,847)
3,020	3,020	BASIC CHAR	0
3,030	3,030	BASIC CHAR	0
3,040			123,840
3,050			0
3,060			0
3,061			0
3,080	3,080	NURSING SU	(11,446)
3,081	3,081	NURSING SU	0
3,082	3,082	NURSING SU	0
3,083	3,083	NURSING SU	0
3,100	3,100	DRUGS-MED	(965,844)
3,101			0
3,110	3,110	PHYSICAL TI	(1,569,057)
3,111			0
3,112	3,112	PHYSICAL TI	0
3,113	3,113	PHYSICAL TI	0
3,140	3,140	LABORATORY INCOME	
3,150			0
3,151			
3,152	3,152	ST/OT THER/	0
3,153	3,153	ST/OT THER/	0
3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3,410	3,410	IPA/OTHER I	0
3,411	3,411	MEDICARE F	0
3,420	3,420	MEDICARE I	1,816,612
3,500			
3,520	3,520	RENT INCOM	(61,914)
3,530	3,530	BEAUTY SHO	(730)
3,560			(450)
3,570	3,570		(304)
3,590	3,590	EQUIPMENT	(5,102)
3,595	3,595	RESIDENT TI	(21,547)
3,600	3,600	MISC INCOM	(200)
4,110	4,110	G&A WAGES	122,561
4,111	4,111	ADMINISTRA	76,500
4,115	4,115	G&A PTO & I	21,065
4,120	4,120	EMPLOYEE I	14,193
4,121			
4,130	4,130	EMPLOYEE S	5,933
4,135	4,135	EMPLOYEE S	3,854
4,250	4,250	OFFICE SUPI	5,986
4,255	4,255	POSTAGE	2,662
4,260	4,260	TELEPHONE	20,429
4,275	4,275	TRAINING &	7,135
4,276			
4,280	4,280	GENERAL TF	2,908
4,281	4,281	MEAL EXPEI	37
4,285	4,285	EDUCATION	505
4,289	4,289	MEETINGS E	44
4,290	4,290	HELP WANTI	3,089
4,291	4,291	PROMOTION	8,026
4,292	4,292	PUBLIC REL/	4,767
4,300	4,300	LICENSE & F	75,512
4,310	4,310	DUES & SUB	10,168
4,320	4,320	CONTRIBUTI	507
4,350	4,350	PROFESSION	7,881
4,355	4,355	MEDICAL DI	3,000
4,362			1,560
4,363			4,163
4,364	4,364	SOCIAL SER'	3,857
4,370	4,370	TV RENTAL	84
4,383	4,383	BACKGROUI	1,553
4,390	4,390	OTHER TAXI	0
4,400	4,400	PAYROLL TA	188,221
4,401	4,401	PAYROLL TA	7,941
4,410	4,410	GROUP INSU	148,127
4,420	4,420	LIABILITY IN	41,773
4,430	4,430	WORKMAN'S	22,365
4,435	4,435	W/C-FIRST A	0
4,436	4,436	DRUG TESTI	660
4,450	4,450	MANAGEME	252,448
4,460	4,460	BAD DEBTS	79,173
4,461	4,461	BAD DEBTS	49,856
4,470	4,470	LOST ITEMS-	(285)
4,475	4,475	UNIFORM EX	27
4,486	4,486	M.I.S. Softwar	20,629
4,490	4,490	MISC EXPEN	16
4,496	4,496	MISC. M.I.S. I	7,903
4,510	4,510	REAL ESTAT	0
4,600	4,600	LEASED EQU	18,227
5,110	5,110	MAINTENAN	91,411
5,120	5,120	MAINTENAN	6,993
5,130	5,130	ELECTRIC	201,647
5,131	5,131	NATURAL G.	0
5,133	5,133	WATER & SE	37,687
5,134	5,134	TRASH COLI	11,592
5,140	5,140	PROP/PLANT	11,926
5,160	5,160	GENERAL RI	40,594
5,165	5,165	MAINTENAN	27,396
5,210	5,210	DIETARY W/	209,614
5,220	5,220	DIETARY PT	13,903
5,248	5,248	FOOD PURCI	224,656
5,250	5,250	SUPPLIES DI	3,953
5,260	5,260	REPLACEME	2,916
5,270	5,270	KITCHEN SU	2,389
5,295	5,295	MEAL INCOM	(11,822)
5,310	5,310	LAUNDRY W	50,395
5,340	5,340	LAUNDRY P	4,349
5,370	5,370	REPLACEME	1,378
5,380			0
5,390	5,390	SUPPLIES	4,956
5,410	5,410	HOUSEKEEP	79,298
5,440	5,440	HOUSEKEEP	6,776
5,480	5,480	SUPPLIES-CI	23,191
5,490	5,490	SUPPLIES-HC	0
6,020	6,020	RN WAGES	131,647
6,030	6,030	DON WAGES	54,191
6,035	6,035	ADON WAGI	0
6,040	6,040	RN PTO & RI	17,478
6,120	6,120	LPN WAGES	400,436
6,140	6,140	LPN PTO & R	25,396
6,220	6,220	AIDES WAGI	602,343
6,240	6,240	AIDES PTO &	46,498
6,245			0
6,246			11,728
6,247			
6,250			0
6,255			0
6,260			0
6,270	6,270	REHAB WAG	48,539
6,275	6,275	REHAB PTO	3,979
6,290	6,290	NURSING SU	11,593
6,295	6,295	NURSING SU	82,490
6,390	6,390	REPLACEME	4,667
6,490	6,490	OTHER	265
7,280	7,280	DRUG PURCI	145,947
7,281	7,281	DRUG PURCI	355,524
7,380	7,380	LABORATOI	4,552
7,391	7,390	X-RAY SERV	23,753
7,393			
7,510	7,510	ACTIVITIES	45,251
7,540	7,540	ACTIVITIES	3,918
7,590	7,590	ACTIVITIES	3,951
7,620	7,620	PHYSICAL TI	168,226
7,660	7,660	P.T. SUPPLY	715
7,710	7,710	SOCIAL SER'	30,317
7,720	7,720	SOCIAL SER'	1,960
7,730	7,730	SOCIAL SERVICE-EXPENSES	
7,740	7,740	OCCUPATIOI	165,145
7,750			0
7,770	7,770	SPEECH THE	114,147
7,820	7,820	BEAUTICIAN	0
7,890			0
7,960			0
8,120	8,120	INTEREST	0
8,125			35,871
8,130	8,130	DEPRECIATI	0
8,150			0
9,510	9,510	INTEREST IN	(179)
9,520	9,520	MISC NON-O	0
9,530	4,220		0
	8,100		459,900
	9,702		(568,944)
	5,230		0
			(445,427)

Expenses Fixed Assets
0

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	7,721	7,721
IPA	13,780	13,780
medicare	2,454	2,454
		23,955

Heritage Manor Beardstown South
HFS ID# 205300302001
HFS Cost Report - December 31, 2016
Schedule V - Column 5 Reclassifications

		Add (Subtract)
Reclassification of Provider Participation Fees		
Provider Participation Fee - $1.50	Line 20, Col 3	(43,371)
Provider Assesment Fee - $6.07	Line 20, Col 3	(123,840)
		(167,211)
Provider Participation Fee	Line 42	167,211
Reclassification of Ancillary Services Cost		
Cost of Drugs Purchased	Line 10(a), Col 2	(501,471)
Cost of Lab & Radiology Services Purchased	Line 10(a), Col 3	(28,305)
		(529,776)
Ancillary Service Centers	Line 39	529,776