FOR BHF USE

LL1

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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: 48124

Facility Name: Heritage Manor El Paso LLC

Address: 555 E. Clay Street (Number) El Paso (City) 61738 (Zip Code)

County: Woodford

Telephone Number: (309) 527-6240 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2006

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: David M Underwood **Telephone Number:** 309823-7135
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 1/1/2018 to 12/31/2018 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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	65	Skilled (SNF)	65	23,725	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	65	TOTALS	65	23,725	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	14,685	4,494	656	19,835	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,685	4,494	656	19,835	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.60%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 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 65 and days of care provided 656

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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	204,825	13,067	4,728	222,620		222,620	2,623	225,243			1
2	Food Purchase		119,365		119,365		119,365	34	119,399			2
3	Housekeeping	47,811	16,138		63,949		63,949		63,949			3
4	Laundry	63,995	9,998		73,993		73,993	3	73,996			4
5	Heat and Other Utilities			64,661	64,661		64,661	953	65,614			5
6	Maintenance	75,721	40,901	72,231	188,853		188,853	14,399	203,252			6
7	Other (specify):*											7
8	**TOTAL General Services**	392,352	199,469	141,620	733,441		733,441	18,012	751,453			8
	B. Health Care and Programs											
9	Medical Director			14,458	14,458		14,458		14,458			9
10	Nursing and Medical Records	1,107,760	93,838	327,430	1,529,028		1,529,028	(12,674)	1,516,354			10
10a	Therapy		132,766	18,351	151,117	(150,802)	315		315			10a
11	Activities	59,443	2,574		62,017		62,017		62,017			11
12	Social Services	43,004		3,288	46,292		46,292		46,292			12
13	CNA Training	1,215	256		1,471		1,471	754	2,225			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,211,422	229,434	363,527	1,804,383	(150,802)	1,653,581	(11,920)	1,641,661			16
	C. General Administration											
17	Administrative	80,591			80,591		80,591		80,591			17
18	Directors Fees											18
19	Professional Services			207,977	207,977		207,977	(184,004)	23,973			19
20	Dues, Fees, Subscriptions & Promotions			166,720	166,720	(149,346)	17,374	(86)	17,288			20
21	Clerical & General Office Expenses	146,334	45,950	7,854	200,138		200,138	230,466	430,604			21
22	Employee Benefits & Payroll Taxes			310,179	310,179		310,179	30,060	340,239			22
23	Inservice Training & Education			2,362	2,362		2,362	1,129	3,491			23
24	Travel and Seminar			1,404	1,404		1,404	3,595	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			25,456	25,456		25,456	16,211	41,667			26
27	Other (specify):*			47,202	47,202		47,202	(47,202)				27
28	**TOTAL General Administration**	226,925	45,950	769,154	1,042,029	(149,346)	892,683	50,169	942,852			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,830,699	474,853	1,274,301	3,579,853	(300,148)	3,279,705	56,261	3,335,966			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 Manor El Paso LLC #48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation							193,009	193,009			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			37,813	37,813		37,813	14,175	51,988			32
33	Real Estate Taxes							63,568	63,568			33
34	Rent-Facility & Grounds			285,450	285,450		285,450	(281,463)	3,987			34
35	Rent-Equipment & Vehicles			32,872	32,872		32,872	4,037	36,909			35
36	Other (specify):*											36
37	**TOTAL Ownership**			356,135	356,135		356,135	(6,674)	349,461			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			354,925	354,925	150,802	505,727	217,628	723,355			39
40	Barber and Beauty Shops			5,064	5,064		5,064		5,064			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					149,346	149,346		149,346			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			359,989	359,989	300,148	660,137	217,628	877,765			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,830,699	474,853	1,990,425	4,295,977		4,295,977	267,215	4,563,192			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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(9,245)			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	(1,240)			19
20	Contributions	(150)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,792)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(47,052)			24
25	Fund Raising, Advertising and Promotional	(6,363)			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)**	$ (65,842)		$	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)	333,057		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 333,057		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 267,215		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 Manor El Paso LLC

ID# 48124

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

	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				15
16				16
17				17
18				18
19				19
20				20
21				21
22		0	30	22
23		(1,792)	19	23
24		(47,052)	27	24
25		(6,363)	20	25
26		(1,240)	24	26
27		(150)	27	27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(56,597)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)	
	A. General Services													
1	Dietary	0	0	2,623	0	0	0	0	0	0	0	0	2,623	1
2	Food Purchase	0	0	34	0	0	0	0	0	0	0	0	34	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	3	0	0	0	0	0	0	0	0	3	4
5	Heat and Other Utilities	0	0	953	0	0	0	0	0	0	0	0	953	5
6	Maintenance	0	0	14,399	0	0	0	0	0	0	0	0	14,399	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	18,012	0	0	0	0	0	0	0	0	18,012	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(13,094)	420	0	0	0	0	0	0	0	0	(12,674)	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	754	0	0	0	0	0	0	0	0	754	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	(13,094)	1,174	0	0	0	0	0	0	0	0	(11,920)	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	(1,792)	(193,334)	11,122	0	0	0	0	0	0	0	0	(184,004)	19
20	Fees, Subscriptions & Promotions	(6,363)	0	6,277	0	0	0	0	0	0	0	0	(86)	20
21	Clerical & General Office Expenses	0	0	230,466	0	0	0	0	0	0	0	0	230,466	21
22	Employee Benefits & Payroll Taxes	0	0	30,060	0	0	0	0	0	0	0	0	30,060	22
23	Inservice Training & Education	0	0	1,129	0	0	0	0	0	0	0	0	1,129	23
24	Travel and Seminar	(1,240)	0	4,835	0	0	0	0	0	0	0	0	3,595	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	16,211	0	0	0	0	0	0	0	0	16,211	26
27	Other (specify):*	(47,202)	0	0	0	0	0	0	0	0	0	0	(47,202)	27
28	**TOTAL General Administration**	(56,597)	(193,334)	300,100	0	0	0	0	0	0	0	0	50,169	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(56,597)	(206,428)	319,286	0	0	0	0	0	0	0	0	56,261	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)	
	D. Ownership													
30	Depreciation	0	174,662	0	18,347	0	0	0	0	0	0	0	193,009	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(9,245)	23,420	0	0	0	0	0	0	0	0	0	14,175	32
33	Real Estate Taxes	0	63,568	0	0	0	0	0	0	0	0	0	63,568	33
34	Rent-Facility & Grounds	0	(285,450)	0	3,987	0	0	0	0	0	0	0	(281,463)	34
35	Rent-Equipment & Vehicles	0	0	0	4,037	0	0	0	0	0	0	0	4,037	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(9,245)	(23,800)	0	26,371	0	0	0	0	0	0	0	(6,674)	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	217,628	0	0	0	0	0	0	0	0	0	217,628	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	217,628	0	0	0	0	0	0	0	0	0	217,628	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(65,842)	(12,600)	319,286	26,371	0	0	0	0	0	0	0	267,215	45

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

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 Organizat	$	GreenTree Pharmacy		$ (13,094)	$ (13,094)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy				2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		217,628	217,628	3
4	V	19	Adjustment for Related Organization	193,334	Heritage Operations Group, LLC			(193,334)	4
5	V								5
6	V	34	Adjustment for Related Organization	285,450	Heritage Manor Real Estate, LLC			(285,450)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		63,568	63,568	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		16,979	16,979	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		174,662	174,662	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		6,441	6,441	10
11	V								11
12	V								12
13	V								13
14	Total			$ 478,784			$ 466,184	$ * (12,600)	14

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

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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		$	$ 2,623	15
16	V	2	Food Purchase		Heritage Operations Group			34	16
17	V	3	Housekeeping		Heritage Operations Group			0	17
18	V	4	Laundry		Heritage Operations Group			3	18
19	V	5	Heat & Other Utilities		Heritage Operations Group			953	19
20	V	6	Maintenance		Heritage Operations Group			14,399	20
21	V	7	Other		Heritage Operations Group			0	21
22	V	9	Medical Director		Heritage Operations Group			0	22
23	V	10	Nursing & Medical Records		Heritage Operations Group			420	23
24	V	11	Activities		Heritage Operations Group			0	24
25	V	12	Social Service		Heritage Operations Group			0	25
26	V	13	Nurse Aide Training		Heritage Operations Group			754	26
27	V	14	Program Transportation		Heritage Operations Group			0	27
28	V	15	Other		Heritage Operations Group			0	28
29	V	17	Administrative		Heritage Operations Group			0	29
30	V	18	Directors Fees		Heritage Operations Group			0	30
31	V	19	Professional Services		Heritage Operations Group			11,122	31
32	V	20	Fees, Subscription, Promotions		Heritage Operations Group			6,277	32
33	V	21	Clerical & General Office Expenses		Heritage Operations Group			230,466	33
34	V	22	Employee Benefits & Payroll Taxes		Heritage Operations Group			30,060	34
35	V	23	Inservice Training & Education		Heritage Operations Group			1,129	35
36	V	24	Travel and Seminar		Heritage Operations Group			4,835	36
37	V	25	Other Admin. Staff Transportation		Heritage Operations Group			0	37
38	V	26	Insurance-Prop.Liab.Malpract		Heritage Operations Group			16,211	38
39	Total			$			$ 0	$ * 319,286	39

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

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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		$	$ 0	15
16	V	30	Depreciation		Heritage Operations Group			18,347	16
17	V	31	Amortization of Pre-Op & Org		Heritage Operations Group			0	17
18	V	32	Interest		Heritage Operations Group			0	18
19	V	33	Real Estate Taxes		Heritage Operations Group			0	19
20	V	34	Rent-Facility & Grounds		Heritage Operations Group			3,987	20
21	V	35	Rent-Equipment & Vehicles		Heritage Operations Group			4,037	21
22	V	36	Other		Heritage Operations Group			0	22
23	V	38	Medically Nec Transportation		Heritage Operations Group			0	23
24	V	39	Ancillary Service Centers		Heritage Operations Group			0	24
25	V	40	Barber and Beauty Shops		Heritage Operations Group			0	25
26	V	41	Coffee and Gift Shops		Heritage Operations Group			0	26
27	V	42	Other		Heritage Operations Group			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	$ * 26,371	39

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

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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.			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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 2/31/2018

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	2,578	26	$ 104,045	$ 103,180	65	$ 2,623	1
2	2	Food Purchase	Beds	2,578	26	1,362	0	65	34	2
3	3	Housekeeping	Beds	2,578	26	0	0	65	0	3
4	4	Laundry	Beds	2,578	26	111	0	65	3	4
5	5	Heat & Other Utilities	Beds	2,578	26	37,778	0	65	953	5
6	6	Maintenance	Beds	2,578	26	571,069	80,581	65	14,399	6
7	7	Other	Beds	2,578	26	0	0	65	0	7
8	9	Medical Director	Beds	2,578	26	0	0	65	0	8
9	10	Nursing & Medical Records	Beds	2,578	26	16,650	12,036	65	420	9
10	11	Activities	Beds	2,578	26	0	0	65	0	10
11	12	Social Service	Beds	2,578	26	0	0	65	0	11
12	13	Nurse Aide Training	Beds	2,578	26	29,896	28,423	65	754	12
13	14	Program Transportation	Beds	2,578	26	0	0	65	0	13
14	15	Other	Beds	2,578	26	0	0	65	0	14
15	17	Administrative	Beds	2,578	26	0	0	65	0	15
16	18	Directors Fees	Beds	2,578	26	0	0	65	0	16
17	19	Professional Services	Beds	2,578	26	441,112	0	65	11,122	17
18	20	Fees, Subscription, Promotions	Beds	2,578	26	248,958	0	65	6,277	18
19	21	Clerical & General Office Expense	Beds	2,578	26	9,140,644	8,773,931	65	230,466	19
20	22	Employee Benefits & Payroll Taxes	Beds	2,578	26	1,192,239	0	65	30,060	20
21	23	Inservice Training & Education	Beds	2,578	26	44,777	0	65	1,129	21
22	24	Travel and Seminar	Beds	2,578	26	191,781	0	65	4,835	22
23	25	Other Admin. Staff Transportation	Beds	2,578	26	0	0	65	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,578	26	642,946	0	65	16,211	24
25	TOTALS					$ 12,663,368	$ 8,998,151		$ 319,286	25

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 2/31/2018

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	2,578	26	$	$	65	$	1
2	30	Depreciation	Beds	2,578	26	727,658		65	18,347	2
3	31	Amortization of Pre-Op & Org	Beds	2,578	26			65		3
4	32	Interest	Beds	2,578	26			65		4
5	33	Real Estate Taxes	Beds	2,578	26			65		5
6	34	Rent-Facility & Grounds	Beds	2,578	26	158,134		65	3,987	6
7	35	Rent-Equipment & Vehicles	Beds	2,578	26	160,109		65	4,037	7
8	36	Other	Beds	2,578	26			65		8
9	38	Medically Nec Transportation	Beds	2,578	26			65		9
10	39	Ancillary Service Centers	Beds	2,578	26			65		10
11	40	Barber and Beauty Shops	Beds	2,578	26			65		11
12	41	Coffee and Gift Shops	Beds	2,578	26			65		12
13	42	Other	Beds	2,578	26			65		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					$ 1,045,901	$		$ 26,371	25

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	Busey Bank		x	Mortgage			$	$			$ 16,979	1
2	Busey Bank		x	Loan Fee Amortization							6,441	2
3												3
4												4
5												5
	Working Capital											
6	Busey Bank		x	Working Capital							37,813	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 61,233	9
	B. Non-Facility Related*											
10	Interest Income										(9,245)	10
11												11
12	Allocated Corporate											12
13												13
14	TOTAL Non-Facility Related						$	$			$ (9,245)	14
15	TOTALS (line 9+line14)						$	$			$ 51,988	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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 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.)	$	63,568	2
3. Under or (over) accrual (line 2 minus line 1).	$	63,568	3
4. Real Estate Tax accrual used for 2018 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.	$	63,568	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	74,956	8
	2014	68,084	9
	2015	69,163	10
	2016	67,040	11
	2017	63,568	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2017	$		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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor El Paso LLC COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 48124

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 2017 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 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	1608207008		$ 60,426.80	$ 60,427.00
2.	1608206018		$ 3,141.00	$ 3,141.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 63,567.80	$ 63,568.00

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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,550 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

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

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

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

None

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

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 100,000	1
2					2
3	TOTALS			$ 100,000	3

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	65				$ 988,669	$		$	$	$	4
5					702,618						5
6											6
7											7
8											8
	Improvement Type**										
9	1987 Improvements			1987	12,921						9
10	1988 Improvements			1988	2,285						10
11	1989 Improvements			1989							11
12	1990 Improvements			1990	28,354						12
13	1991 Improvements			1991	405						13
14	1991 Improvements			1992							14
15	1993 Improvements			1993	37,061						15
16	1994 Improvements			1994	7,004						16
17	1995 Improvements			1995	3,992						17
18	1996 Improvements			1996	15,702						18
19	1997 Improvements			1997	8,680						19
20	1998 Improvements			1998	4,389						20
21	1999 Improvements			1999	11,389						21
22	2000 Improvements			2000	1,796						22
23	2001 Improvements			2001	25,285						23
24	2002 Improvements			2002	19,620						24
25	2003 Improvements			2003	39,306						25
26	2004 Improvements			2004	4,727						26
27	2005 Improvements			2005	31,410						27
28	2006 Improvements			2006	138,791						28
29	2007 Improvements			2007	45,438						29
30	2008 Improvements			2008	174,767						30
31	2009 Improvements			2009	20,833						31
32	2010 Improvements			2010	10,149						32
33											33
34	C/O Allocation					18,347		18,347			34
35	Book Depreciation					131,677		131,677			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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	2011 Improvements	2011	$ 413,450	$		$	$	$	37
38	2012 Improvements	2012							38
39									39
40	Lighting Retrofit	2013	4,000						40
41	A/C Unit	2013	3,819						41
42	Boiler Replacements	2013	38,363						42
43									43
44	Replace Garage Roof	2014	5,700						44
45	Parking Lot Seal and Fill	2014	11,500						45
46	Install New Walk In Cooler	2014	6,482						46
47									47
48	Replacement of split systems - kitchen, east and west	2015	31,796						48
49	dining rooms								49
50									50
51	Roof repairs - patching and regraveling	2016	8,259						51
52	Shower room - demolish existing floor and replace with new tile	2016	6,274						52
53	Powerwash and paint exterior wood framing	2016	4,355						53
54	Split system replacement for nurses station	2016	8,850						54
55									55
56	Exterior landscape project	2017	11,091						56
57	Removal of dead trees, shrubs and rock								57
58	Plant new grass, trees and flowers surrounding the facility								58
59									59
60	Replaced garage siding	2018	3,950						60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,893,480	$ 150,024		$ 150,024	$	$	70

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

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	$ 984,827	$ 42,985	$ 42,985	$		$	71
72	Current Year Purchases	9,054						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 993,881	$ 42,985	$ 42,985	$		$	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		2009 Turtletop Bus	2008	$ 60,815	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 60,815	$	$	$		$	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)	$ 4,048,176	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 193,009	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 193,009	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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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.	/2019	$
13.	/2020	$
14.	/2021	$

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: $ 32,872 Description: Copiers and televisions
(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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		256		256
3	Classroom Wages (a)				
4	Clinical Wages (b)		1,215		1,215
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 1,471	$	$ 1,471
10	SUM OF line 9, col. 1 and 2 (e)	$ 1,471			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 179,487	$		$ 179,487	1
2	Licensed Speech and Language Development Therapist		hrs			22,885			22,885	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			152,553	315		152,868	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				132,451		132,451	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					18,351			18,351	13
14	TOTAL			$		$ 373,276	$ 132,766		$ 506,042	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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018 (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	$ 2,869	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	295,533		3
4	Supply Inventory (priced at FIFO)	17,657		4
5	Short-Term Investments			5
6	Prepaid Insurance	1,201		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(761,102)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (443,842)	$	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)**	$ (443,842)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 152,822	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	177,915		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,095		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	9,536		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 344,368	$	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)**	$ 344,368	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (788,210)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (443,842)	$	48

*(See instructions.)

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (528,963)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (528,963)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(259,247)	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)**	$ (259,247)	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)**	$ (788,210)	24 *

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

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	$ 3,693,586	1
2	Discounts and Allowances for all Levels	(1,017,388)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,676,198	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,136,968	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,136,968	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	5,991	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	208,180	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	148	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 214,319	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	9,245	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 9,245	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)**	$ 4,036,730	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	733,441	31
32	Health Care	1,804,383	32
33	General Administration	1,042,029	33
	B. Capital Expense		
34	Ownership	356,135	34
	C. Ancillary Expense		
35	Special Cost Centers	359,989	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)***	$ 4,295,977	40
41	**Income before Income Taxes (line 30 minus line 40)****	(259,247)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (259,247)	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 Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	199	212	$ 10,023	$ 47.28	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	5,808	6,179	220,086	35.62	3
4	Licensed Practical Nurses	6,699	7,127	231,780	32.52	4
5	CNAs & Orderlies	34,564	36,770	561,152	15.26	5
6	CNA Trainees	134	143	1,215	8.50	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,302	2,449	84,719	34.59	8
9	Activity Director					9
10	Activity Assistants	3,186	3,390	59,443	17.53	10
11	Social Service Workers	1,786	1,900	43,004	22.63	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,211	15,118	204,825	13.55	15
16	Dishwashers					16
17	Maintenance Workers	3,689	3,925	75,721	19.29	17
18	Housekeepers	4,198	4,466	47,811	10.71	18
19	Laundry	4,536	4,826	63,995	13.26	19
20	Administrator	1,955	2,080	80,591	38.75	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,889	6,265	146,334	23.36	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)	89,156	94,850	$ 1,830,699 *	$ 19.30	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		$ 4,728		35
36	Medical Director		14,458		36
37	Medical Records Consultant		1,908		37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,525		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		3,288		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 27,907		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 126,686		50
51	Licensed Practical Nurses		11,160		51
52	Certified Nurse Assistants/Aides		182,179		52
53	TOTAL (lines 50 - 52)		$ 320,025		53

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
JoAnna Rewerts			$ 80,591
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 80,591

B. Administrative - Other

Description	Amount
	$ 0
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	Management	$ 194,507
Senior Top Talent	MDS search	11,648
Legal adj to Zero		1,822
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 207,977

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 23,744
Unemployment Compensation Insurance	9,323
FICA Taxes	140,048
Employee Health Insurance	119,159
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	17,905
Central Office Allocation	30,060
TOTAL (agree to Schedule V, line 22, col.8)	$ 340,239

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	6,404
Health Care Worker Background Check	
(Indicate # of checks performed)	1,723
Patient Background Checks	
PR	3,333
Dues & Subscriptions	3,795
License & Fees	1,037
Central Office Allocation	6,277
Less: Public Relations Expense	(3,333)
Non-allowable advertising	(1,948)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,288

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,104
	0
Seminar Expense	300
	3,595
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

Facility Name & ID Number Heritage Manor El Paso LLC # 48124 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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. **Health Care Council of Illinois**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **x** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **x** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **149,346**
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. $ **7,263**

(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: **May Cocagne & King**

(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 3/4 Line #	Sch 5 pg 3/4 Col #	Sch 6 pg 5 Line #	Adjustment Amount		
1009	PETTY CASH	2,869							
1010	CASH IN BANK								
1040	CASH IN BANK-PAYROLL								
1100	ACCOUNTS RECEIVABLE	295,533							
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	1,201							
1220	OTHER PREPAID EXPENSES								
1300	FOOD INVENTORY	17,657							
1310	SUPPLIES INVENTORY								
1409	LAND	0							
1450	FURNITURE & EQUIPMENT	0							
1460	ACCUM DEPR-FURN & EQUIP	0							
1475	BUILDING & IMPROVEMENTS	0							
1490	ACCUM DEPR-BUILDING	0							
1530	RESIDENT FUNDS	0							
1550	LOAN FEES	0							
1560	REAL ESTATE TAX ESCROW								
1575	REIMBURSABLE PURCHASES								
1850	INTRACOMPANY	-761,102							
2010	ACCOUNTS PAYABLE	-152,822							
2095	BONUSES PAYABLE								
2100	ACCRUED PAYROLL	-82,419							
2110	ACCRUED VACATION PAY	-95,496							
2120	UC TAXES PAYABLE								
2125	FICA TAX PAYABLE	-4,095	-4,095						
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 PAYABLE	0							
2310	SALES TAX PAYABLE								
2320	IPA PAYMENTS PAYABLE	-9,536							
2350	REAL ESTATE TAX PAYABLE	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	0							
2600	MORTGAGE PAYABLE	0							
2650	EQUIPMENT LOAN PAYABLE								
2695	CURRENT PORTION LT DEBT								
2696	DEFERRED INCOME TAXES								
2710	COMMON STOCK								
2720	RETAINED EARNINGS	528,963							
2970	PROFIT/LOSS FOR PERIOD	259,247							
3007.1	PATIENT DAYS-PRIVATE	4,494							
3007.2	PATIENT DAYS-IPA	14,685							
3007.3	PATIENT DAYS-MEDICARE	656							
3007.4	PATIENT DAYS-CONVERSION								
3007.5	PATIENT DAYS-LICENSED								
3007.6	PATIENT DAYS-TOTAL								
3010	1 BASIC CHARGE-PRIVATE & VA	-3,654,335		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	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-PRIVATE	-38,297		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	-208,180		0	0	0	0		
3101	17 DRUGS-OTHER								
3110	6 PT-PRIVATE	-1,136,968		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 INC	113,758							
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	1,017,388		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	0		6	0	6	0		
3530	13 BEAUTY SHOP	-5,991		0	0	0	0		
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		
3570	12 VENDING INCOME/EXPENSE	-90		0	0	0	0		
3580	12 MANAGEMENT FEES			0	0	0	0		
3590	1 EQUIPMENT RENTAL	-954		0	0	0	0		
3595	21 RESIDENT TRANSPORTATION	0		0	0	0	0		
3600	21 MISC INCOME	-58		0	0	0	0		
4110	GENERAL & ADMINIST WAGES	135,008	146,334	21	1	17	0		
4111	ADMINISTRATOR WAGES	80,591	80,591	17	1	0	0		
4115	VACATION & SICK - G&A	11,326		21	1	0	0		
4120 4475	EMPLOYEE BENEFITS	11,662	310,179	22	3	0	0		
4125	EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0		
4130	EMPLOYEE SCHOLARSHIP WA(	3,768	113,758	21	1	0	0		
4135	EMPLOYEE SCHOLARSHIP CO(	2,475		23	3	0	0		
4220	DIRECTORS FEES	0	0	18	3	0	0		
4250 4255	OFFICE SUPPLIES	45,950	45,950	21	2	0	0		
4260	TELEPHONE	7,854	7,854	21	3	0	0		
4275	TRAINING & EMPLOYEE DEVL	2,362	2,362	23	3	16	0 **		
4280	GENERAL TRAVEL	1,104	1,404	24	3	16	0		
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0		
4285	EDUCATION & SEMINAR	300		24	3	19	-1,240 ***		
4290	HELP WANTED ADVERTISING	6,404	52,962	20	3	0	0	-35,588	
4291	PROMOTIONAL ADVERTISING	1,082		20	3	25	-1,082		
4292	PUBLIC RELATIONS	3,333		20	3	25	-3,333		
4300	LICENSES & FEES	36,625		20	3	17	0		
4310	DUES & SUBSCRIPTIONS	3,795		20	3	17	-1,948		
4320	CONTRIBUTIONS	150		27	3	20	-150		
4350	PROFESSIONAL FEES	14,643	207,977	19	3	22	-1,792		
4355	MEDICAL DIRECTOR	14,458	14,458	9	3	0	0		
4360	UTILIZATION REVIEW	0		10	3	0	0		
4361	OTHER PHYSICIAN FEES			39	3	0	0		
4362	MEDICAL RECORDS CONSULT	1,908		10	3	0	0		
4363	PHARMACIST FEES	3,525		10	3	0	0		
4364	SOC SERV/ACT CONSULT	3,288	3,288	12	3	0	0		
4370	TV RENTAL	11,303		35	3	5	0		
4380	INCOME TAXES		47,202	27	3	26	0		
4383	BACKGROUND CHECKS	1,723		20	3	26	0		
4400	PAYROLL TAXES	149,371		22	3	0	0		
4401	PAYROLL TAXES ADMINIST	0		22	3	0	0		
4410	GROUP INSURANCE	119,159		22	3	0	0		
4420	LIABILITY INSURANCE	25,456	25,456	26	3	0	0		
4425	INSURANCE-OWNERS			22	3	21	0		
4430	WORKMENS COMP INSURANCE	23,744		22	3	0	0		
4450	CENTRAL OFFICE FEES	193,334		19	3	34	0 **		
4460	BAD DEBTS	47,052		27	3	24	-47,052		
4470	LOST ITEMS-RESIDENTS	0		27	3	0			
4490	MISCELLANEOUS	0		27	3	0	0		
4510	REAL ESTATE TAXES	0	0	33	3	0	0		
4600	LEASED EQUIPMENT	21,569	32,872	35	3	16	0		
5110	MAINTENANCE SALARIES	71,114	75,721	6	1	0	0		
5120	MAINTENANCE SICK & VAC	4,607		6	1	0	0		
5130	ELECTRIC	32,617	64,661	5	3	0	0		
5131	NATURAL GAS	8,834		5	3	0	0		
5132	HEATING & DEISEL OIL			5	3	0	0		
5133	WATER & SEWER	23,210		5	3	0	0		
5134	TRASH COLLECTION	9,627	72,231	6	3	0	0		
5140	PROPERTY PLANT REPLACEMI	7,607	40,901	6	2	0	0		
5160	GENERAL REPAIR & MAINT	33,294		6	2	0	0		
5165	MAINTENANCE CONTRACTS	62,604		6	3	0	0		
5210	DIETARY WAGES	192,172	204,825	1	1	0	0		
5220	DIETARY SICK & VAC	12,653		1	1	0	0		
5240	DIETARY CONSULT	4,728	4,728	2	3	13	0		
5248	FOOD PURCHASES	126,628	119,365	2	2	0	0		
5250	SUPPLIES-DISHWASHING	2,398	13,067	1	2	0	0		
5260	DIETARY REPLACEMENT	2,907		1	2	0	0		
5270	KITCHEN SUPPLIES-PAPER	7,762		1	2	0	0		
5295	MEAL CREDIT	-7,263		2	2	0	0		
5310	LAUNDRY WAGES	60,712	63,995	4	1	0	0		
5340	LAUNDRY SICK & VAC	3,283		4	1	0	0		
5370	LAUNDRY REPLACEMENT	6,144	9,998	4	2	0	0		
5380	LAUNDRY REIMBURSEMENT			4	3	0	0		
5390	LAUNDRY SUPPLIES	3,854		4	2	0	0		
5410	HOUSEKEEPING WAGES	43,374	47,811	3	1	0	0		
5440	HOUSEKEEPING SICK & VAC	4,437		3	1	0	0		
5480	HOUSEKEEPING SUPPLIES	16,134	16,138	3	2	0	0		
5490	HOUSEKEEPING SUPPLIES-PPR	4		3	2	0	0		
6010	RN WAGES-MEDICARE		1,107,760	10	1	0	0		
6020	RN WAGES-NON MEDICARE	195,909		10	1	0	0		
6030	DON WAGES	10,023		10	1	0	0		
6035	ADON	0		10	1	0	0		
6040	RN SICK & VACATION	24,177		10	1	0	0		
6110	LPN WAGES-MEDICARE	209,801		10	1	0	0		
6120	LPN WAGES-NON MEDICARE	0		10	1	0	0		
6130	LPN WAGES OTHER			10	1	0	0		
6140	LPN SICK & VACATION	21,979		10	1	0	0		
6210	AIDE WAGES-MEDICARE			10	1	0	0		
6220	AIDE WAGES-NON MEDICARE	526,890		10	1	0	0		
6230	WARD CLERKS			10	1	0	0		
6240	AIDE VACATION & SICK	34,262		10	1	0	0		
6245	CONTRACT NURSES-RN	126,686		10	3	0	0		
6246	CONTRACT NURSES-LPN	11,160		10	3	0	0		
6247	CONTRACT NURSES-AIDES	182,179		10	3	0	0		
6250	NURSE AIDE TRAINING WAGES	1,215	1,215	13	1	0	0		
6255	NURSE AID TRAINING EXP	256	256	13	2	0	0		
6260	NURSE AIDE TRAINING REIMB	0		0	0	0	0		
6270	REHAB WAGES	79,751		10	1	0	0		
6275	REHAB SICK & VAC	4,968		10	1	0	0		
6280	NURSING DEPT EDUCATION			23	3	0	0		
6290	NURSING SUPPLIES	78,718	93,838	10	2	0	0		
6295	NURSING SUPPLIES	10,087		10	2	0	0		
6390	REPLACEMENT-NURSING	5,033		10	2	0	0		
6490	NURSING OTHER	1,972	327,430	10	3	0	0		
7280	DRUG PURCHASES	132,451	132,766	39	2	0	0 ***		
7281	DRUG PURCHASES-OTHER	0		39	2				
7380	LABORATORY SERVICES	18,351	18,351	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	54,602	59,443	11	1	0	0		
7540	ACTIVITIES SICK & VAC	4,841		11	1	0	0		
7590	ACTIVITIES SUPPLIES	2,574	2,574	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	152,553	354,925	39	3	0	0 ***		
7660	PT SUPPLIES	315		39	2	0	0		
7710	SOCIAL SERVICE WAGES	40,238	43,004	12	1	0	0		
7720	SOCIAL SERVICE SICK & VAC	2,766		12	1	0	0		
7730	SOCIAL SERVICE EXPENSES	0	0	12	2	0	0		
7740	OT FEE	179,487		39	3	0	0 ***		
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0		
7770	SPEECH THERAPY FEE	22,885		39	3	0	0 ***		
7800	BEAUTICIAN WAGES		0	40	1	0	0		
7810	BEAUTICIAN SICK & VAC			40	1	0	0		
7820	BEAUTICIAN FEES	5,064	5,064	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	285,450	285,450	34	3	0	0		
8120	INTEREST EXPENSE	37,813	37,813	32	3	14	-9,245		
8130	DEPRECIATION	0	0	30	3	9	0		
8150	LOAN FEE AMORTIZATION	0		32	3	0	0		0
9510	INTEREST INCOME	-9,245		32	0	10	0		
9520	MISC NON-OPERATING INCOME	0		0	0	0	0		
9700	INCOME TAXES	0		0	0	0	0		
		4,172,974	4,295,977						
			123,003						
GRAND TOTALS		259,247					-65,842		
		(NET INCOME)							
		0							
	FACILITY NAME:								
	FACILITY ID:	0							
	FACILITY UNITS:	88							
	BALANCE SHEET TOTAL	0							

1,009	1,009 CASH	2,869
1,100	1,100 ACCTS RECEI	402,333
1,101	1,101 ALLOW. FOR U	(106,800)
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 INSU	1,201
1,220	1,220 OTHER PREPAID EXPENSES	
1,300	1,300 DIETARY INVE	17,657
1,310	1,310 SUPPLIES INVENTORY	
1,320	1,320 LINEN INVENTORY	
1,409	1,409 LAND	0
1,450	1,450 FURNITURE &	0
1,460		0
1,475	1,475 BUILDINGS	0
1,490	1,490 ACCUM DEPR	0
1,530	1,530 RESIDENT FU	0
1,550	1,550 LOAN FEES	0
1,551	1,551 LOAN FEES ADDED	
1,850	1,850 INTERCOMPA	(761,102)
2,010	2,010 ACCOUNTS P/	(152,822)
2,100	2,095 BONUSES PAYABLE	
2,100	2,100 ACCRUED PA'	(82,419)
2,100	2,100 PR CLEARING-BENEFITS	
2,100	2,100 PR CLEARING-LABOR	
2,110	2,110 ACCRUED PT(	(95,496)
2,120	2,120 U.C. TAXES P/	0
2,125	2,125 FICA TAXES P	(4,095)
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 GARNIS	
2,300	2,300 ACCRUED INT	0
2,320	2,320 IPA PAYMENT	(9,536)
2,350	2,350 REAL ESTATE	0
2,385		0
2,400	2,400 CURRENT PORTION OF LT DEBT	
2,512	2,512 DUE TO RESII	0
2,600	2,600 LASALLE BAN	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 RETAINED EA	528,963
	net income	259,247
	balance	0

3,007	3,007 PATIENT DAYS-PI	4,494
3,007	3,007 PATIENT DAYS-IP	14,685
3,007	3,007 PATIENT DAYS-M	656
3,007		0
3,007		
3,007		
3,007		
3,010	3,010 BASIC CHARGE-P	(3,654,335)
3,020	3,020 BASIC CHARGE-II	0
3,030	3,030 BASIC CHARGE-N	0
3,040	ASSESSMENT	113,758
3,050		0
3,060		0
3,061		0
3,080	3,080 NURSING SUPPL-	(38,297)
3,081	3,081 NURSING SUPPLI	0
3,082	3,082 NURSING SUPPLI	0
3,083	3,083 NURSING SUPPLI	0
3,100	3,100 DRUGS-MEDICAR	(208,180)
3,101		0
3,110	3,110 PHYSICAL THERA	(1,136,968)
3,111		0
3,112	3,112 PHYSICAL THERA	0
3,113	3,113 PHYSICAL THERA	0
3,140	3,140 LABORATORY INCOME	
3,150		0
3,151		
3,152	3,152 ST/OT THERAPY-I	0
3,153	3,153 ST/OT THERAPY-I	0
3,160	3,185 REHAB/ISOLATION/OTHER CHG	
3,410	3,410 IPA/OTHER DISCC	0
3,411	3,411 MEDICARE PT B-D	0
3,420	3,420 MEDICARE DISCC	1,004,062
3,500		
3,520	3,520 RENT INCOME	0
3,530	3,530 BEAUTY SHOP	(5,991)
3,560		0
3,570	3,570 VENDING INCOME	(90)
3,590	3,590 EQUIPMENT REN'	(954)
3,595	3,595 RESIDENT TRANS	0
3,600	3,600 MISC INCOME	(58)
4,110	4,110 G&A WAGES	135,008
4,111	4,111 ADMINISTRATOR	80,591
4,115	4,115 G&A PTO & RESE	11,326
4,120	4,120 EMPLOYEE BENE	11,786
4,121		0
4,130	4,130 EMPLOYEE SCHC	3,768
4,135	4,135 EMPLOYEE SCHC	2,475
4,250	4,250 OFFICE SUPPLIES	30,555
4,255	4,255 POSTAGE	761
4,260	4,260 TELEPHONE	7,854
4,275	4,275 TRAINING & EMPL	2,362
4,276		407
4,280	4,280 GENERAL TRAVE	1,104
4,281	4,281 MEAL EXPENSE F	0
4,285	4,285 EDUCATION/SEMI	300
4,289	4,289 MEETINGS EXPEI	0
4,290	4,290 HELP WANTED AI	6,404
4,291	4,291 PROMOTIONAL AI	1,082
4,292	4,292 PUBLIC RELATIOI	3,333
4,300	4,300 LICENSE & FEES	36,625
4,310	4,310 DUES & SUBSCRI	3,795
4,320	4,320 CONTRIBUTIONS	150
4,350	4,350 PROFESSIONAL F	14,643
4,355	4,355 MEDICAL DIRECT	14,458
4,362		1,908
4,363		3,525
4,364	4,364 SOCIAL SERV/AC'	3,288
4,370	4,370 TV RENTAL	11,303
4,383	4,383 BACKGROUND CI	1,723
4,390	4,390 OTHER TAXES	0
4,400	4,400 PAYROLL TAXES	149,371
4,401	4,401 PAYROLL TAXES	0
4,410	4,410 GROUP INSURAN	119,159
4,420	4,420 LIABILITY INSURA	25,456
4,430	4,430 WORKMAN'S CON	22,251
4,435	4,435 W/C-FIRST AID CL	0
4,436	4,436 DRUG TESTING M	1,086
4,450	4,450 MANAGEMENT FE	193,334
4,460	4,460 BAD DEBTS	47,052
4,461	4,461 BAD DEBTS	13,326
4,470	4,470 LOST ITEMS-RESI	0
4,475	4,475 UNIFORM EXP/PE	(124)
4,486	4,486 MIS -MAINT	34,516
4,490	4,490 MISC EXPENSE	1,438
4,496	4,496 MISC. M.I.S. EXPE	14,634
4,510	4,510 REAL ESTATE TA:	0
4,600	4,600 LEASED EQUIPMI	21,569
5,110	5,110 MAINTENANCE W	71,114
5,120	5,120 MAINTENANCE P	4,607
5,130	5,130 ELECTRIC	32,617
5,131	5,131 NATURAL GAS	8,834
5,133	5,133 WATER & SEWER	23,210
5,134	5,134 TRASH COLLECTI	9,627
5,140	5,140 PROP/PLANT REF	7,607
5,160	5,160 GENERAL REPAIF	33,294
5,165	5,165 MAINTENANCE C(	28,088
5,210	5,210 DIETARY WAGES	192,172
5,220	5,220 DIETARY PTO & R	12,653
5,248	5,248 FOOD PURCHASE	125,190
5,250	5,250 SUPPLIES DISHW	2,398
5,260	5,260 REPLACEMENT-D	2,907
5,270	5,270 KITCHEN SUPPLII	7,762
5,295	5,295 MEAL INCOME	(7,263)
5,310	5,310 LAUNDRY WAGES	60,712
5,340	5,340 LAUNDRY PTO & I	3,283
5,370	5,370 REPLACEMENT-L	6,144
5,380	DIETARY CONSUL	4,728
5,390	5,390 SUPPLIES	3,854
5,410	5,410 HOUSEKEEPING \	43,374
5,440	5,440 HOUSEKEEPING I	4,437
5,480	5,480 SUPPLIES-CLEAN	16,134
5,490	5,490 SUPPLIES-HOUSE	4
6,020	6,020 RN WAGES	195,909
6,030	6,030 DON WAGES	10,023
6,035	6,035 ADON WAGES	
6,040	6,040 RN PTO & RESER	24,177
6,120	6,120 LPN WAGES	209,801
6,140	6,140 LPN PTO & RESEI	21,979
6,220	6,220 AIDES WAGES	526,890
6,240	6,240 AIDES PTO & RES	34,262
6,245	RN REGISTRY	126,686
6,246	LPN REGISTRY	11,160
6,247	AIDES REGISTRY	182,179
6,250		1,215
6,255		256
6,260		0
6,270	6,270 REHAB WAGES	79,751
6,275	6,275 REHAB PTO & RE	4,968
6,290	6,290 NURSING SUPPLI	78,718
6,295	6,295 NURSING SUPPLI	10,087
6,390	6,390 REPLACEMENT-N	5,033
6,490	6,490 OTHER	1,972
7,280	7,280 DRUG PURCHASE	132,451
7,281	7,281 DRUG PURCHASE	0
7,380	7,380 LABORATORY SE	8,634
7,391	7,390 X-RAY SERVICES	1,677
7,393		8,040
7,510	7,510 ACTIVITIES WAGE	54,602
7,540	7,540 ACTIVITIES PTO 8	4,841
7,590	7,590 ACTIVITIES SUPP	2,574
7,620	7,620 PHYSICAL THERA	152,553
7,660	7,660 P.T. SUPPLY - BIL	315
7,710	7,710 SOCIAL SERVICE	40,238
7,720	7,720 SOCIAL SERVICE	2,766
7,730	7,730 SOCIAL SERVICE-	0
7,740	7,740 OCCUPATIONAL 1	179,487
7,750		
7,770	7,770 SPEECH THERAP	22,885
7,820	7,820 BEAUTICIAN FEE	5,064
7,890		0
7,960		0
8,120	8,120 INTEREST	0
8,125		37,813
8,130	8,130 DEPRECIATION	0
8,150		0
9,510	9,510 INTEREST INCOM	(9,245)
9,520	9,520 MISC NON-OPER/	0
9,530	4,220	0
	8,100	285,450
	9,702	0
	5,230	0
		259,247
	Expenses Fixed Assets	
		0

G/L RECAP CENSUS

Heritage Manor - El Paso
IDPH ID# 48124
HFS Cost Report - December 31, 2018
Schedule V - Column 5 Reclassifications

1. Schedule V - Line 10a to Line 39 - Reclassifications

Line Item		
Purchased Drugs and Medications	$	132,451
Purchased Hospital Services		8,040
Purchased Laboratory Services		8,634
Purchased Radiology Services		1,677
Amount Reclassified to Line 39	$	150,802

2. Schedule V - Line 20 to Line 42 - Reclassification

Line Item		
Provider Participation Fee - $1.50	$	(35,588)
Provider Assesment Fee - $6.07		(113,758)
		(149,346)
Provider Participation Fee - Line 42		149,346