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: 53421

Facility Name: Heritage Manor Robinson LLC

Address: 600 East Robinwood Drive (Number) Robinson (City) 62454 (Zip Code)

County: Crawford

Telephone Number: (618) 544-3192 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 2015

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 Robinson LLC # 53421 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	67	Skilled (SNF)	67	24,455	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	67	TOTALS	67	24,455	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	9,736	5,326	2,185	17,247	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	9,736	5,326	2,185	17,247	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.53%

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 2015

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 67 and days of care provided 2,185

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 Robinson LLC # 53421 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	147,240	13,166	3,388	163,794		163,794	2,704	166,498			1
2	Food Purchase		123,988		123,988		123,988	35	124,023			2
3	Housekeeping	59,308	13,569		72,877		72,877		72,877			3
4	Laundry	28,932	6,030		34,962		34,962	3	34,965			4
5	Heat and Other Utilities			62,387	62,387		62,387	982	63,369			5
6	Maintenance	45,394	71,980	49,998	167,372		167,372	14,842	182,214			6
7	Other (specify):*											7
8	**TOTAL General Services**	280,874	228,733	115,773	625,380		625,380	18,566	643,946			8
	B. Health Care and Programs											
9	Medical Director			19,833	19,833		19,833		19,833			9
10	Nursing and Medical Records	983,322	75,622	64,324	1,123,268		1,123,268	(14,383)	1,108,885			10
10a	Therapy		169,328	28,407	197,735	(197,735)						10a
11	Activities	39,891	1,593		41,484		41,484		41,484			11
12	Social Services	32,415		5,095	37,510		37,510		37,510			12
13	CNA Training							777	777			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,055,628	246,543	117,659	1,419,830	(197,735)	1,222,095	(13,606)	1,208,489			16
	C. General Administration											
17	Administrative	79,720			79,720		79,720		79,720			17
18	Directors Fees											18
19	Professional Services			180,565	180,565		180,565	(169,408)	11,157			19
20	Dues, Fees, Subscriptions & Promotions			149,086	149,086	(125,402)	23,684	(8,675)	15,009			20
21	Clerical & General Office Expenses	140,468	108,985	8,569	258,022		258,022	237,557	495,579			21
22	Employee Benefits & Payroll Taxes			313,277	313,277		313,277	30,985	344,262			22
23	Inservice Training & Education			3,376	3,376		3,376	1,056	4,432			23
24	Travel and Seminar			7,438	7,438		7,438	(2,439)	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			25,320	25,320		25,320	16,710	42,030			26
27	Other (specify):*			61,887	61,887		61,887	(61,887)				27
28	**TOTAL General Administration**	220,188	108,985	749,518	1,078,691	(125,402)	953,289	43,899	997,188			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,556,690	584,261	982,950	3,123,901	(323,137)	2,800,764	48,859	2,849,623			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 Robinson LLC #53421 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							131,188	131,188			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			39,553	39,553		39,553	87,026	126,579			32
33	Real Estate Taxes							24,468	24,468			33
34	Rent-Facility & Grounds			319,740	319,740		319,740	(315,630)	4,110			34
35	Rent-Equipment & Vehicles			12,829	12,829		12,829	4,161	16,990			35
36	Other (specify):*											36
37	**TOTAL Ownership**			372,122	372,122		372,122	(68,787)	303,335			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			431,251	431,251	197,735	628,986	139,411	768,397			39
40	Barber and Beauty Shops			6,118	6,118		6,118		6,118			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					125,402	125,402		125,402			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			437,369	437,369	323,137	760,506	139,411	899,917			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,556,690	584,261	1,792,441	3,933,392		3,933,392	119,483	4,052,875			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 Robinson LLC # 53421 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	(5,108)			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	(7,423)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(17,293)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(61,887)			24
25	Fund Raising, Advertising and Promotional	(15,145)			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)**	$ (106,856)		$	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)	226,339		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 226,339		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 119,483		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 Robinson LLC

ID# 53421

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		(17,293)	19	23
24		(61,887)	27	24
25		(15,145)	20	25
26		(7,423)	24	26
27		0	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	(101,748)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	2,704	0	0	0	0	0	0	0	0	2,704	1
2	Food Purchase	0	0	35	0	0	0	0	0	0	0	0	35	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	982	0	0	0	0	0	0	0	0	982	5
6	Maintenance	0	0	14,842	0	0	0	0	0	0	0	0	14,842	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	18,566	0	0	0	0	0	0	0	0	18,566	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	(14,816)	433	0	0	0	0	0	0	0	0	(14,383)	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	777	0	0	0	0	0	0	0	0	777	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	(14,816)	1,210	0	0	0	0	0	0	0	0	(13,606)	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	(17,293)	(163,579)	11,464	0	0	0	0	0	0	0	0	(169,408)	19
20	Fees, Subscriptions & Promotions	(15,145)	0	6,470	0	0	0	0	0	0	0	0	(8,675)	20
21	Clerical & General Office Expenses	0	0	237,557	0	0	0	0	0	0	0	0	237,557	21
22	Employee Benefits & Payroll Taxes	0	0	30,985	0	0	0	0	0	0	0	0	30,985	22
23	Inservice Training & Education	0	(108)	1,164	0	0	0	0	0	0	0	0	1,056	23
24	Travel and Seminar	(7,423)	0	4,984	0	0	0	0	0	0	0	0	(2,439)	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	16,710	0	0	0	0	0	0	0	0	16,710	26
27	Other (specify):*	(61,887)	0	0	0	0	0	0	0	0	0	0	(61,887)	27
28	**TOTAL General Administration**	(101,748)	(163,687)	309,334	0	0	0	0	0	0	0	0	43,899	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(101,748)	(178,503)	329,110	0	0	0	0	0	0	0	0	48,859	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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 D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	0	112,277	0	18,911	0	0	0	0	0	0	0	131,188	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,108)	92,134	0	0	0	0	0	0	0	0	0	87,026	32
33	Real Estate Taxes	0	24,468	0	0	0	0	0	0	0	0	0	24,468	33
34	Rent-Facility & Grounds	0	(319,740)	0	4,110	0	0	0	0	0	0	0	(315,630)	34
35	Rent-Equipment & Vehicles	0	0	0	4,161	0	0	0	0	0	0	0	4,161	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(5,108)	(90,861)	0	27,182	0	0	0	0	0	0	0	(68,787)	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	139,411	0	0	0	0	0	0	0	0	0	139,411	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	139,411	0	0	0	0	0	0	0	0	0	139,411	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(106,856)	(129,953)	329,110	27,182	0	0	0	0	0	0	0	119,483	45

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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		$ (14,816)	$ (14,816)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy		(108)	(108)	2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		139,411	139,411	3
4	V	19	Adjustment for Related Organization	163,579	Heritage Operations Group, LLC			(163,579)	4
5	V								5
6	V	34	Adjustment for Related Organization	319,740	Heritage Manor Real Estate, LLC			(319,740)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		24,468	24,468	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		91,246	91,246	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		112,277	112,277	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		888	888	10
11	V								11
12	V								12
13	V								13
14	Total			$ 483,319			$ 353,366	$ * (129,953)	14

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

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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		$	$ 2,704	15
16	V	2	Food Purchase		Heritage Operations Group			35	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			982	19
20	V	6	Maintenance		Heritage Operations Group			14,842	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			433	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			777	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			11,464	31
32	V	20	Fees, Subscription, Promotions		Heritage Operations Group			6,470	32
33	V	21	Clerical & General Office Expenses		Heritage Operations Group			237,557	33
34	V	22	Employee Benefits & Payroll Taxes		Heritage Operations Group			30,985	34
35	V	23	Inservice Training & Education		Heritage Operations Group			1,164	35
36	V	24	Travel and Seminar		Heritage Operations Group			4,984	36
37	V	25	Other Admin. Staff Transportation		Heritage Operations Group			0	37
38	V	26	Insurance-Prop.Liab.Malpract		Heritage Operations Group			16,710	38
39	Total			$			$ 0	$ * 329,110	39

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

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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			18,911	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			4,110	20
21	V	35	Rent-Equipment & Vehicles		Heritage Operations Group			4,161	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	$ * 27,182	39

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

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
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 Robinson LLC # 53421 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	67	$ 2,704	1
2	2	Food Purchase	Beds	2,578	26	1,362	0	67	35	2
3	3	Housekeeping	Beds	2,578	26	0	0	67	0	3
4	4	Laundry	Beds	2,578	26	111	0	67	3	4
5	5	Heat & Other Utilities	Beds	2,578	26	37,778	0	67	982	5
6	6	Maintenance	Beds	2,578	26	571,069	80,581	67	14,842	6
7	7	Other	Beds	2,578	26	0	0	67	0	7
8	9	Medical Director	Beds	2,578	26	0	0	67	0	8
9	10	Nursing & Medical Records	Beds	2,578	26	16,650	12,036	67	433	9
10	11	Activities	Beds	2,578	26	0	0	67	0	10
11	12	Social Service	Beds	2,578	26	0	0	67	0	11
12	13	Nurse Aide Training	Beds	2,578	26	29,896	28,423	67	777	12
13	14	Program Transportation	Beds	2,578	26	0	0	67	0	13
14	15	Other	Beds	2,578	26	0	0	67	0	14
15	17	Administrative	Beds	2,578	26	0	0	67	0	15
16	18	Directors Fees	Beds	2,578	26	0	0	67	0	16
17	19	Professional Services	Beds	2,578	26	441,112	0	67	11,464	17
18	20	Fees, Subscription, Promotions	Beds	2,578	26	248,958	0	67	6,470	18
19	21	Clerical & General Office Expense	Beds	2,578	26	9,140,644	8,773,931	67	237,557	19
20	22	Employee Benefits & Payroll Taxes	Beds	2,578	26	1,192,239	0	67	30,985	20
21	23	Inservice Training & Education	Beds	2,578	26	44,777	0	67	1,164	21
22	24	Travel and Seminar	Beds	2,578	26	191,781	0	67	4,984	22
23	25	Other Admin. Staff Transportation	Beds	2,578	26	0	0	67	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,578	26	642,946	0	67	16,710	24
25	TOTALS					$ 12,663,368	$ 8,998,151		$ 329,110	25

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	$	$	67	$	1
2	30	Depreciation	Beds	2,578	26	727,658		67	18,911	2
3	31	Amortization of Pre-Op & Org	Beds	2,578	26			67		3
4	32	Interest	Beds	2,578	26			67		4
5	33	Real Estate Taxes	Beds	2,578	26			67		5
6	34	Rent-Facility & Grounds	Beds	2,578	26	158,134		67	4,110	6
7	35	Rent-Equipment & Vehicles	Beds	2,578	26	160,109		67	4,161	7
8	36	Other	Beds	2,578	26			67		8
9	38	Medically Nec Transportation	Beds	2,578	26			67		9
10	39	Ancillary Service Centers	Beds	2,578	26			67		10
11	40	Barber and Beauty Shops	Beds	2,578	26			67		11
12	41	Coffee and Gift Shops	Beds	2,578	26			67		12
13	42	Other	Beds	2,578	26			67		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	$		$ 27,182	25

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	Morton Community Bank		x	Mortgage			$	$			$ 91,246	1
2	Morton Community Bank		x	Loan Fee Amortization							888	2
3												3
4												4
5												5
	Working Capital											
6	Busey Bank		x	Working Capital							38,976	6
7	Morton Community Bank		x	Working Capital							577	7
8												8
9	TOTAL Facility Related						$	$			$ 131,687	9
	B. Non-Facility Related*											
10	Interest Income										(5,108)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (5,108)	14
15	TOTALS (line 9+line14)						$	$			$ 126,579	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 Robinson LLC # 53421 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.)		$ 24,468	2
3. Under or (over) accrual (line 2 minus line 1).		$ 24,468	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.		$ 24,468	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	22,428	8
	2014	22,431	9
	2015	24,111	10
	2016	23,929	11
	2017	24,468	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 Robinson LLC COUNTY Crawford

FACILITY IDPH LICENSE NUMBER 53421

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.	05427033042		$ 24,128.78	$ 24,129.00
2.	05427033041		$ 339.50	$ 339.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 24,468.28	$ 24,468.00

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 Robinson LLC # 53421 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 21,869 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				$ 26,000	1
2					2
3	TOTALS			$ 26,000	3

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	67				$ 1,525,000	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	2001 Improvements			2001	378,426						9
10	2002 Improvements			2002	284,194						10
11	2003 Improvements			2003	37,755						11
12	2004 Improvements			2004	3,250						12
13	2005 Improvements			2005	12,791						13
14	2006 Improvements			2006	14,553						14
15	2007 Improvements			2007	42,582						15
16	2008 Improvements			2008	38,675						16
17	2009 Improvements			2009	455,550						17
18	2010 Improvements			2010	10,159						18
19	2011 Improvements			2011	42,645						19
20	2012 Improvements			2012	14,802						20
21											21
22	Replacement Chassis - 2 SC Units			2013	2,841						22
23	New Exterior Sign			2013	7,014						23
24	Condensing Unit - Kitchen			2013	3,030						24
25	HVAC Unit - Laundry			2013	3,575						25
26	Window Replacement and Corridor Flooring/Painting			2013	127,782						26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34	C/O Allocation					18,911		18,911			34
35	Book Depreciation					96,836		96,836			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 Robinson LLC # 53421 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			$	$		$	$	$	37
38	Cabling and Electric - Wireless Network	2014	10,819						38
39	Install Exterior Door	2014	2,551						39
40	Ductless Split System Installation	2014	7,329						40
41	Install New Fire Alarm System	2014	5,250						41
42	Roof Replacement	2014	35,090						42
43									43
44	Install 5 ton AC condenser	2015	6,200						44
45									45
46	No 2016 improvements	2016							46
47									47
48	Carpet installation-(2) corridors	2017	3,012						48
49									49
50	No 2018 improvements	2018							50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									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)		$ 3,074,875	$ 115,747		$ 115,747	$	$	70

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

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	$ 870,934	$ 15,441	$ 15,441	$		$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 870,934	$ 15,441	$ 15,441	$		$	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,971,809	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 131,188	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 131,188	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 Robinson LLC # 53421 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: $ 12,829 Description: Televisions and office machines
(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 Robinson LLC # 53421 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	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.

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

	Service	1 Schedule V Line & Column Reference	2 Staff Units of Service	3 Staff Cost	4 Outside Practitioner (other than consultant) Units	5 Outside Practitioner (other than consultant) Cost	6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$ 183,214	$		$ 183,214	1
2	Licensed Speech and Language Development Therapist		hrs			23,042			23,042	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			224,995	0		224,995	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				169,328		169,328	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					28,407			28,407	13
14	TOTAL			$		$ 459,658	$ 169,328		$ 628,986	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	$ 14,224	$	1
2	Cash-Patient Deposits	4,291		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,042,733		3
4	Supply Inventory (priced at FIFO)	18,809		4
5	Short-Term Investments			5
6	Prepaid Insurance	1,874		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,305,275)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (1,223,344)	$	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)**	$ (1,223,344)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 184,807	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,291		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	122,044		30
31	Accrued Taxes Payable (excluding real estate taxes)	1,649		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	7,504		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 320,295	$	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)**	$ 320,295	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,543,639)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (1,223,344)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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**	$ (1,037,548)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,037,548)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(506,091)	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)**	$ (506,091)	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)**	$ (1,543,639)	24 *

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

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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	$ 3,182,511	1
2	Discounts and Allowances for all Levels	(1,440,096)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,742,415	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,369,216	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,369,216	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	5,683	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	305,028	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(149)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 310,562	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,108	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,108	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)**	$ 3,427,301	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	625,380	31
32	Health Care	1,419,830	32
33	General Administration	1,078,691	33
	B. Capital Expense		
34	Ownership	372,122	34
	C. Ancillary Expense		
35	Special Cost Centers	437,369	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)***	$ 3,933,392	40
41	**Income before Income Taxes (line 30 minus line 40)****	(506,091)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (506,091)	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 Robinson LLC # 53421 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	1,359	1,446	$ 44,697	$ 30.91	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	7,940	8,447	235,763	27.91	3
4	Licensed Practical Nurses	8,798	9,360	231,319	24.71	4
5	CNAs & Orderlies	30,088	32,009	434,263	13.57	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,813	1,929	37,280	19.33	8
9	Activity Director					9
10	Activity Assistants	3,261	3,469	39,891	11.50	10
11	Social Service Workers	1,718	1,828	32,415	17.73	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	12,489	13,287	147,240	11.08	15
16	Dishwashers					16
17	Maintenance Workers	2,736	2,911	45,394	15.59	17
18	Housekeepers	5,484	5,834	59,308	10.17	18
19	Laundry	2,976	3,166	28,932	9.14	19
20	Administrator	1,955	2,080	79,720	38.33	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,315	6,718	140,468	20.91	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)	86,932	92,484	$ 1,556,690 *	$ 16.83	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		$ 3,388		35
36	Medical Director		19,833		36
37	Medical Records Consultant		430		37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,085		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		5,095		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 31,831		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 41,349		50
51	Licensed Practical Nurses		4,790		51
52	Certified Nurse Assistants/Aides		14,597		52
53	TOTAL (lines 50 - 52)		$ 60,736		53

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Nicole Nichol			$ 79,720
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 79,720

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	$ 162,987
McKee Environmental	Review	285
Legal adj to Zero		17,293
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 180,565

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 37,909
Unemployment Compensation Insurance	8,278
FICA Taxes	119,087
Employee Health Insurance	142,763
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	5,240
Central Office Allocation	30,985
TOTAL (agree to Schedule V, line 22, col.8)	$ 344,262

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	3,176
Health Care Worker Background Check	
(Indicate # of checks performed)	3,380
Patient Background Checks	
PR	3,333
Dues & Subscriptions	2,730
License & Fees	593
Central Office Allocation	6,470
Less: Public Relations Expense	(3,333)
Non-allowable advertising	(1,340)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,009

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	6,790
	0
Seminar Expense	648
	(2,439)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

Facility Name & ID Number Heritage Manor Robinson LLC # 53421 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. $ **125,402**
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. $ **2,623**

(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	14,224							1,009	1,009	CASH	14,224				
1010			CASH IN BANK								1,100	1,100	ACCTS RECEI	1,274,416				
1040			CASH IN BANK-PAYROLL								1,101	1,101	ALLOW. FOR U	(231,683)				
1100			ACCOUNTS RECEIVABLE	1,042,733							1,110	1,110	ACCTS RECEIV-M/C					
1110			MEDICARE RECEIVABLES								1,125	1,125	ACCTS RECEIV-IPA					
1125			IPA INCOME RECEIVABLE								1,135	1,135	ACCTS RECEIV-IC					
1130			MEDICARE COST REPORT								1,140	1,140	UNAPPLIED CASH RECEIPTS					
1135			ACCOUNTS RECEIVABLE-IC								1,145	1,145	A/R SUSPENSE-REFUNDS					
1140			UNAPPLIED CASH RECEIPTS								1,200	1,200	PREPAID INSU	1,874				
1145			A/R SUSPENSE-REFUNDS								1,220	1,220	OTHER PREPAID EXPENSES					
1190			ACCRUED INTEREST REC								1,300	1,300	DIETARY INVE	18,809				
1200			PREPAID INSURANCE	1,874							1,310	1,310	SUPPLIES INVENTORY					
1220			OTHER PREPAID EXPENSES								1,320	1,320	LINEN INVENTORY					
1300			FOOD INVENTORY	18,809							1,409	1,409	LAND	0				
1310			SUPPLIES INVENTORY								1,450	1,450	FURNITURE &	0				
1409			LAND	0							1,460			0				
1450			FURNITURE & EQUIPMENT	0							1,475	1,475	BUILDINGS	0				
1460			ACCUM DEPR-FURN & EQUIP	0							1,490	1,490	ACCUM DEPR	0				
1475			BUILDING & IMPROVEMENTS	0							1,530	1,530	RESIDENT FU	4,291				
1490			ACCUM DEPR-BUILDING	0							1,550	1,550	LOAN FEES	0				
1530			RESIDENT FUNDS	4,291							1,551	1,551	LOAN FEES ADDED					
1550			LOAN FEES	0							1,850	1,850	INTERCOMPA	(2,305,275)				
1560			REAL ESTATE TAX ESCROW								2,010	2,010	ACCOUNTS P	(184,807)				
1575			REIMBURSABLE PURCHASES								2,100	2,095	BONUSES PAYABLE					
1850			INTRACOMPANY	-2,305,275							2,100	2,100	ACCRUED PA	(65,900)				
2010			ACCOUNTS PAYABLE	-184,807							2,100	2,100	PR CLEARING-BENEFITS					
2095			BONUSES PAYABLE								2,100	2,100	PR CLEARING-LABOR					
2100			ACCRUED PAYROLL	-65,900							2,110	2,110	ACCRUED PT	(56,144)				
2110			ACCRUED VACATION PAY	-56,144							2,120	2,120	U.C. TAXES P	0				
2120			UC TAXES PAYABLE								2,125	2,125	FICA TAXES P	(1,649)				
2125			FICA TAX PAYABLE	-1,649	-1,649						2,130	2,130	FEDERAL W/H TAX PAYABLE					
2130			FIT PAYABLE								2,140	2,140	STATE W/H TAX PAYABLE					
2140			STATE W/H PAYABLE		0						2,152	2,152	WORKERS COMP ACCRUAL					
2145			EARNED INCOME CREDIT								2,225	2,225	EMPLOYEEE INSURANCE REFUND					
2150			UC FED CREDIT REDUCTION								2,230	2,230	PAYROLL SAVINGS					
2230			PAYROLL SAVINGS								2,235	2,240	UNITED FUND					
2235			IRA W/HOLDINGS								2,240	2,246	GROUP INSURANCE - CAFETERIA					
2240			UNITED WAY								2,246	2,250	401K W/H					
2245			GROUP INSURANCE PAYABLE								2,250							
2246			GROUP INSURANCE PAYABLE-CAFETERIA								2,260	2,260	WAGE GARNIS					
2260			WAGE GARNISHMENTS								2,300	2,300	ACCRUED INT	0				
2280			MISC PAYROLL DEDUCTIONS								2,320	2,320	IPA PAYMENT	(7,504)				
2300			ACCRUED INTEREST PAYABLE	0							2,350	2,350	REAL ESTATE	0				
2310			SALES TAX PAYABLE								2,385			0				
2320			IPA PAYMENTS PAYABLE	-7,504							2,400	2,400	CURRENT PORTION OF LT DEBT					
2350			REAL ESTATE TAX PAYABLE	0							2,512	2,512	DUE TO RESID	(4,291)				
2385			ACTIVITY FUND	0							2,600	2,600	LASALLE BAN	0				
2390			SECURITY DEPOSITS	0							2,600							
2391			VOLUNTEER FUND								2,625	2,625	LASALLE CONSTR. LOAN #2					
2393			HEART FUND/BAZAAR								2,625							
2395			DEFERRED INC EMP & MEM								2,695	2,695	CURRENT PORTION OF LT DEBT					
2400			CURRENT PORTION LT DEBT								2,720	2,720	RETAINED EA	1,037,548				
2460			INCOME TAXES PAYABLE										net income	506,091				
2512			DUE TO RESIDENTS	-4,291														
2600			MORTGAGE PAYABLE	0														
2650			EQUIPMENT LOAN PAYABLE										balance	0				
2695			CURRENT PORTION LT DEBT															
2696			DEFERRED INCOME TAXES															
2710			COMMON STOCK															
2720			RETAINED EARNINGS	1,037,548														
2970			PROFIT/LOSS FOR PERIOD	506,091														
3007.1			PATIENT DAYS-PRIVATE	5,326											3,007	3,007	PATIENT DAYS-PI	5,326
3007.2			PATIENT DAYS-IPA	9,736											3,007	3,007	PATIENT DAYS-IP	9,736
3007.3			PATIENT DAYS-MEDICARE	2,185											3,007	3,007	PATIENT DAYS-M	2,185
3007.4			PATIENT DAYS-CONVERSION												3,007			0
3007.5			PATIENT DAYS-LICENSED												3,007			
3007.6			PATIENT DAYS-TOTAL												3,007			
3010		1	BASIC CHARGE-PRIVATE & VA	-3,160,967		0	0	0	0						3,007			
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0						3,010	3,010	BASIC CHARGE-P	(3,160,967)
3020		1	BASIC CHARGE-IPA	0		0	0	0	0						3,020	3,020	BASIC CHARGE-I	0
3030		1	BASIC CHARGE-MEDICARE	0		0	0	0	0						3,030	3,030	BASIC CHARGE-M	0
3035		4	DAY CARE/HOME CARE			0	0	0	0						3,040		ASSESSMENT	88,719
3040		1	LIGHT NURSING CARE	0		0	0	0	0						3,050			0
3050		1	MEDIUM NURSING CARE			0	0	0	0						3,060			0
3060		1	HEAVY NURSING CARE			0	0	0	0						3,061			0
3061		1	SKILLED NURSING CARE												3,080	3,080	NURSING SUPPL-	(22,069)
3080		1	NURSING SUPPLIES-PRIVATE	-22,069		0	0	0	0						3,081	3,081	NURSING SUPPLI	0
3081		1	NURSING SUPPLIES-IPA			0	0	0	0						3,082	3,082	NURSING SUPPLI	0
3082		1	NURSING SUPPLIES MED PT A			0	0	0	0						3,083	3,083	NURSING SUPPLI	0
3083		1	NURSING SUPPLIES MED PT B												3,100	3,100	DRUGS-MEDICAR	(305,028)
3100		17	DRUGS	-305,028		0	0	0	0						3,101			0
3101		17	DRUGS-OTHER												3,110	3,110	PHYSICAL THERA	(1,369,216)
3110		6	PT-PRIVATE	-1,369,216		0	0	0	0						3,111			0
3111		6	PT-IPA			0	0	0	0						3,112	3,112	PHYSICAL THERA	0
3112		6	PT-MEDICARE PART A			0	0	0	0						3,113	3,113	PHYSICAL THERA	0
3113		6	PT-MEDICARE PART B			0	0	0	0						3,140	3,140	LABORATORY INCOME	
3130		1	PUBLIC AID ASSESSMENT INC	88,719											3,150			0
3140		19	LABORATORY INCOME			0	0	0	0						3,151			
3150		6	SPEECH/OT-PRIVATE			0	0	0	0						3,152	3,152	ST/OT THERAPY-I	0
3151		6	SPEECH/OT-IPA			0	0	0	0						3,153	3,153	ST/OT THERAPY-I	0
3152		6	SPEECH/OT-MED PART A			0	0	0	0						3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3153		6	SPEECH/OT MED PART B												3,410	3,410	IPA/OTHER DISCC	0
3410		2	IPA DISCOUNTS	1,440,096		0	0	0	0						3,411	3,411	MEDICARE PT B-D	0
3411		2	MEDICAID PART B DISCOUNT			0	0	0	0						3,420	3,420	MEDICARE DISCC	1,317,996
3420		2	MEDICARE DISCOUNTS			0	0	0	0						3,500			
3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0						3,520	3,520	RENT INCOME	0
3520		16	RENT INCOME	0		6	0	6	0						3,530	3,530	BEAUTY SHOP	(5,683)
3530		13	BEAUTY SHOP	-5,683		0	0	0	0						3,560			0
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0						3,570	3,570	VENDING INCOME	0
3570		12	VENDING INCOME/EXPENSE	0		0	0	0	0						3,590	3,590	EQUIPMENT RENT	525
3580		12	MANAGEMENT FEES			0	0	0	0						3,595	3,595	RESIDENT TRANS	0
3590		1	EQUIPMENT RENTAL	525		0	0	0	0						3,600	3,600	MISC INCOME	149
3595		21	RESIDENT TRANSPORTATION	0		0	0	0	0						4,110	4,110	G&A WAGES	135,411
3600		21	MISC INCOME	149		0	0	0	0						4,111	4,111	ADMINISTRATOR	79,720
4110			GENERAL & ADMINIST WAGES	135,411	140,468	21	1	17	0						4,115	4,115	G&A PTO & RESE	5,057
4111			ADMINISTRATOR WAGES	79,720	79,720	17	1	0	0						4,120	4,120	EMPLOYEE BENE	8,985
4115			VACATION & SICK - G&A	5,057		21	1	0	0						4,121			0
4120	4475		EMPLOYEE BENEFITS	5,240	313,277	22	3	0	0						4,130	4,130	EMPLOYEE SCHC	0
4125			EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0						4,135	4,135	EMPLOYEE SCHC	0
4130			EMPLOYEE SCHOLARSHIP WA	0	88,719	21	1	0	0						4,250	4,250	OFFICE SUPPLIES	93,797
4135			EMPLOYEE SCHOLARSHIP CO	0		23	3	0	0						4,255	4,255	POSTAGE	309
4220			DIRECTORS FEES	0	0	18	3	0	0						4,260	4,260	TELEPHONE	8,569
4250	4255		OFFICE SUPPLIES	108,985	108,985	21	2	0	0						4,275	4,275	TRAINING & EMPL	3,376
4260			TELEPHONE	8,569	8,569	21	3	0	0						4,276			344
4275			TRAINING & EMPLOYEE DEVL	3,376	3,376	23	3	16	0 **						4,280	4,280	GENERAL TRAVE	6,790
4280			GENERAL TRAVEL	6,790	7,438	24	3	16	0						4,281	4,281	MEAL EXPENSE F	0
4281			MEAL EXPENSE FOR TRAVEL	0		24	3	19	0						4,285	4,285	EDUCATION/SEMI	213
4285			EDUCATION & SEMINAR	648		24	3	19	-7,423 ***						4,289	4,289	MEETINGS EXPEI	435
4290			HELP WANTED ADVERTISING	3,176	60,367	20	3	0	0	-36,683					4,290	4,290	HELP WANTED AI	3,176
4291			PROMOTIONAL ADVERTISING	10,472		20	3	25	-10,472						4,291	4,291	PROMOTIONAL AI	10,472
4292			PUBLIC RELATIONS	3,333		20	3	25	-3,333						4,292	4,292	PUBLIC RELATION	3,333
4300			LICENSES & FEES	37,276		20	3	17	0						4,300	4,300	LICENSE & FEES	37,276
4310			DUES & SUBSCRIPTIONS	2,730		20	3	17	-1,340						4,310	4,310	DUES & SUBSCRI	2,730
4320			CONTRIBUTIONS	0		27	3	20	0						4,320	4,320	CONTRIBUTIONS	0
4350			PROFESSIONAL FEES	16,986	180,565	19	3	22	-17,293						4,350	4,350	PROFESSIONAL F	16,986
4355			MEDICAL DIRECTOR	19,833	19,833	9	3	0	0						4,355	4,355	MEDICAL DIRECT	19,833
4360			UTILIZATION REVIEW	0		10	3	0	0						4,362			430
4361			OTHER PHYSICIAN FEES			39	3	0	0						4,363			3,085
4362			MEDICAL RECORDS CONSULT	430		10	3	0	0						4,364	4,364	SOCIAL SERV/ACT	878
4363			PHARMACIST FEES	3,085		10	3	0	0						4,370	4,370	TV RENTAL	4,590
4364			SOC SERV/ACT CONSULT	5,095	5,095	12	3	0	0						4,383	4,383	BACKGROUND CH	3,380
4370			TV RENTAL	4,590		35	3	5	0						4,390	4,390	OTHER TAXES	0
4380			INCOME TAXES		61,887	27	3	26	0						4,400	4,400	PAYROLL TAXES	127,365
4383			BACKGROUND CHECKS	3,380		20	3	26	0						4,401	4,401	PAYROLL TAXES	0
4400			PAYROLL TAXES	127,365		22	3	0	0						4,410	4,410	GROUP INSURAN	142,763
4401			PAYROLL TAXES ADMINIST	0		22	3	0	0						4,420	4,420	LIABILITY INSURA	25,320
4410			GROUP INSURANCE	142,763		22	3	0	0						4,430	4,430	WORKMAN'S COM	36,592
4420			LIABILITY INSURANCE	25,320	25,320	26	3	0	0						4,435	4,435	W/C-FIRST AID CL	0
4425			INSURANCE-OWNERS			22	3	21	0						4,436	4,436	DRUG TESTING M	973
4430			WORKMENS COMP INSURANCE	37,909		22	3	0	0						4,450	4,450	MANAGEMENT FE	163,579
4450			CENTRAL OFFICE FEES	163,579		19	3	34	0 **						4,460	4,460	BAD DEBTS	61,887
4460			BAD DEBTS	61,887		27	3	24	-61,887						4,461	4,461	BAD DEBTS	122,100
4470			LOST ITEMS-RESIDENTS	0		27	3	0							4,470	4,470	LOST ITEMS-RESI	0
4490			MISCELLANEOUS	0		27	3	0	0						4,475	4,475	UNIFORM EXP/PE	(3,745)
4510			REAL ESTATE TAXES	0	0	33	3	0	0						4,486	4,486	MIS -MAINT	32,590
4600			LEASED EQUIPMENT	8,239	12,829	35	3	16	0						4,490	4,490	MISC EXPENSE	266
5110			MAINTENANCE SALARIES	42,485	45,394	6	1	0	0						4,496	4,496	MISC. M.I.S. EXPE	14,879
5120			MAINTENANCE SICK & VAC	2,909		6	1	0	0						4,510	4,510	REAL ESTATE TA	0
5130			ELECTRIC	38,416	62,387	5	3	0	0						4,600	4,600	LEASED EQUIPME	8,239
5131			NATURAL GAS	6,549		5	3	0	0						5,110	5,110	MAINTENANCE W	42,485
5132			HEATING & DEISEL OIL			5	3	0	0						5,120	5,120	MAINTENANCE P	2,909
5133			WATER & SEWER	17,422		5	3	0	0						5,130	5,130	ELECTRIC	38,416
5134			TRASH COLLECTION	8,918	49,998	6	3	0	0						5,131	5,131	NATURAL GAS	6,549
5140			PROPERTY PLANT REPLACEM	10,282	71,980	6	2	0	0						5,133	5,133	WATER & SEWER	17,422
5160			GENERAL REPAIR & MAINT	61,698		6	2	0	0						5,134	5,134	TRASH COLLECTI	8,918
5165			MAINTENANCE CONTRACTS	41,080		6	3	0	0						5,140	5,140	PROP/PLANT REF	10,282
5210			DIETARY WAGES	137,226	147,240	1	1	0	0						5,160	5,160	GENERAL REPAIR	61,698
5220			DIETARY SICK & VAC	10,014		1	1	0	0						5,165	5,165	MAINTENANCE CO	8,490
5240			DIETARY CONSULT	3,388	3,388	2	3	13	0						5,210	5,210	DIETARY WAGES	137,226
5248			FOOD PURCHASES	126,611	123,988	2	2	0	0						5,220	5,220	DIETARY PTO & R	10,014
5250			SUPPLIES-DISHWASHING	3,348	13,166	1	2	0	0						5,248	5,248	FOOD PURCHASE	126,345
5260			DIETARY REPLACEMENT	3,079		1	2	0	0						5,250	5,250	SUPPLIES DISHW	3,348
5270			KITCHEN SUPPLIES-PAPER	6,739		1	2	0	0						5,260	5,260	REPLACEMENT-D	3,079
5295			MEAL CREDIT	-2,623		2	2	0	0						5,270	5,270	KITCHEN SUPPLIE	6,739
5310			LAUNDRY WAGES	27,311	28,932	4	1	0	0						5,295	5,295	MEAL INCOME	(2,623)
5340			LAUNDRY SICK & VAC	1,621		4	1	0	0						5,310	5,310	LAUNDRY WAGES	27,311
5370			LAUNDRY REPLACEMENT	1,281	6,030	4	2	0	0						5,340	5,340	LAUNDRY PTO & I	1,621
5380			LAUNDRY REIMBURSEMENT			4	3	0	0						5,370	5,370	REPLACEMENT-L	1,281
5390			LAUNDRY SUPPLIES	4,749		4	2	0	0						5,380		DIETARY CONSUL	3,388
5410			HOUSEKEEPING WAGES	52,349	59,308	3	1	0	0						5,390	5,390	SUPPLIES	4,749
5440			HOUSEKEEPING SICK & VAC	6,959		3	1	0	0						5,410	5,410	HOUSEKEEPING	52,349
5480			HOUSEKEEPING SUPPLIES	13,569	13,569	3	2	0	0						5,440	5,440	HOUSEKEEPING I	6,959
5490			HOUSEKEEPING SUPPLIES-PPR	0		3	2	0	0						5,480	5,480	SUPPLIES-CLEAN	13,569
6010			RN WAGES-MEDICARE		983,322	10	1	0	0						5,490	5,490	SUPPLIES-HOUSE	0
6020			RN WAGES-NON MEDICARE	223,315		10	1	0	0						6,020	6,020	RN WAGES	223,315
6030			DON WAGES	44,697		10	1	0	0						6,030	6,030	DON WAGES	44,697
6035			ADON	0		10	1	0	0						6,035	6,035	ADON WAGES	0
6040			RN SICK & VACATION	12,448		10	1	0	0						6,040	6,040	RN PTO & RESER	12,448
6110			LPN WAGES-MEDICARE	215,754		10	1	0	0						6,120	6,120	LPN WAGES	215,754
6120			LPN WAGES-NON MEDICARE	0		10	1	0	0						6,140	6,140	LPN PTO & RESEI	15,565
6130			LPN WAGES OTHER			10	1	0	0						6,220	6,220	AIDES WAGES	416,965
6140			LPN SICK & VACATION	15,565		10	1	0	0						6,240	6,240	AIDES PTO & RES	17,298
6210			AIDE WAGES-MEDICARE			10	1	0	0						6,245		RN REGISTRY	41,349
6220			AIDE WAGES-NON MEDICARE	416,965		10	1	0	0						6,246		LPN REGISTRY	4,790
6230			WARD CLERKS			10	1	0	0						6,247		AIDES REGISTRY	14,597
6240			AIDE VACATION & SICK	17,298		10	1	0	0						6,250			0
6245			CONTRACT NURSES-RN	41,349		10	3	0	0						6,255			0
6246			CONTRACT NURSES-LPN	4,790		10	3	0	0						6,260			0
6247			CONTRACT NURSES-AIDES	14,597		10	3	0	0						6,270	6,270	REHAB WAGES	34,298
6250			NURSE AIDE TRAINING WAGES	0	0	13	1	0	0						6,275	6,275	REHAB PTO & RE	2,982
6255			NURSE AID TRAINING EXP	0	0	13	2	0	0						6,290	6,290	NURSING SUPPLI	21,248
6260			NURSE AIDE TRAINING REIMB	0		0	0	0	0						6,295	6,295	NURSING SUPPLI	53,116
6270			REHAB WAGES	34,298		10	1	0	0						6,390	6,390	REPLACEMENT-N	1,258
6275			REHAB SICK & VAC	2,982		10	1	0	0						6,490	6,490	OTHER	73
6280			NURSING DEPT EDUCATION			23	3	0	0						7,280	7,280	DRUG PURCHASE	161,769
6290			NURSING SUPPLIES	21,248	75,622	10	2	0	0						7,281	7,281	DRUG PURCHASE	7,559
6295			NURSING SUPPLIES	53,116		10	2	0	0						7,380	7,380	LABORATORY SE	21,840
6390			REPLACEMENT-NURSING	1,258		10	2	0	0						7,391	7,390	X-RAY SERVICES	1,210
6490			NURSING OTHER	73	64,324	10	3	0	0						7,393			5,357
7280			DRUG PURCHASES	161,769	169,328	39	2	0	0 ***						7,510	7,510	ACTIVITIES WAGE	37,299
7281			DRUG PURCHASES-OTHER	7,559		39	2								7,540	7,540	ACTIVITIES PTO &	2,592
7380			LABORATORY SERVICES	28,407	28,407	39	3	0	0						7,590	7,590	ACTIVITIES SUPP	1,593
7410			HOME HEALTH SALARY			39	1	0	0						7,620	7,620	PHYSICAL THERA	224,995
7440			HOME HEALTH SICK & VAC			39	1	0	0						7,660	7,660	P.T. SUPPLY - BIL	0
7450			HOME HEALTH EXPENSES			39	3	0	0						7,710	7,710	SOCIAL SERVICE	25,909
7510			ACTIVITES WAGES	37,299	39,891	11	1	0	0						7,720	7,720	SOCIAL SERVICE	6,506
7540			ACTIVITIES SICK & VAC	2,592		11	1	0	0						7,730	7,730	SOCIAL SERVICE-	0
7590			ACTIVITIES SUPPLIES	1,593	1,593	11	2	0	0						7,740	7,740	OCCUPATIONAL T	183,214
7595			ACTIVITIES FEES	0	0	11	3	0	0						7,750			4,217
7610			PT WAGES			39	1	0	0						7,770	7,770	SPEECH THERAP	23,042
7611			PT SICK & VACATION			39	1	0	0						7,820	7,820	BEAUTICIAN FEE	6,118
7620			PT FEES	224,995	431,251	39	3	0	0 ***						7,890			0
7660			PT SUPPLIES	0		39	2	0	0						7,960			0
7710			SOCIAL SERVICE WAGES	25,909	32,415	12	1	0	0						8,120	8,120	INTEREST	0
7720			SOCIAL SERVICE SICK & VAC	6,506		12	1	0	0						8,125			39,553
7730			SOCIAL SERVICE EXPENSES	0	0	12	2	0	0						8,130	8,130	DEPRECIATION	0
7740			OT FEE	183,214		39	3	0	0 ***						8,150			0
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0						9,510	9,510	INTEREST INCOM	(5,108)
7770			SPEECH THERAPY FEE	23,042		39	3	0	0 ***						9,520	9,520	MISC NON-OPERA	0
7800			BEAUTICIAN WAGES		0	40	1	0	0						9,530	4,220		0
7810			BEAUTICIAN SICK & VAC			40	1	0	0							8,100		319,740
7820			BEAUTICIAN FEES	6,118	6,118	40	3	0	0							9,702		0
7890			BEAUTY SHOP SUPPLIES	0	0	40	2	0	0							5,230		0
7910			VOLUNTEER COORDINATOR			21	1	0	0									506,091
7940			VOL COORD SICK & VAC			21	1	0	0									
7960			VOL COORD SUPPLIES	0		21	2	0	0									
8100			RENT	319,740	319,740	34	3	0	0								Expenses Fixed Assets	
8120			INTEREST EXPENSE	39,553	39,553	32	3	14	-5,108									0
8130			DEPRECIATION	0	0	30	3	9	0									
8150			LOAN FEE AMORTIZATION	0		32	3	0	0	0								
9510			INTEREST INCOME	-5,108		32	0	10	0									
9520			MISC NON-OPERATING INCOME	0		0	0	0	0									
9700			INCOME TAXES	0		0	0	0	0									
				3,839,565	3,933,392													
					93,827													
GRAND TOTALS				506,091					-106,856									
				(NET INCOME)														
				0														
			FACILITY NAME:															
			FACILITY ID:	0														
			FACILITY UNITS:	88														
			BALANCE SHEET TOTAL	0														

G/L RECAP CENSUS

Heritage Manor - Robinson
IDPH ID# 53421
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	$	169,328
Purchased Hospital Services		5,357
Purchased Laboratory Services		21,840
Purchased Radiology Services		1,210
Amount Reclassified to Line 39	$	197,735

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

Line Item		
Provider Participation Fee - $1.50	$	(36,683)
Provider Assesment Fee - $6.07		(88,719)
		(125,402)
Provider Participation Fee - Line 42		125,402