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: 0046870

Facility Name: Stearns Nursing and Rehabilitation Center, LLC

Address: 3900 Stearns Avenue (Number) Granite City (City) 62040 (Zip Code)

County: Madison

Telephone Number: (618) 931-3900 **Fax #** (618) 931-0766

HFS ID Number:

Date of Initial License for Current Owners: January 1, 2005

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Valerie M Gaydosh **Telephone Number:** (716)972-2512
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2018 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) Valerie M Gaydosh
(Title) VP of Finance - Reimbursement for Tara Cares

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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	109	Skilled (SNF)	109	39,785	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	109	TOTALS	109	39,785	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	24,916	4,230	7,523	36,669	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,916	4,230	7,523	36,669	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.17%

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)
N/A

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 01/01/2005

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 01/01/2005 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 109 and days of care provided 3,623

Medicare Intermediary Wisconsin Physicians Insurance Corp (WPS)

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 1/1 to 12/31/18 Fiscal Year: 1/1 to 12/31/18

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, L # 0046870 Report Period Beginning: 01/01/2018 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	297,319	17,890	5,214	320,423		320,423	(38,004)	282,419			1
2	Food Purchase		229,885		229,885		229,885	(313)	229,572			2
3	Housekeeping	161,323	30,723		192,046		192,046		192,046			3
4	Laundry	37,407	12,864	887	51,158		51,158	(8)	51,150			4
5	Heat and Other Utilities			119,207	119,207		119,207		119,207			5
6	Maintenance	66,905	19,400	49,285	135,590		135,590	(3,488)	132,102			6
7	Other (specify):* see trial balance			10,569	10,569		10,569		10,569			7
8	TOTAL General Services	562,954	310,762	185,162	1,058,878		1,058,878	(41,813)	1,017,065			8
	B. Health Care and Programs											
9	Medical Director			20,400	20,400		20,400		20,400			9
10	Nursing and Medical Records	2,122,638	131,052	27,028	2,280,718		2,280,718	(12,785)	2,267,933			10
10a	Therapy		2,699	497,268	499,967		499,967	132,613	632,580			10a
11	Activities	78,118	2,377	5,465	85,960		85,960	(91)	85,869			11
12	Social Services	44,758		2,455	47,213		47,213	(91)	47,122			12
13	CNA Training											13
14	Program Transportation			29,057	29,057		29,057	(1,840)	27,217			14
15	Other (specify):* see trial balance			11,315	11,315		11,315	(3,173)	8,142			15
16	TOTAL Health Care and Programs	2,245,514	136,128	592,988	2,974,630		2,974,630	114,633	3,089,263			16
	C. General Administration											
17	Administrative	294,765		221,213	515,978		515,978	12,368	528,346			17
18	Directors Fees											18
19	Professional Services			25,016	25,016		25,016	(3,504)	21,512			19
20	Dues, Fees, Subscriptions & Promotions			27,855	27,855		27,855	(14,961)	12,894			20
21	Clerical & General Office Expenses	18,445	42,731	118,133	179,309		179,309	(66,842)	112,467			21
22	Employee Benefits & Payroll Taxes			475,099	475,099		475,099	(5,065)	470,034			22
23	Inservice Training & Education											23
24	Travel and Seminar			30,952	30,952		30,952		30,952			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			38,989	38,989		38,989	(2,600)	36,389			26
27	Other (specify):* see trial balance			374,358	374,358		374,358	(331,242)	43,116			27
28	TOTAL General Administration	313,210	42,731	1,311,615	1,667,556		1,667,556	(411,846)	1,255,710			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,121,678	489,621	2,089,765	5,701,064		5,701,064	(339,026)	5,362,038			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 Stearns Nursing and Rehabilitation Center, LLC #0046870 Report Period Beginning: 01/01/2018 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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			27,100	27,100		27,100	224,046	251,146			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							111,745	111,745			32
33	Real Estate Taxes			96,418	96,418		96,418		96,418			33
34	Rent-Facility & Grounds			303,218	303,218		303,218	(282,902)	20,316			34
35	Rent-Equipment & Vehicles			67,899	67,899		67,899		67,899			35
36	Other (specify):* Off Site Storage			2,951	2,951		2,951		2,951			36
37	**TOTAL Ownership**			497,586	497,586		497,586	52,889	550,475			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			260,419	260,419		260,419		260,419			42
43	Other (specify):* see trial balance			309,396	309,396		309,396	(48,385)	261,011			43
44	**TOTAL Special Cost Centers**			569,815	569,815		569,815	(48,385)	521,430			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,121,678	489,621	3,157,166	6,768,465		6,768,465	(334,522)	6,433,943			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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	(195)	2		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				10
11	Discounts, Allowances, Rebates & Refunds	(1)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(118)	2		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	(54,145)	21		18
19	Entertainment				19
20	Contributions	(500)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(335,966)	27		24
25	Fund Raising, Advertising and Promotional	(10,619)	20		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	(91,837)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (493,381)		$	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)	158,859		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 158,859		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (334,522)		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.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Stearns Nursing and Rehabilitation Center, LLC

ID# 0046870

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Remove Non-allowable Admin Dues& Subscriptions	$ (3,661)	20	1
2	Remove Non-allow Admin - Gifts/Awards	(80)	21	2
3	Remove Non-allowable Finance Charges	(950)	21	3
4	Remove Non-allow Admin-TaxCreditSvcs(WOTC)	(1,907)	21	4
5	Remove Non-allowable Insurance Cost	(2,600)	26	5
6	Remove Non-allowable NRS Admin- Res Transport	(1,840)	14	6
7	Remove Non-allowable Admissions Other Supplies	(6,942)	21	7
8	Remove Non-allowable BO Tax Preperation Fees	(3,283)	19	8
9	Remove Non-allowable Activities Consulting Fees	(91)	11	9
10	Remove Non-allowable HR-EE Background Checks	(681)	20	10
11	Remove Non-allowable Social Svcs-Consulting Fees	(91)	12	11
12	Remove Non-allowable IV Rx Drug Cost	(19,926)	43	12
13	Remove Non-allowable Prior Year Costs	(5,603)	43	13
14	Offset Misc. Revenue Med Surg	(713)	10	14
15	Offset Misc. Revenue Food Supp	(71)	10	15
16	Offset Misc. Revenue Non-Med. Equipment	(47)	6	16
17	Offset Misc. Revenue Incontinent	(384)	10	17
18	Offset Misc. Revenue Equipment	(36)	10	18
19	Offset Misc. Revenue Other	(1)	21	19
20	Offset Misc. Revenue Textile	(8)	4	20
21	Offset Interco Sold Services Revenue	(407)	10	21
22	Offset Interco Sold Services Revenue	(38,004)	1	22
23	Offset Interco Sold Services Revenue	(5,046)	22	23
24	Capitalize Repairs & Maintenance & Equipment	(3,441)	6	24
25	Capitalize Repairs & Maintenance & Equipment	(3,980)	10	25
26	Depreciation / Amort LHI	5,651	30	26
27	Depreciation / Amort MME	4,997	30	27
28	Current Year Depreciation Audit Adjustments LHI	(2,471)	30	28
29	Remove Non-allow Admin - Legal Fees	(221)	19	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**	(91,837)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	(38,004)	0	0	0	0	0	0	0	0	0	0	(38,004)	1
2	Food Purchase	(313)	0	0	0	0	0	0	0	0	0	0	(313)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(8)	0	0	0	0	0	0	0	0	0	0	(8)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(3,488)	0	0	0	0	0	0	0	0	0	0	(3,488)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(41,813)	0	0	0	0	0	0	0	0	0	0	(41,813)	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	(5,591)	(7,194)	0	0	0	0	0	0	0	0	0	(12,785)	10
10a	Therapy	0	132,613	0	0	0	0	0	0	0	0	0	132,613	10a
11	Activities	(91)	0	0	0	0	0	0	0	0	0	0	(91)	11
12	Social Services	(91)	0	0	0	0	0	0	0	0	0	0	(91)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(1,840)	0	0	0	0	0	0	0	0	0	0	(1,840)	14
15	Other (specify):*	0	(3,173)	0	0	0	0	0	0	0	0	0	(3,173)	15
16	**TOTAL Health Care and Programs**	(7,613)	122,246	0	0	0	0	0	0	0	0	0	114,633	16
	C. General Administration													
17	Administrative	0	12,368	0	0	0	0	0	0	0	0	0	12,368	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,504)	0	0	0	0	0	0	0	0	0	0	(3,504)	19
20	Fees, Subscriptions & Promotions	(14,961)	0	0	0	0	0	0	0	0	0	0	(14,961)	20
21	Clerical & General Office Expenses	(64,026)	(2,816)	0	0	0	0	0	0	0	0	0	(66,842)	21
22	Employee Benefits & Payroll Taxes	(5,046)	(19)	0	0	0	0	0	0	0	0	0	(5,065)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(2,600)	0	0	0	0	0	0	0	0	0	0	(2,600)	26
27	Other (specify):*	(336,466)	0	5,224	0	0	0	0	0	0	0	0	(331,242)	27
28	**TOTAL General Administration**	(426,603)	9,533	5,224	0	0	0	0	0	0	0	0	(411,846)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(476,029)	131,779	5,224	0	0	0	0	0	0	0	0	(339,026)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	8,177	0	215,869	0	0	0	0	0	0	0	0	224,046	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	111,745	0	0	0	0	0	0	0	0	111,745	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	(282,902)	0	0	0	0	0	0	0	0	(282,902)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	8,177	0	44,712	0	0	0	0	0	0	0	0	52,889	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	0	0	0	0	0	0	0	0	0	0	0	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):*	(25,529)	(22,856)	0	0	0	0	0	0	0	0	0	(48,385)	43
44	TOTAL Special Cost Centers	(25,529)	(22,856)	0	0	0	0	0	0	0	0	0	(48,385)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(493,381)	108,923	49,936	0	0	0	0	0	0	0	0	(334,522)	45

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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
DTD HC, LLC	50%	Granite Nursing and Rehabilitation Center, LLC	Granite City	Tara Pharmacy SE, LI	Birmingham	Pharmacy
D & N, LLC	50%	White Hall Nursing and Rehabilitation Center, LLC	White Hall	Tara Therapy, LLC	Orchard Park	Therapy
		Calhoun Nursing and Rehabilitation Center, LLC	Hardin	Raimax Healthcare So	Orchard Park	Software
		Scenic Nursing and Rehabilitation Center, LLC	Herculaneum	Stearns Property Com	Granite City	Property Company
		Jefferson City Nursing & Rehabilitation Center, LLC	Jefferson City	3690 Associates, LLC	Orchard Park	Clearing Account
		Riverside Nursing and Rehabilitation Center, LLC	Kansas City	Health Care Risk Grou	Orchard Park	Insurance
		Douglasville Nursing & Rehabilitation Center, LLC	Douglasville	Aurora Cares, LLC d/l	Orchard Park	Support Office

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	17	Administrative Services Costs	$ 221,213	Aurora Cares, LLC d/b/a Tara Cares	0.00%	$ 233,581	$ 12,368	1
2	V	15	Patient Care Software	3,600	RAImax Healthcare Solutions Group, LLC	0.00%	414	(3,186)	2
3	V	15	Wireless Access Points License Fee	619	RAImax Healthcare Solutions Group, LLC	0.00%	632	13	3
4	V	21	Carrier Comm Rev Offset		RAImax Healthcare Solutions Group, LLC	0.00%	(2,445)	(2,445)	4
5	V	21	Teleco Supplies	1,065	RAImax Healthcare Solutions Group, LLC	0.00%	694	(371)	5
6	V	10	Pharmacy Consulting Services	23,544	Tara Pharmacy SE, LLC	0.00%	16,350	(7,194)	6
7	V	43	Flu Vac/Prescription Drugs-Residents	242,475	Tara Pharmacy SE, LLC	0.00%	219,619	(22,856)	7
8	V	22	Vaccines for Employees	2,179	Tara Pharmacy SE, LLC	0.00%	2,160	(19)	8
9	V	10a	Physical Therapy Fees	143,756	Tara Therapy, LLC	0.00%	183,580	39,824	9
10	V	10a	Occupational Therapy Fees	185,576	Tara Therapy, LLC	0.00%	212,307	26,731	10
11	V	10a	Speech Therapy Fees	164,766	Tara Therapy, LLC	0.00%	230,824	66,058	11
12	V								12
13	V								13
14	Total			$ 988,793			$ 1,097,716	$ * 108,923	14

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	34	Rent	$ 303,218	Stearns Property Company, LLC	0.00%	$	$ (303,218)	15
16	V	30	Depreciation Leasehold Imp		Stearns Property Company, LLC	0.00%	96,215	96,215	16
17	V	30	Depreciation Major Moveable		Stearns Property Company, LLC	0.00%	12,476	12,476	17
18	V	30	Depreciation Bldg & Improve		Stearns Property Company, LLC	0.00%	107,178	107,178	18
19	V	27	Amort Loan Acquisition Costs		Stearns Property Company, LLC	0.00%	5,224	5,224	19
20	V	32	Interest-Capital/Long-Term Debt		Stearns Property Company, LLC	0.00%	111,745	111,745	20
21	V	34	Mortgage Insurance Premium		Stearns Property Company, LLC	0.00%	20,316	20,316	21
22	V	30	(Gain)/Loss-Sale of Property		Stearns Property Company, LLC	0.00%			22
23	V	6	Plant Operations	639	White Hall Nursing and Rehabilitation Center, LLC	0.00%	639		23
24	V	21	Human Resources	59	Granite Nursing and Rehabilitation Center, LLC	0.00%	59		24
25	V	10	Medical Records	184	Calhoun Nursing and Rehabilitaition Center, LLC	0.00%	184		25
26	V								26
27	V								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			$ 304,100			$ 354,036	$ * 49,936	39

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Jonesboro Nursing and Rehabilitation Center, L	Jonesboro				1
2			Lake City Nursing and Rehabilitation Center, L	Lake City				2
3			Mobile Nursing and Rehabilitation Center, LLC	Mobile				3
4			Florence Nursing and Rehabilitation Center, LL	Florence				4
5			Birmingham Nrs&Rehab Center East, LLC	Birmingham				5
6			Birmingham Nursing and Rehabilitation Center	Birmingham				6
7			Eight Mile Nursing and Rehabilitation Center, I	Eight Mile				7
8			North Hill Nursing and Rehabilitation Center, L	North Hill				8
9			Elba Nursing and Rehabilitation Center, LLC	Elba				9
10			Quince Nursing and Rehabilitation Center, LLC	Memphis				10
11			Allenbrooke Nursing and Rehabilitation Center,	Memphis				11
12			Tupelo Nursing and Rehabilitation Center, LLC	Tupelo				12
13			Brandon Nursing and Rehabilitation Center, LL	Brandon				13
14			Lakeland Nursing and Rehabilitation Center, LI	Jackson				14
15			McComb Nursing and Rehabilitation Center, LI	McComb				15
16			Cleveland Nursing and Rehabilitation Center, L	Cleveland				16
17			Chadwick Nursing and Rehabilitation Center, L	Jackson				17
18			Manhattan Nursing and Rehabilitation Center, I	Jackson				18
19			Ruleville Nursing and Rehabilitation Center, LL	Ruleville				19
20			Farmerville Nursing and Rehabilitation Center,	Farmerville				20
21			Bernice Nursing and Rehabilitation Center, LL	Bernice				21
22			Ruston Nursing and Rehabilitation Center, LLC	Ruston				22
23			Natchitoches Nursing and Rehabilitation Center	Natchitoches				23
24			Winnfield Nursing and Rehabilitation Center, L	Winnfield				24
25			Ringgold Nursing and Rehabilitation Center, LI	Ringgold				25
26			Arcadia Nursing and Rehabilitation Center, LL	Arcadia				26
27			Jena Nursing and Rehabilitation Center, LLC	Jena				27
28								28
29			** The above listed facilites are related by					29
30			common ownership					30

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, I # 0046870 Report Period Beginning: 01/01/2018 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 Hours	Percent	Compensation Included in Costs for this Reporting Period** Description	Amount	Schedule V. Line & Column Reference	
1	DTD HC, LLC	Owner		50.00	0	0	0.00	0	$	17	1
2	D & N, LLC	Owner		50.00	0	0	0.00	0		17	2
3	Donald T. Denz	CFO & CoCEO	Finance/ Admin	0.00	***	0.76	1.90	Fin/ Adm. of TC	6,045	17	3
4		for Tara Cares	of Tara Cares								4
5	Norbert A. Bennett	CoCEO	Finance/ Admin	0.00	***	0.76	1.90	Fin/ Adm. of TC	6,045	17	5
6		for Tara Cares	of Tara Cares								6
7	Suzette Wilson	Vice President	Admin of	0.00	***	0.76	1.90	VP of TC	4,592	17	7
8			Tara Cares								8
9	*** Compensation paid only through Support Office and allocated share reported in column 7.										9
10											10
11											11
12											12
13								TOTAL	$ 16,682		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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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: Aurora Cares, LLC d/b/a Tara Cares
Street Address: PO Box 428
City / State / Zip Code: Orchard Park, NY 14127
Phone Number: (716)662-4955
Fax Number: (716)662-2529

	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	Administrative Services Costs	Total Costs	410,302,287	40	$ 363,526	$ 281,911	6,534,865	$ 5,788	1
2	5	Administrative Services Costs	Days	1,573,455	36	31,735	0	36,661	739	2
3	6	Administrative Services Costs	Days	1,573,455	36	103,375	0	36,661	2,409	3
4	10	Administrative Services Costs	Total Costs	410,302,287	40	2,503,148	1,991,472	6,534,865	39,878	4
5	17	Administrative Services Costs	Days	1,573,455	36	6,190,204	6,190,204	36,661	144,232	5
6	19	Administrative Services Costs	Days	1,573,455	36	18,129	0	36,661	423	6
7	20	Administrative Services Costs	Days	1,573,455	36	59,441	0	36,661	1,385	7
8	21	Administrative Services Costs	Days	1,573,455	36	397,184	0	36,661	9,254	8
9	22	Administrative Services Costs	Days	1,573,455	36	858,888	0	36,661	20,012	9
10	24	Administrative Services Costs	Days	1,573,455	36	131,312	0	36,661	3,059	10
11	26	Administrative Services Costs	Days	1,573,455	36	5,953	0	36,661	139	11
12	27	Administrative Services Costs	Days	1,573,455	36	89,725	0	36,661	2,091	12
13	30	Administrative Services Costs	Days	1,573,455	36	62,915	0	36,661	1,466	13
14	31	Administrative Services Costs	Days	1,573,455	36	4,349	0	36,661	101	14
15	33	Administrative Services Costs	Days	1,573,455	36	32,625	0	36,661	760	15
16	34	Administrative Services Costs	Days	1,573,455	36	77,325	0	36,661	1,802	16
17	35	Administrative Services Costs	Days	1,573,455	36	1,849	0	36,661	43	17
18										18
19										19
20		NOTE: Aurora Cares, LLC d/b/a Tara Cares provides administrative support services under contract to the reporting facility.								20
21		Aurora Cares, LLC has no ownership interest and does not manage the reporting facility. Therefore, Aurora Cares, LLC is not								21
22		considered a Home Office by CMS and as defined in 42 CRF 421.404.								22
23										23
24										24
25	TOTALS					$ 10,931,683	$ 8,463,587		$ 233,581	25

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, L # 0046870 Report Period Beginning: 01/01/2018 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	Lancaster Pollard Mortgage Company	X		Land and Building	$16,942.18	06/20/12	$ 4,566,200	$ 4,021,361	07/01/47	0.0275	$ 111,745	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$16,942.18		$ 4,566,200	$ 4,021,361			$ 111,745	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 4,566,200	$ 4,021,361			$ 111,745	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 20,316 Line # 34

* 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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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.**	$	105,300	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.)	$	98,398	2
3. Under or (over) accrual (line 2 minus line 1).	$	(6,902)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	$	103,320	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.	$	96,418	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	90,466	8
	2014	92,799	9
	2015	100,696	10
	2016	100,328	11
	2017	98,398	12

The 2018 assessment was estimated to be a 5% increase over the 2017 assessment.

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 Stearns Nursing and Rehabilitation Center, LLC COUNTY Madison

FACILITY IDPH LICENSE NUMBER 0046870

CONTACT PERSON REGARDING THIS REPORT Valerie M. Gaydosh

TELEPHONE (716) 662-4955, ext. 512 FAX #: (716) 662-2529

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.	22-1-20-09-07-201-013	3900 Stearns Avenue	$ 98,397.92	$ 98,397.92
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 98,397.92	$ 98,397.92

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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,578 B. General Construction Type: Exterior Masonry Frame Steel Reinforcement Number of Stories One

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? [X] (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? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 63,995
2. Number of Years Over Which it is Being Amortized: 5 years (60 Months)
3. Current Period Amortization: Included in Schedule VII B Ln 1, Col 7
4. Dates Incurred: Various and on the books of related entities

Nature of Costs: Inc. Capitalized Pre-opening Salaries, Benefits & Other Costs Incurred. Allocated Via Related Org Cost & Reported Sch VII B
(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	Long Term Care	195,584	2011	$ 191,114	1
2					2
3	TOTALS	195,584		$ 191,114	3

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	109		2011	1972	$ 4,287,120	$ 107,178	40	$ 107,178	$	$ 803,835	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Alumalite Front Sign			2005	515		10			515	9
10	Sign			2005	800		10			800	10
11	Electrical and Mechanical Repairs capitalized for Medicaid			2005	11,308		3			11,308	11
12	Cabinetry Install for Therapy Room			2006	10,980	457	12	457		10,980	12
13	Emergency Lights (outside)			2006	1,621	68	12	68		1,621	13
14	Painting - Back Railings			2006	3,780		5			3,780	14
15	Outside Lights			2006	1,419	59	12	59		1,419	15
16											16
17	Roof Disposal 3/29/17			2006							17
18	Cabinetry - Therapy Room			2006	2,433	101	12	101		2,433	18
19	Plumbing and Mechanical Repairs capitalized for Medicaid			2006	3,808		3			3,808	19
20	Plumbing and Mechanical Repairs capitalized for Medicaid			2007	9,163		3			9,163	20
21	Air Conditioners (10)			2006	10,033		10			10,033	21
22	Closet Doors			2007	7,675	349	11	349		7,675	22
23	Kitchen Hoods and Sprinklers			2007	11,130	506	11	506		11,130	23
24	Resident Restrooms- tile, mirrors, drains, fixtures, shut offs, handrails, paint			2007	85,475		10			85,475	24
25	1 Resident Shower Room- tile, mirrors, drains, fixtures, shut offs			2007	50,679	2,304	11	2,304		50,679	25
26	Guest Bathroom - tile, sinks, faucets, toilet, drains, shut offs, paint, ceiling			2008	7,820	391	10	391		7,820	26
27	3 Shower Rooms - tile, drains, shut offs, paint, faucets			2008	61,673	3,084	10	3,084		61,673	27
28	Res bathrooms- tile, lighting, mirrors, hand rails, toilets, faucets, shut offs			2008	54,775	2,739	10	2,739		54,775	28
29	Electrical & Floor Repair capitalized for Medicaid			2008	4,710		3			4,710	29
30							5				30
31	Fire Alarm Motherboard			2008	3,165	158	10	158		3,165	31
32	Nurses Stations (North & South)			2008	34,900	1,745	10	1,745		34,900	32
33	Kitchen Upgrade-waste/water line, metal studs, interior partition, new electrical			2008	44,605	2,230	10	2,230		44,605	33
34	Facility Sign			2008	11,365	568	10	568		11,365	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	Floor Installation	2009	40,021	2,223	9	2,223		40,021	38
39									39
40	Water Heater 100 Gallon & Pump	2009	8,225	457	9	457		8,225	40
41									41
42	Water Heater	2010	6,800	425	8	425		6,800	42
43	Water Heater (100 gallon)	2010	8,200	512	8	512		8,200	43
44									44
45	Back Door / frame replacement	2010	3,409	213	8	213		3,409	45
46	Lighting & Room Signage capitalized for Medicaid	2010	13,829		3			13,829	46
47	TCU Wing Renovation	2011	630,780	45,056	7	45,056		630,780	47
48	Ceiling & Door Replacement	2011	80,229	5,731	7	5,731		80,229	48
49	Locks (6 coded/keyed)	2011	3,352	335	10	335		2,444	49
50	Electrical (Dining/NRS)	2011	4,466	298	15	298		2,171	50
51									51
52	Utility Room Renovation Drywall/plumbing/electric/cabinets	2011	16,150	1,077	15	1,077		7,851	52
53	Landscaping	2011	7,890	526	15	526		3,836	53
54									54
55	Installation of 61 overbed lights-Capitalized for Medicaid	2011	12,272		5			12,272	55
56	Addtl TCU Wing Renovation - generator/flooring	2011	23,658	1,690	7	1,690		23,658	56
57	Ceiling, Smoke Door & Door Replacement	2011	19,522	1,394	7	1,394		19,522	57
58	Replace 41 Windows - Capitalized for Medicaid	2011	6,070		5			6,070	58
59	Dining Room Wall Repair - Capitalized for Medicaid	2011	3,220		5			3,220	59
60	Laundry Room Ceiling/Lighting/Drywall/Painting-Cap for MCD	2011	5,769		5			5,769	60
61	Apoxy Coating Front Porch Floor	2011	5,005		5			5,005	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,619,819	$ 181,874		$ 181,874	$	$ 2,120,978	70

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	
1	Totals from Page 12A, Carried Forward		$ 5,619,819	$ 181,874		$ 181,874	$	$ 2,120,978	1
2	Kitchen Sewer Line	2012	28,671	1,433	20	1,433		9,318	2
3									3
4	MagLock System Courtyard Gate	2012	4,800	480	10	480		2,967	4
5	Dietary Mixer Repair Capitalized for Medicaid	2012	2,873		3			2,873	5
6	Lobby/Lounge Door Hardware Capitalized for Medicaid	2012	4,360		3			4,360	6
7	Burnisher Repair Capitalized for Medicaid	2012	2,628		3			2,628	7
8	Sewer&DrainCleaning/Cableing,WaterLines-Cap for Medicaid	2012	4,698		3			4,698	8
9									9
10	81 gal Water Heater	2013	6,577	658	10	658		3,617	10
11	Cabling Installation for Wireless Access Point	2013	2,589	129	20	129		712	11
12	Asphalt parking lot	2013	49,183	6,148	8	6,148		33,813	12
13	Plumbing,Sprinkler,Wall&Burnisher Repairs - Cap for MCD	2013	31,755		3			31,755	13
14	Remove/Replace sidewalks to tie to existing 2 exit doors	2014	7,500	500	15	500		2,250	14
15	Seal Parking Lot - Capitalized for Medicaid	2014	2,900		2			2,900	15
16	Pave Walkway Capitalized for Medicaid	2015	2,500	312	8	312		1,094	16
17	Repair Cooler Floor - Capitalized for Medicaid	2016	3,483	233	15	233		581	17
18	Repair Air Conditioner - Roof Top Unit Capitalized for Medicaid	2016	2,954	295	10	295		739	18
19	Sewer&DrainCleaning/Cableing,WaterLines-Cap for Medicaid	2016	2,708	903	3	903		2,256	19
20	Facility Roof	2017	216,366	21,637	10	21,637		32,455	20
21	Facility Roof	2017	9,916	992	10	992		1,487	21
22	Paint - All Hallways,Lounges,Dining,Kitchen,Memory Unit Capita	2017	18,963	3,793	5	3,793		5,689	22
23	Rooftop HVAC unit (York)	2018	5,985	199	15	199		199	23
24	Replace & Install Walk-In Freezer Door Capitalized for MCD	2018	3,441	115	15	115		115	24
25									25
26	Note: See additional building improvements made by former		507,266	23,362		23,362		495,585	26
27	property owner Healthcare REIT, Inc. on supplemental								27
28	schedule included as page 23 and 24 of the cost report.								28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,541,935	$ 243,063		$ 243,063	$	$ 2,763,069	34

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	$ 80,111	$ 10,275	$ 10,275	$	Various	$ 44,287	71
72	Current Year Purchases	3,980	663	663		3	663	72
73	Fully Depreciated Assets	423,732	13,683	13,683		Various	423,732	73
74								74
75	TOTALS	$ 507,823	$ 24,621	$ 24,621	$		$ 468,682	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	Long Term Care	2013 Champion Bus	2014	$ 54,596	$ 6,824	$ 6,824	$	4	$ 54,596	76
77										77
78										78
79										79
80	TOTALS			$ 54,596	$ 6,824	$ 6,824	$		$ 54,596	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)	$ 7,295,468	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 274,508	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 274,508	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)	$ 3,286,347	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	None	$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	None	$	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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

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: $ 86,059 Description: see separate schedule
(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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							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							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	$ 217,729	$	1
2	Cash-Patient Deposits	19,979		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	847,954		3
4	Supply Inventory (priced at cost)	7,386		4
5	Short-Term Investments			5
6	Prepaid Insurance	3,502		6
7	Other Prepaid Expenses	5,791		7
8	Accounts Receivable (owners or related parties)	140,718		8
9	Other(specify): Non Resident A/R (see tb)	21,646		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,264,705	$	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	157,500		15
16	Equipment, at Historical Cost	130,823		16
17	Accumulated Depreciation (book methods)	(189,293)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	(654)		21
22	Other Long-Term Assets (spe Deposits Long Term	2,611		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 100,987	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,365,692	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 114,725	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,979		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	293,631		30
31	Accrued Taxes Payable (excluding real estate taxes)	32,391		31
32	Accrued Real Estate Taxes(Sch.IX-B)	(18,757)		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Employee Benefits Payable	49,405		36
37	Accrued Expenses	186,565		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 677,939	$	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)**	$ 677,939	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 687,753	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,365,692	$	48

***(See instructions.)**

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 501,422	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 501,422	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	158,331	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	28,000	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)**	$ 186,331	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)**	$ 687,753	24 *

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	$ 6,100,578	1
2	Discounts and Allowances for all Levels	381,248	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,481,826	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	378,980	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 378,980	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		13
14	Non-Patient Meals	195	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6,372	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	7,203	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 13,770	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	12	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 12	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Prior Year Net Revenue**	7,490	28
28a	**Purchase Discounts & Misc Revenue**	44,718	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 52,208	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,926,796	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,058,878	31
32	Health Care	2,974,630	32
33	General Administration	1,667,556	33
	B. Capital Expense		
34	Ownership	497,586	34
	C. Ancillary Expense		
35	Special Cost Centers	309,396	35
36	Provider Participation Fee	260,419	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,768,465	40
41	**Income before Income Taxes (line 30 minus line 40)****	158,331	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 158,331	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 3,319,350	44
45	Private Pay - Net Inpatient Revenue	710,499	45
46	Medicare - Net Inpatient Revenue	1,702,068	46
47	Other-(specify) **Hospice**	374,402	47
48	Other-(specify) **Medicare HMO**	375,507	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,481,826	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** see Pg 19 note **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 Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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	2,008	2,086	$ 94,727	$ 45.41	1
2	Assistant Director of Nursing					2
3	Registered Nurses	10,776	11,528	349,568	30.32	3
4	Licensed Practical Nurses	28,254	30,024	760,053	25.31	4
5	CNAs & Orderlies	67,314	71,170	896,002	12.59	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,543	1,738	29,525	16.99	9
10	Activity Assistants	4,434	5,037	48,593	9.65	10
11	Social Service Workers	1,934	2,076	44,758	21.56	11
12	Dietician	1,976	2,072	70,553	34.05	12
13	Food Service Supervisor	3,926	4,171	82,721	19.83	13
14	Head Cook					14
15	Cook Helpers/Assistants	3,328	3,522	36,773	10.44	15
16	Dishwashers	10,398	10,973	107,272	9.78	16
17	Maintenance Workers	3,668	3,729	66,905	17.94	17
18	Housekeepers	13,995	15,043	161,323	10.72	18
19	Laundry	3,389	3,861	37,407	9.69	19
20	Administrator	1,992	2,197	115,376	52.52	20
21	Assistant Administrator					21
22	Other Administrative	3,395	3,890	97,581	25.09	22
23	Office Manager	2,130	2,296	51,861	22.59	23
24	Clerical	3,272	3,427	47,190	13.77	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	1,432	1,621	22,288	13.75	31
32	Other Health C: Van Driver	19	92	1,202	13.07	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	169,183	180,553	$ 3,121,678 *	$ 17.29	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		$		35
36	Medical Director	173	20,400	9-3	36
37	Medical Records Consultant	48	3,300	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	223	23,544	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	39	2,546	11-3	44
45	Social Service Consultant	39	2,546	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	522	$ 52,336		49

C. CONTRACT NURSES

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Teresa Rixie	Administrator	0	$ 56,457
Kenya O'Neal	Administrator	0	58,919
Blair Smith	Bus. Office Mgr	0	41,259
L. Schmidt, C.Hatchett	Bus. Office Mgr	0	10,602
N.Miner, R.Muhammad,L.Schmidt,K.Willian	Bus. Office Asst	0	29,947
S.Bastain, N.Miner	Human Resources	0	38,082
Miranda Scoggins	Dir of Admissions	0	59,499
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 294,765

B. Administrative - Other

Description	Amount
Tara Cares Administrative Services Fee	$ 221,213
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 221,213

C. Professional Services

Vendor/Payee	Type	Amount
Freed, Maxick and Battaglia	Accounting Fees	$ 2,568
Freed, Maxick and Battaglia	Tax Fees	3,283
Various Legal Fees - See attached detailed listing		19,165
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 25,016

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 68,884
Unemployment Compensation Insurance	24,832
FICA Taxes	235,378
Employee Health Insurance	114,573
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Workers Compensation Safety Rec. Program	7,937
Employee Benefit -Holiday/Recognition	13,535
Employee Benefit - Short Term Disability	356
Employee Benefit - Employee Vaccination	2,161
Employee Benefit - H.S.A. (ER)	360
Employee Benefit - Life Insurance (ER)	107
Employee Benefit - Dental/Vision Ins (ER)	1,911
TOTAL (agree to Schedule V, line 22, col.8)	$ 470,034

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

Description	Line #	Amount
None in Allowable Cost (Column 8) of Schedule V		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	3,586
Health Care Worker Background Check	60
(Indicate # of checks performed 2)	
Patient Background Checks 50	500
Facility Advertising	10,619
IL. Health Care Association/Chamber/Econ	8,940
Non-AllowHealthCareAssn/ChamberC	(3,661)
Fingerprinting	177
Citrix License Renew	1,302
Less: Public Relations Expense	( )
Non-allowable advertising	(10,619)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 12,894

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	29,456
Seminar Expense	1,496
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 30,952

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 Report Period Beginning: 01/01/2018 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. **IHCA $3,533 net of non-allowables**

(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? **N/A**

(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? **15**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **32,354** Line **10-2**

(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. **N/A**

(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
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **260,419**
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. $ **None** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **195**

(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. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
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? **No Personal Use**
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. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(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. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 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	Improvements Made by Healthcare REIT (covered by rent at outset		$	$		$	$	$	37
38	of Change of Ownership):								38
39									39
40	Cove Base	2006	16,775	1,398	12	1,398		16,076	40
41	Sprinkler System Cost @ 6/30/06	2006	120,650	10,450	12	10,450		115,425	41
42	Sprinkler System Addl Cost Post 6/30/06	2006	4,750					4,750	42
43	Painting of Facility Cost @ 6/30/06	2006	117,665		5			117,665	43
44	Painting of Facility Addl Cost Post 6/30/06	2006							44
45	Exterior Siding Cost @ 6/30/06	2006	54,360	3,993	12	3,993		52,363	45
46	Exterior Siding Addl Cost Post 6/30/06	2006	(6,440)					(6,440)	46
47	Handrails and Chairrails	2006	12,705	1,059	12	1,059		12,176	47
48	Ducts & Fire Dampers for Fire Alarm System	2006	1,445		10			1,445	48
49	A/C Units (10)	2006	9,284		5			9,284	49
50	Carpeting	2006	3,894		5			3,894	50
51	Grease Trap	2005	8,421	648	13	648		8,098	51
52	Air Conditioning Units (6)	2005	3,818		5			3,818	52
53	Air Conditioning Units (5)	2005	2,600	200	13	200		2,500	53
54	Doors (2) Beauty Shop, Office	2005	2,044	157	13	157		1,965	54
55	Doors (2)	2005	3,997	307	13	307		3,843	55
56	Replacement Windows	2005	6,554		10			6,554	56
57	Sprinkler System	2005	56,150	4,319	13	4,319		53,991	57
58	Fire Alarm System	2005	22,294		10			22,294	58
59	Closet Doors	2005	2,400	185	13	185		2,308	59
60	Smoke Damper	2005	700		10			700	60
61									61
62	Replacement Doors	2005	1,697	131	13	131		1,632	62
63	Replacement Doors	2005	2,186	168	13	168		2,101	63
64	Compressor for Walk-in Freezer	2005	1,525		10			1,525	64
65	Air Conditioning Units (strip) (23)	2005	22,573		5			22,573	65
66	Doors	2005	3,092	238	13	238		2,973	66
67									67
68	Fire Damper	2005	1,420	109	13	109		1,365	68
69									69
70	**TOTAL (lines 4 thru 69)**		**$ 476,559**	**$ 23,362**		**$ 23,362**	**$**	**$ 464,878**	70

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

Facility Name & ID Number Stearns Nursing and Rehabilitation Center, LLC # 0046870 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	Improvements Made by Healthcare REIT (covered by rent at outset		$	$		$	$	$	37
38	of Change of Ownership):								38
39	Totals from Page 23 REIT, Carried Forward		476,559	23,362		23,362		464,878	39
40	Air Conditioning Units (2) - 4 ton & 5 ton	2005	11,617		5			11,617	40
41	Pave Walkway, Roadway, Turnaround	2005	5,150		8			5,150	41
42	Exterior Siding	2006	6,440		10			6,440	42
43									43
44	5-ton Rooftop A/C Unit	2006	7,500		12			7,500	44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
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62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 507,266	$ 23,362		$ 23,362	$	$ 495,585	70

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

XVII. INCOME STATEMENT Page 19 Note

Line 41 Income before Income Taxes 158,331 **
Does this agree with taxable income(loss) per Federal Income Tax Return?

** The Tax Return has been extended with a due date after the cost report filing date. It is expected that the cost report income and tax return income will agree.