		FOR BHF USE			

LL1

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.

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

I. IDPH License ID Number: 0048918

Facility Name: Heritage Health Jacksonville

Address: 873 Grove Street (Number) Jacksonville (City) 62650 (Zip Code)

County: Morgan

Telephone Number: 217-479-3400 Fax # ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2007

Type of Ownership:

	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
[ ]	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: (309)8237135
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 1/1/2020 to 12/31/2020 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed)	(Date)
	(Type or Print Name)	David M Underwood
	(Title)	EVP & CFO
Paid Preparer	(Signed)	(Date)
	(Print Name and Title)	
	(Firm Name & Address)	
	(Telephone)	( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	175	Skilled (SNF)	175	64,050	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	23	Sheltered Care (SC)	23	8,418	5
6		ICF/DD 16 or Less			6
7	198	TOTALS	198	72,468	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	19,129	12,759	4,438	36,326	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC	424	1,705		2,129	12
13	DD 16 OR LESS					13
14	TOTALS	19,553	14,464	4,438	38,455	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 53.06%

D. How many bed reserve days during this year were paid by the Department?
None (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 [xx]

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified 175 and days of care provided 4,438

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: ____________ Fiscal Year: ____________

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	470,501	47,086	9,076	526,663		526,663	9,660	536,323			1
2	Food Purchase		312,034		312,034		312,034	(34)	312,000			2
3	Housekeeping	221,536	38,095		259,631		259,631	12,879	272,510			3
4	Laundry	123,753	16,856		140,609		140,609	921	141,530			4
5	Heat and Other Utilities			219,563	219,563		219,563	60	219,623			5
6	Maintenance	168,661	148,042	169,968	486,671		486,671	37,585	524,256			6
7	Other (specify):*											7
8	**TOTAL General Services**	984,451	562,113	398,607	1,945,171		1,945,171	61,071	2,006,242			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	2,876,384	254,847	1,093,438	4,224,669	(8,673)	4,215,996	25,931	4,241,927			10
10a	Therapy		294,372	54,927	349,299	(340,626)	8,673		8,673			10a
11	Activities	102,890	3,174		106,064		106,064	10	106,074			11
12	Social Services	94,545		4,858	99,403		99,403	276	99,679			12
13	CNA Training		2,462		2,462		2,462		2,462			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,073,819	554,855	1,177,223	4,805,897	(349,299)	4,456,598	26,217	4,482,815			16
	C. General Administration											
17	Administrative	105,179			105,179		105,179		105,179			17
18	Directors Fees											18
19	Professional Services			547,469	547,469		547,469	(509,307)	38,162			19
20	Dues, Fees, Subscriptions & Promotions			345,977	345,977	(299,329)	46,648	(26,415)	20,233			20
21	Clerical & General Office Expenses	365,960	16,603	13,957	396,520		396,520	824,200	1,220,720			21
22	Employee Benefits & Payroll Taxes			1,054,146	1,054,146		1,054,146	83,001	1,137,147			22
23	Inservice Training & Education			144	144		144	2,466	2,610			23
24	Travel and Seminar			908	908		908	4,091	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			114,342	114,342		114,342	137,500	251,842			26
27	Other (specify):* Lost resident items			110,433	110,433		110,433	(108,940)	1,493			27
28	**TOTAL General Administration**	471,139	16,603	2,187,376	2,675,118	(299,329)	2,375,789	406,596	2,782,385			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,529,409	1,133,571	3,763,206	9,426,186	(648,628)	8,777,558	493,884	9,271,442			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Health Jacksonville #0048918 **Report Period Beginning:** 1/1/2020 **Ending:** 12/31/2020

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							387,295	387,295			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			85,024	85,024		85,024	103,594	188,618			32
33	Real Estate Taxes							97,596	97,596			33
34	Rent-Facility & Grounds			1,038,060	1,038,060		1,038,060	(1,023,756)	14,304			34
35	Rent-Equipment & Vehicles			68,879	68,879		68,879	25,323	94,202			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,191,963	1,191,963		1,191,963	(409,948)	782,015			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			1,296,534	1,296,534	349,299	1,645,833	296,074	1,941,907			39
40	Barber and Beauty Shops	21,760	213		21,973		21,973		21,973			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					299,329	299,329		299,329			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	21,760	213	1,296,534	1,318,507	648,628	1,967,135	296,074	2,263,209			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,551,169	1,133,784	6,251,703	11,936,656		11,936,656	380,010	12,316,666			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 Reference	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	(5,987)			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	(9,502)			17
18	Fines and Penalties	(13,850)			18
19	Entertainment	(6,216)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(33,483)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(95,090)			24
25	Fund Raising, Advertising and Promotional	(18,815)			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 Non-Care Utilities - See PG5a	(3,006)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (185,949)		$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 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)	565,959		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 565,959		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 380,010		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

BHF USE ONLY

48		49		50		51		52	

STATE OF ILLINOIS

Heritage Health Jacksonville

ID# 0048918

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2	Cottages - Electric	(474)	5	2
3	Cottages - Natural Gas	(718)	5	3
4	Cottages - Water and Sewer	(1,814)	5	4
5				5
6				6
7				7
8				8
9				9
10				10
11		(33,483)	19	11
12		(5,987)	32	12
13		(95,090)	27	13
14		(18,815)	20	14
15		(9,502)	20	15
16		(13,850)	27	16
17		(6,216)	24	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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**	(185,949)		49

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	9,660	0	0	0	0	0	0	0	0	9,660	1
2	Food Purchase	0	0	(34)	0	0	0	0	0	0	0	0	(34)	2
3	Housekeeping	0	0	12,879	0	0	0	0	0	0	0	0	12,879	3
4	Laundry	0	0	921	0	0	0	0	0	0	0	0	921	4
5	Heat and Other Utilities	(3,006)	0	3,066	0	0	0	0	0	0	0	0	60	5
6	Maintenance	0	0	37,585	0	0	0	0	0	0	0	0	37,585	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,006)	0	64,077	0	0	0	0	0	0	0	0	61,071	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	(24,095)	50,026	0	0	0	0	0	0	0	0	25,931	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	10	0	0	0	0	0	0	0	0	10	11
12	Social Services	0	0	276	0	0	0	0	0	0	0	0	276	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	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	(24,095)	50,312	0	0	0	0	0	0	0	0	26,217	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	(33,483)	(508,615)	32,791	0	0	0	0	0	0	0	0	(509,307)	19
20	Fees, Subscriptions & Promotions	(28,317)	0	1,902	0	0	0	0	0	0	0	0	(26,415)	20
21	Clerical & General Office Expenses	0	0	824,200	0	0	0	0	0	0	0	0	824,200	21
22	Employee Benefits & Payroll Taxes	0	0	83,001	0	0	0	0	0	0	0	0	83,001	22
23	Inservice Training & Education	0	(144)	2,610	0	0	0	0	0	0	0	0	2,466	23
24	Travel and Seminar	(6,216)	0	10,307	0	0	0	0	0	0	0	0	4,091	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	137,500	0	0	0	0	0	0	0	0	137,500	26
27	Other (specify):*	(108,940)	0	0	0	0	0	0	0	0	0	0	(108,940)	27
28	TOTAL General Administration	(176,956)	(508,759)	1,092,311	0	0	0	0	0	0	0	0	406,596	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(179,962)	(532,854)	1,206,700	0	0	0	0	0	0	0	0	493,884	29

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	**5 & 5A**	**6**	**6A**	**6B**	**6C**	**6D**	**6E**	**6F**	**6G**	**6H**	**6I**	**(to Sch V, col.7)**	
30	Depreciation	0	340,834	0	46,461	0	0	0	0	0	0	0	387,295	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,987)	104,366	0	5,215	0	0	0	0	0	0	0	103,594	32
33	Real Estate Taxes	0	97,596	0	0	0	0	0	0	0	0	0	97,596	33
34	Rent-Facility & Grounds	0	(1,038,060)	0	14,304	0	0	0	0	0	0	0	(1,023,756)	34
35	Rent-Equipment & Vehicles	0	0	0	25,323	0	0	0	0	0	0	0	25,323	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(5,987)	(495,264)	0	91,303	0	0	0	0	0	0	0	(409,948)	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	295,702	0	372	0	0	0	0	0	0	0	296,074	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	295,702	0	372	0	0	0	0	0	0	0	296,074	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(185,949)	(732,416)	1,206,700	91,675	0	0	0	0	0	0	0	380,010	45

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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
Center SNF Services LLC	100	Attached Following This Page		Heritage Operations G	Bloomington	Mgmt. Services
				Green Tree Pharmacy	Minonk	Pharmacy
				Heritage Manor Real E	Bloomington	Propert rental

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. [xx] YES [ ] NO

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

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	10	Adjustment for Related Organiza	$	GreenTree Pharmacy		$ (24,095)	$ (24,095)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy		(144)	(144)	2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		295,702	295,702	3
4	V	19	Adjustment for Related Organization	508,615	Heritage Operations Group, LLC			(508,615)	4
5	V								5
6	V	34	Adjustment for Related Organization	1,038,060	Heritage Manor Real Estate, LLC			(1,038,060)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		97,596	97,596	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		98,442	98,442	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		340,834	340,834	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		5,924	5,924	10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,546,675			$ 814,259	$ * (732,416)	14

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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. [xx] YES [ ] NO

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

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Operations Group		$ 9,660	$ 9,660	15
16	V	2	Food Purchase		Heritage Operations Group		(34)	(34)	16
17	V	3	Housekeeping		Heritage Operations Group		12,879	12,879	17
18	V	4	Laundry		Heritage Operations Group		921	921	18
19	V	5	Heat & Other Utilities		Heritage Operations Group		3,066	3,066	19
20	V	6	Maintenance		Heritage Operations Group		37,585	37,585	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		50,026	50,026	23
24	V	11	Activities		Heritage Operations Group		10	10	24
25	V	12	Social Service		Heritage Operations Group		276	276	25
26	V	13	Nurse Aide Training		Heritage Operations Group		0		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		32,791	32,791	31
32	V	20	Fees, Subscription, Promotions		Heritage Operations Group		1,902	1,902	32
33	V	21	Clerical & General Office Expenses		Heritage Operations Group		824,200	824,200	33
34	V	22	Employee Benefits & Payroll Taxes		Heritage Operations Group		83,001	83,001	34
35	V	23	Inservice Training & Education		Heritage Operations Group		2,610	2,610	35
36	V	24	Travel and Seminar		Heritage Operations Group		10,307	10,307	36
37	V	25	Other Admin. Staff Transportation		Heritage Operations Group		0		37
38	V	26	Insurance-Prop.Liab.Malpract		Heritage Operations Group		137,500	137,500	38
39	Total			$			$ 1,206,700	$ * 1,206,700	39

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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. [xx] YES [ ] NO

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

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Operations Group		$ 0	$	15
16	V	30	Depreciation		Heritage Operations Group		46,461	46,461	16
17	V	31	Amortization of Pre-Op & Org		Heritage Operations Group		0		17
18	V	32	Interest		Heritage Operations Group		5,215	5,215	18
19	V	33	Real Estate Taxes		Heritage Operations Group		0		19
20	V	34	Rent-Facility & Grounds		Heritage Operations Group		14,304	14,304	20
21	V	35	Rent-Equipment & Vehicles		Heritage Operations Group		25,323	25,323	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		372	372	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			$			$ 91,675	$ * 91,675	39

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	
					Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
	Name	Title	Function	Ownership Interest		Hours	Percent	Description	Amount		
1	Center SNF Services LLC			100.00	0	0			$ 0		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

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 xx NO

Name of Related Organization: Heritage Operations Group
Street Address: 115 W Jefferson Street
City / State / Zip Code: Bloomington, IL 61701
Phone Number: (309 828-4361
Fax Number: (309 829-5477

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

	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	2,493	25	$ 121,634	$ 121,338	198	$ 9,660	1
2	2	Food Purchase	Beds	2,493	25	(423)	0	198	(34)	2
3	3	Housekeeping	Beds	2,493	25	162,156	0	198	12,879	3
4	4	Laundry	Beds	2,493	25	11,591	0	198	921	4
5	5	Heat & Other Utilities	Beds	2,493	25	38,605	0	198	3,066	5
6	6	Maintenance	Beds	2,493	25	473,233	88,567	198	37,585	6
7	7	Other	Beds	2,493	25	0	0	198	0	7
8	9	Medical Director	Beds	2,493	25	0	0	198	0	8
9	10	Nursing & Medical Records	Beds	2,493	25	629,872	35,401	198	50,026	9
10	11	Activities	Beds	2,493	25	129	0	198	10	10
11	12	Social Service	Beds	2,493	25	3,478	3,478	198	276	11
12	13	Nurse Aide Training	Beds	2,493	25	0	0	198	0	12
13	14	Program Transportation	Beds	2,493	25	0	0	198	0	13
14	15	Other	Beds	2,493	25	0	0	198	0	14
15	17	Administrative	Beds	2,493	25	0	0	198	0	15
16	18	Directors Fees	Beds	2,493	25	0	0	198	0	16
17	19	Professional Services	Beds	2,493	25	412,869	0	198	32,791	17
18	20	Fees, Subscription, Promotions	Beds	2,493	25	23,945	0	198	1,902	18
19	21	Clerical & General Office Expense	Beds	2,493	25	10,377,428	9,978,005	198	824,200	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,493	25	1,045,059	0	198	83,001	20
21	23	Inservice Training & Education	Beds	2,493	25	32,865	0	198	2,610	21
22	24	Travel and Seminar	Beds	2,493	25	129,776	0	198	10,307	22
23	25	Other Admin. Staff Transportatio	Beds	2,493	25	0	0	198	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,493	25	1,731,253	0	198	137,500	24
25	TOTALS					$ 15,193,470	$ 10,226,789		$ 1,206,700	25

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

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 xx NO

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

Name of Related Organization	Heritage Operations Group
Street Address	115 W Jefferson Street
City / State / Zip Code	Bloomington, IL 61701
Phone Number	(309 828-4361
Fax Number	(309 829-5477

	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	2,493	25	$	$	198	$	1
2	30	Depreciation	Beds	2,493	25	584,981		198	46,461	2
3	31	Amortization of Pre-Op & Org	Beds	2,493	25			198		3
4	32	Interest	Beds	2,493	25	65,658		198	5,215	4
5	33	Real Estate Taxes	Beds	2,493	25			198		5
6	34	Rent-Facility & Grounds	Beds	2,493	25	180,106		198	14,304	6
7	35	Rent-Equipment & Vehicles	Beds	2,493	25	318,843		198	25,323	7
8	36	Other	Beds	2,493	25			198		8
9	38	Medically Nec Transportation	Beds	2,493	25			198		9
10	39	Ancillary Service Centers	Beds	2,493	25	4,685		198	372	10
11	40	Barber and Beauty Shops	Beds	2,493	25			198		11
12	41	Coffee and Gift Shops	Beds	2,493	25			198		12
13	42	Other	Beds	2,493	25			198		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					$ 1,154,273	$		$ 91,675	25

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Busey Bank		xx	Mortgage			$	$			$ 98,442	1
2	Busey Bank		xx	Loan Fee Amortization							5,924	2
3												3
4												4
5												5
	Working Capital											
6	Busey Bank		xx	Working Capital							85,024	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 189,390	9
	B. Non-Facility Related*											
10	Interest Income										(5,987)	10
11												11
12	Allocated Corporate										5,215	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (772)	14
15	TOTALS (line 9+line14)						$	$			$ 188,618	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # ______

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

Description	Amount	Line
1. Real Estate Tax accrual used on 2019 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.)	$ 97,596	2
3. Under or (over) accrual (line 2 minus line 1).	$ 97,596	3
4. Real Estate Tax accrual used for 2020 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.	$ 97,596	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	Amount	Line
2015	90,407	8
2016	91,521	9
2017	95,117	10
2018	97,250	11
2019	97,596	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	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.**

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Jacksonville COUNTY Morgan

FACILITY IDPH LICENSE NUMBER 0048918

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 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	0920308003		$ 128,415.50	$ 97,596.00
2.	0920308004		$ 4,517.04	$
3.	0920308015		$ 4,295.62	$
4.	0920308017		$ 2,310.20	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 139,538.36	$ 97,596.00

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? xx YES ____ 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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,102 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [xx] (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 [xx] (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).

Apartments/cottages located on adjacent property but included on the same tax bill.
Allocation has been made and is shown in a separate schedule to this report.

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1			Apr-05	$ 100,000	1
2					2
3	TOTALS			$ 100,000	3

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	198				$ 3,295,725	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	2005 Improvements			2005	42,430						9
10	2006 Improvements			2006	346,785						10
11	2007 Improvements			2007	99,775						11
12	2008 Improvements			2008	472,394						12
13	2009 Improvements			2009	141,658						13
14	2010 Improvements			2010	115,991						14
15	2011 Improvements			2011	211,281						15
16	2012 Improvements			2012	206,638						16
17	2013 Improvements			2013	97,545						17
18	2014 Improvements			2014	95,554						18
19											19
20	Upgraded 7.5 ton and 10 ton compressors			2015	9,419						20
21	Installed new oil pump on 30 ton comprssor			2015	5,082						21
22	Replaced sewer pipe			2015	2,924						22
23											23
24	Replace control switch panel in kitchen			2016	3,192						24
25	Install (2) new boilers to replace existing Kewanee boiler			2016	16,656						25
26											26
27	Installed (2) mini-split system heating units			2017	4,685						27
28	Replaced alternator and hoses on existing generator			2017	9,394						28
29	Installed new exterior sign w/LED lighting			2017	9,691						29
30	Replaced laundry condensing unit			2017	5,485						30
31	Replace laundry room water heater			2017	6,986						31
32											32
33											33
34	C/O Allocation					46,461		46,461			34
35	Book Depreciation					280,215		280,215			35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	Replace cooling chassis	2018	23,505						38
39	Replace air handler compressors - kitchen, Younkin wing	2018	25,871						39
40	and laundry								40
41	Install circulator pump	2018	2,590						41
42									42
43	Repair sewer drain	2019	5,968						43
44	Repalce power supply on Notifier NFS2-3030	2019	2,845						44
45	Replace hot water heater	2019	7,285						45
46									46
47	Install new generator	2020	46,866						47
48	Replace compressor - Younkin wing	2020	4,695						48
49	Replace sewage/lift pump - Younkin wing	2020	4,476						49
50	Replace evaporator/condensor - 121 Christian Hall	2020	2,765						50
51	Replace HVAC and Air Handling Unit - Hockenhall Wing	2020	47,136						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)		$ 5,373,292	$ 326,676		$ 326,676	$	$	70

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,540,684	$ 54,657	$ 54,657	$		$	71
72	Current Year Purchases	109,279						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,649,963	$ 54,657	$ 54,657	$		$	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		2014 Dodge Grand Caravan	2015	$ 41,736	$ 5,962	$ 5,962	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 41,736	$ 5,962	$ 5,962	$		$	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)	$ 7,164,991	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 387,295	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 387,295	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 68,879 Description: Televisions, office equipment and beds

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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		2,462		2,462
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	$	$ 2,462	$	$ 2,462
10	SUM OF line 9, col. 1 and 2 (e)	$ 2,462			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff			Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service		Cost	Units	Cost				
1	Licensed Occupational Therapist			hrs	$		$ 522,029	$		$ 522,029	1
2	Licensed Speech and Language Development Therapist			hrs			152,393			152,393	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist			hrs			622,112	0		622,112	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				294,372		294,372	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify):										12
13	Other (specify):						54,927			54,927	13
14	TOTAL				$		$ 1,351,461	$ 294,372		$ 1,645,833	14

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

Facility Name & ID Number: Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2020 (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	$ 1,493	$	1
2	Cash-Patient Deposits	23,833		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	545,979		3
4	Supply Inventory (priced at FIFO)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,772		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(5,664,155)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (5,089,078)	$	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)**	$ (5,089,078)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	23,833		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	388,461		30
31	Accrued Taxes Payable (excluding real estate taxes)	1,347		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	28,235		36
37	Deferred Stimulus	434,673		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 876,549	$	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)**	$ 876,549	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (5,965,627)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (5,089,078)	$	48

*(See instructions.)

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (4,505,596)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (4,505,596)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,460,031)	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)**	$ (1,460,031)	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)**	$ (5,965,627)	24 *

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	$ 8,722,320	1
2	Discounts and Allowances for all Levels	(3,355,625)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,366,695	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,858,651	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,858,651	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	660,099	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	5,747	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	543,698	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	28,202	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,237,746	23
	D. Non-Operating Revenue		
24	Contributions	6,521	24
25	Interest and Other Investment Income***	5,987	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 12,508	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	Activity Fund	1,025	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,025	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,476,625	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,945,171	31
32	Health Care	4,805,897	32
33	General Administration	2,675,118	33
	B. Capital Expense		
34	Ownership	1,191,963	34
	C. Ancillary Expense		
35	Special Cost Centers	1,318,507	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)***	$ 11,936,656	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,460,031)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,460,031)	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.

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XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,071	2,157	$ 83,988	$ 38.94	1
2	Assistant Director of Nursing	2,932	3,054	99,948	32.73	2
3	Registered Nurses	8,471	8,824	276,497	31.33	3
4	Licensed Practical Nurses	30,359	31,624	873,328	27.62	4
5	CNAs & Orderlies	87,722	91,377	1,516,324	16.59	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,488	1,550	26,299	16.97	8
9	Activity Director					9
10	Activity Assistants	7,550	7,864	102,890	13.08	10
11	Social Service Workers	3,821	3,980	94,545	23.76	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	35,424	36,900	470,501	12.75	15
16	Dishwashers					16
17	Maintenance Workers	9,443	9,836	168,661	17.15	17
18	Housekeepers	18,493	19,264	221,536	11.50	18
19	Laundry	10,447	10,882	123,753	11.37	19
20	Administrator	1,611	1,679	105,179	62.64	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,442	16,085	365,960	22.75	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) Beauticians	1,503	1,565	21,760	13.90	33
34	TOTAL (lines 1 - 33)	236,777	246,641	$ 4,551,169 *	$ 18.45	34

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

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		$ 9,076	L1 C3	35
36	Medical Director		24,000	L9 C3	36
37	Medical Records Consultant		777	L10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		8,673	L10A C3	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		4,858	L12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 47,384		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		$ 113,614	L10 C3	50
51	Licensed Practical Nurses		338,140	L10 C3	51
52	Certified Nurse Assistants/Aides		631,949	L10 C3	52
53	TOTAL (lines 50 - 52)		$ 1,083,703		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michael Schneider	Administrator		$ 105,179
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 105,179

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Management	$ 513,986
Legal adj to Zero		33,483
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 547,469

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 119,191
Unemployment Compensation Insurance	16,634
FICA Taxes	348,164
Employee Health Insurance	297,969
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	272,188
Central Office Allocation	83,001
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,137,147

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	9,344
Health Care Worker Background Check (Indicate # of checks performed)	1,643
Patient Background Checks	
PR	3,845
Dues & Subscriptions	15,261
License & Fees	1,585
Central Office Allocation	1,902
Less: Public Relations Expense	(3,845)
Non-allowable advertising	(9,502)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 20,233

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	908
	0
Seminar Expense	0
	4,091
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **HCCI - $12,668**

(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 **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES ____ NO **xx** 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. $ **299,329**
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. $ **335**

(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? **NA**

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: **MCK CPA's & Advisors**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility?
See page 39 of the instructions for details. **None Claimed**
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Line #	Adjustment Amount				
1009	PETTY CASH	1,493							1,009	1,009 CASH	1,493
1010	CASH IN BANK								1,100	1,100 ACCTS RI	667,871
1040	CASH IN BANK-PAYROLL								1,101	1,101 ALLOW. F	(121,892)
1100	ACCOUNTS RECEIVABLE	545,979							1,110	1,110 ACCTS RECEIV-M/C	
1110	MEDICARE RECEIVABLES								1,125	1,125 ACCTS RECEIV-IPA	
1125	IPA INCOME RECEIVABLE								1,132	1,132 US HHS S	(434,673)
1130	MEDICARE COST REPORT								1,140	1,140 UNAPPLIED CASH RECEIPTS	
1132	US HHS STIMULUS SETTLEME	-434,673							1,145	1,145 A/R SUSPENSE-REFUNDS	
1140	UNAPPLIED CASH RECEIPTS								1,200	1,200 PREPAID	0
1145	A/R SUSPENSE-REFUNDS								1,220	1,220 OTHER PI	3,772
1190	ACCRUED INTEREST REC								1,300	1,300 DIETARY I	0
1200	PREPAID INSURANCE	3,772							1,310	1,310 SUPPLIES INVENTORY	
1220	OTHER PREPAID EXPENSES								1,320	1,320 LINEN INVENTORY	
1300	FOOD INVENTORY	0							1,409	1,409 LAND	0
1310	SUPPLIES INVENTORY								1,450	1,450 FURNITUF	0
1409	LAND	0							1,460		0
1450	FURNITURE & EQUIPMENT	0							1,475	1,475 BUILDING:	0
1460	ACCUM DEPR-FURN & EQUIP	0							1,490	1,490 ACCUM D	0
1475	BUILDING & IMPROVEMENTS	0							1,530	1,530 RESIDEN	23,833
1490	ACCUM DEPR-BUILDING	0							1,550	1,550 LOAN FEE	0
1530	RESIDENT FUNDS	23,833							1,551	1,551 LOAN FEES ADDED	
1550	LOAN FEES	0							1,850	1,850 INTERCOI	(5,664,155)
1560	REAL ESTATE TAX ESCROW								2,010	2,010 ACCOUNT	0
1575	REIMBURSABLE PURCHASES								2,100	2,095 BONUSES PAYABLE	
1850	INTRACOMPANY	-5,664,155							2,100	2,100 ACCRUED	(144,696)
2010	ACCOUNTS PAYABLE	0							2,100	2,100 PR CLEARING-BENEFITS	
2095	BONUSES PAYABLE								2,100	2,100 PR CLEARING-LABOR	
2100	ACCRUED PAYROLL	-144,696							2,110	2,110 ACCRUED	(243,765)
2110	ACCRUED VACATION PAY	-243,765							2,120	2,120 U.C. TAXE	0
2120	UC TAXES PAYABLE								2,125	2,125 FICA TAXE	(1,347)
2125	FICA TAX PAYABLE	-1,347	-1,347						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						2,150	2,150 WORKERS COMP ACCRUAL	
2145	EARNED INCOME CREDIT								2,220	2,225 EMPLOYEES INSURANCE REFUND	
2150	UC FED CREDIT REDUCTION								2,230	2,230 PAYROLL SAVINGS	
2220	PAYROLL SAVINGS								2,235	2,240 UNITED FUND	
2235	IPA W/HOLDINGS								2,240	2,246 GROUP INSURANCE - CAFETERIA	
2240	UNITED WAY								2,245	2,250 401K W/H	
2245	GROUP INSURANCE PAYABLE								2,250		
2246	GROUP INSURANCE PAYABLE-CAFETERIA								2,260	2,260 WAGE GA	0
2260	WAGE GARNISHMENTS								2,300	2,300 ACCRUED	0
2280	MISC PAYROLL DEDUCTIONS								2,320	2,320 IPA PAYMI	(28,235)
2300	ACCRUED INTEREST PAYABL	0							2,350	2,350 REAL EST	0
2310	SALES TAX PAYABLE								2,385		0
2320	IPA PAYMENTS PAYABLE	-28,235							2,400	2,400 CURRENT PORTION OF LT DEBT	
2350	REAL ESTATE TAX PAYABLE	0							2,512	2,512 DUE TO F	(23,833)
2385	ACTIVITY FUND	0							2,600	2,600 LOC	0
2390	SECURITY DEPOSITS	0							2,600		0
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	4,505,596
2460	INCOME TAXES PAYABLE									net income	1,460,031
2512	DUE TO RESIDENTS	-23,833									
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	4,505,596									
2970	PROFIT/LOSS FOR PERIOD	1,460,031									
3007.1	PATIENT DAYS-PRIVATE	12,759							3,007	3,007 PATIENT I	12,759
3007.2	PATIENT DAYS-IPA	19,129							3,007	3,007 PATIENT I	19,129
3007.3	PATIENT DAYS-MEDICARE	4,438							3,007	3,007 PATIENT I	4,438
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	-8,694,622		0	0	0	0		3,007		
3015	1 PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		3,010	3,010 BASIC CH	(8,694,622)
3020	1 BASIC CHARGE-IPA	0		0	0	0	0		3,020	3,020 BASIC CH	0
3030	1 BASIC CHARGE-MEDICARE	0		0	0	0	0		3,030	3,030 BASIC CH	0
3035	4 DAY CARE/HOME CARE			0	0	0	0		3,040	ASSESSM	203,254
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	(23,691)
3080	1 NURSING SUPPLIES-PRIVATE	-23,691		0	0	0	0		3,081	3,081 NURSING	0
3081	1 NURSING SUPPLIES-IPA			0	0	0	0		3,082	3,082 NURSING	0
3082	1 NURSING SUPPLIES MED PT A			0	0	0	0		3,083	3,083 NURSING	0
3083	1 NURSING SUPPLIES MED PT B								3,100	3,100 DRUGS-M	(543,698)
3100	17 DRUGS	-543,698		0	0	0	0		3,101		0
3101	17 DRUGS-OTHER								3,110	3,110 PHYSICAL	(3,858,651)
3110	6 PT-PRIVATE	-3,858,651		0	0	0	0		3,111		0
3111	6 PT-IPA			0	0	0	0		3,112	3,112 PHYSICAL	0
3112	6 PT-MEDICARE PART A			0	0	0	0		3,113	3,113 PHYSICAL	0
3113	6 PT-MEDICARE PART B			0	0	0	0		3,140	3,140 LABORATORY INCOME	
3130	1 PUBLIC AID ASSESSMENT INC	203,254							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 THI	0
3151	6 SPEECH/OT-IPA			0	0	0	0		3,153	3,153 ST/OT THI	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/OTHEI	0
3410	2 IPA DISCOUNTS	3,355,625		0	0	0	0		3,411	3,411 MEDICARI	0
3411	2 MEDICAID PART B DISCOUNT			0	0	0	0		3,420	3,420 MEDICARI	3,191,294
3420	2 MEDICARE DISCOUNTS			0	0	0	0		3,452	3,452 HHS STIM	(660,099)
3452	10 HHS STIMULUS REVENUE	-660,099		42	3	0	0		3,520	3,520 RENT INC	0
3520	16 RENT INCOME	0		6	0	6	0		3,530	3,530 BEAUTY S	(5,747)
3530	13 BEAUTY SHOP	-5,747		0	0	0	0		3,560		(1,025)
3560	12 ACTIVITY FUND INCOME	-1,025		0	0	0	0		3,570	3,570 VENDING	(752)
3570	12 VENDING INCOME/EXPENSE	-752		0	0	0	0		3,590	3,590 EQUIPMEI	(4,007)
3580	12 CONTRIBUTIONS	-6,521		0	0	0	0		3,595	3,595 RESIDENT	(27,450)
3590	1 EQUIPMENT RENTAL	-4,007		0	0	0	0		3,600	3,600 CONTRIBI	(6,521)
3595	21 RESIDENT TRANSPORTATION	-27,450		0	0	0	0		4,110	4,110 G&A WAG	324,216
3600	21 MISC INCOME			0	0	0	0		4,111	4,111 ADMINISTI	105,179
4110	GENERAL & ADMINIST WAGES	324,216	365,960	21	1	17	0		4,115	4,115 G&A PTO	41,744
4111	ADMINISTRATOR WAGES	105,179	105,179	17	1	0	0		4,120	4,120 EMPLOYE	271,942
4115	VACATION & SICK - G&A	41,744		21	1	0	0		4,121		0
4120 4475	EMPLOYEE BENEFITS	272,188	1,054,146	22	3	0	0		4,130	4,130 EMPLOYE	0
4125	EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0		4,135	4,135 EMPLOYE	0
4130	EMPLOYEE SCHOLARSHIP W/	0	203,254	21	1	0	0		4,250	4,250 OFFICE S	8,195
4135	EMPLOYEE SCHOLARSHIP CC	0		23	3	0	0		4,255	4,255 POSTAGE	4,849
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260	4,260 TELEPHO	13,957
4250 4255	OFFICE SUPPLIES	16,603	16,603	21	2	0	0		4,275	4,275 TRAINING	144
4260	TELEPHONE	13,957	13,957	21	3	0	0		4,276		875
4275	TRAINING & EMPLOYEE DEVL	144	144	23	3	16	0 **		4,280	4,280 GENERAL	908
4280	GENERAL TRAVEL	908	908	24	3	16	0		4,281	4,281 MEAL EXP	0
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0		4,285	4,285 EDUCATIC	0
4285	EDUCATION & SEMINAR	0		24	3	19	-6,216 ***		4,289	4,289 MEETINGS	0
4290	HELP WANTED ADVERTISING	9,344	142,723	20	3	0	0	-96,075	4,290	4,290 HELP WAI	9,344
4291	PROMOTIONAL ADVERTISING	14,970		20	3	25	-14,970		4,291	4,291 PROMOTI	14,970
4292	PUBLIC RELATIONS	3,845		20	3	25	-3,845		4,292	4,292 PUBLIC RI	3,845
4300	LICENSES & FEES	97,660		20	3	17	-577		4,300	4,300 LICENSE &	97,660
4310	DUES & SUBSCRIPTIONS	15,261		20	3	17	-8,925		4,310	4,310 DUES & S	15,261
4320	CONTRIBUTIONS	0		27	3	20	0		4,320	4,320 CONTRIBI	0
4350	PROFESSIONAL FEES	38,854	547,469	19	3	22	-33,483		4,350	4,350 PROFESS	38,854
4355	MEDICAL DIRECTOR	24,000	24,000	9	3	0	0		4,355	4,355 MEDICAL I	24,000
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362		777
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363		8,673
4362	MEDICAL RECORDS CONSULT	777		10	3	0	0		4,364	4,364 SOCIAL SI	4,858
4363	PHARMACIST FEES	8,673		10	3	0	0		4,370	4,370 TV RENTA	17,781
4364	SOC SERV/ACT CONSULT	4,858	4,858	12	3	0	0		4,383	4,383 BACKGRC	1,643
4370	TV RENTAL	17,781		35	3	5	0		4,390	4,390 OTHER TA	13,850
4380	INCOME TAXES		110,433	27	3	26	0		4,400	4,400 PAYROLL	364,798
4383	BACKGROUND CHECKS	1,643		20	3	26	0		4,401	4,401 PAYROLL	0
4400	PAYROLL TAXES	364,798		22	3	0	0		4,410	4,410 GROUP IN	297,969
4401	PAYROLL TAXES ADMINIST	0		22	3	0	0		4,420	4,420 LIABILITY I	114,342
4410	GROUP INSURANCE	297,969		22	3	0	0		4,430	4,430 WORKMA	115,478
4420	LIABILITY INSURANCE	114,342	114,342	26	3	0	0		4,435	4,435 W/C-FIRS	539
4425	INSURANCE-OWNERS			22	3	21	0		4,436	4,436 DRUG TES	2,299
4430	WORKMENS COMP INSURANC	119,191		22	3	0	0		4,450	4,450 MANAGEM	508,615
4450	CENTRAL OFFICE FEES	508,615		19	3	34	0 **		4,460	4,460 BAD DEBT	95,090
4460	BAD DEBTS	95,090		27	3	24	-95,090		4,461	4,461 BAD DEBT	164,331
4470	LOST ITEMS-RESIDENTS	1,493		27	3	0			4,470	4,470 LOST ITEI	1,493
4490	MISCELLANEOUS	0		27	3	0	0		4,475	4,475 UNIFORM	246
4510	REAL ESTATE TAXES	0	0	33	3	0	0		4,486	4,486 SERVICE (	87,497
4600	LEASED EQUIPMENT	51,098	68,879	35	3	16	0		4,490	4,490 MISC EXP	15,392
5110	MAINTENANCE SALARIES	154,826	168,661	6	1	0	0		4,496	4,496 MISC. M.I.S	3,559
5120	MAINTENANCE SICK & VAC	13,835		6	1	0	0		4,510	4,510 REAL EST	0
5130	ELECTRIC	122,471	219,563	5	3	0	-474		4,600	4,600 LEASED E	51,098
5131	NATURAL GAS	51,660		5	3	0	-718		5,110	5,110 MAINTENA	154,826
5132	HEATING & DEISEL OIL			5	3	0	0		5,120	5,120 MAINTENA	13,835
5133	WATER & SEWER	45,432		5	3	0	-1,814		5,130	5,130 ELECTRIC	122,471
5134	TRASH COLLECTION	23,814	169,968	6	3	0	0		5,131	5,131 NATURAL	51,660
5140	PROPERTY PLANT REPLACEM	10,096	148,042	6	2	0	0		5,133	5,133 WATER &	45,432
5160	GENERAL REPAIR & MAINT	137,946		6	2	0	0		5,134	5,134 TRASH CC	23,814
5165	MAINTENANCE CONTRACTS	146,154		6	3	0	0		5,140	5,140 PROP/PLA	10,096
5210	DIETARY WAGES	435,970	470,501	1	1	0	0		5,160	5,160 GENERAL	137,946
5220	DIETARY SICK & VAC	34,531		1	1	0	0		5,165	5,165 MAINTENA	58,657
5240	DIETARY CONSULTANT	9,076	9,076	2	3	13	0		5,210	5,210 DIETARY \	435,970
5248	FOOD PURCHASES	312,369	312,034	2	2	0	0		5,220	5,220 DIETARY I	34,531
5250	SUPPLIES-DISHWASHING	7,632	47,086	1	2	0	0		5,248	5,248 FOOD PU	296,977
5260	DIETARY REPLACEMENT	2,958		1	2	0	0		5,250	5,250 SUPPLIES	7,632
5270	KITCHEN SUPPLIES-PAPER	36,496		1	2	0	0		5,260	5,260 REPLACE	2,958
5295	MEAL CREDIT	-335		2	2	0	0		5,270	5,270 KITCHEN !	36,496
5310	LAUNDRY WAGES	114,306	123,753	4	1	0	0		5,295	5,295 MEAL INC(	(335)
5340	LAUNDRY SICK & VAC	9,447		4	1	0	0		5,310	5,310 LAUNDRY	114,306
5370	LAUNDRY REPLACEMENT	9,635	16,856	4	2	0	0		5,340	5,340 LAUNDRY	9,447
5380	LAUNDRY REIMBURSEMENT			4	3	0	0		5,370	5,370 REPLACE	9,635
5390	LAUNDRY SUPPLIES	7,221		4	2	0	0		5,230	5,230 DIETARY (	9,076
5410	HOUSEKEEPING WAGES	205,737	221,536	3	1	0	0		5,390	5,390 LAUNDRY	7,221
5440	HOUSEKEEPING SICK & VAC	15,799		3	1	0	0		5,410	5,410 HOUSEKE	205,737
5480	HOUSEKEEPING SUPPLIES	38,095	38,095	3	2	0	0		5,440	5,440 HOUSEKE	15,799
5490	HOUSEKEEPING SUPPLIES-PF	0		3	2	0	0		5,480	5,480 SUPPLIES	38,095
6010	RN WAGES-MEDICARE		2,876,384	10	1	0	0		5,490	5,490 SUPPLIES	0
6020	RN WAGES-NON MEDICARE	255,699		10	1	0	0		6,020	6,020 RN WAGE	255,699
6030	DON WAGES	83,988		10	1	0	0		6,030	6,030 DON WAG	83,988
6035	ADON	99,948		10	1	0	0		6,035	6,035 ADON WA	99,948
6040	RN SICK & VACATION	20,798		10	1	0	0		6,040	6,040 RN PTO &	20,798
6110	LPN WAGES-MEDICARE	808,449		10	1	0	0		6,120	6,120 LPN WAGI	808,449
6120	LPN WAGES-NON MEDICARE	0		10	1	0	0		6,140	6,140 LPN PTO &	64,879
6130	LPN WAGES OTHER			10	1	0	0		6,220	6,220 AIDES WA	1,414,079
6140	LPN SICK & VACATION	64,879		10	1	0	0		6,240	6,240 AIDES PT(	102,245
6210	AIDE WAGES-MEDICARE			10	1	0	0		6,245	RN CONTI	113,614
6220	AIDE WAGES-NON MEDICARE	1,414,079		10	1	0	0		6,246	LPN CONT	338,140
6230	WARD CLERKS			10	1	0	0		6,247	AIDES CO	631,949
6240	AIDE VACATION & SICK	102,245		10	1	0	0		6,250		2,426
6245	CONTRACT NURSES-RN	113,614		10	3	0	0		6,255		36
6246	CONTRACT NURSES-LPN	338,140		10	3	0	0		6,260		0
6247	CONTRACT NURSES-AIDES	631,949		10	3	0	0		6,270	6,270 REHAB W	23,705
6250	NURSE AIDE TRAINING WAGES	2,426		13	1	0	0		6,275	6,275 REHAB PT	2,594
6255	NURSE AID TRAINING EXP	36	2,462	13	2	0	0		6,290	6,290 NURSING	112,071
6260	NURSE AIDE TRAINING REIMB	0		0	0	0	0		6,295	6,295 NURSING	141,001
6270	REHAB WAGES	23,705		10	1	0	0		6,390	6,390 REPLACE	1,775
6275	REHAB SICK & VAC	2,594		10	1	0	0		6,490	6,490 OTHER	285
6280	NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280 DRUG PUI	294,338
6290	NURSING SUPPLIES	112,071	254,847	10	2	0	0		7,281	7,281 DRUG PUI	34
6295	NURSING SUPPLIES	141,001		10	2	0	0		7,380	7,380 LABORAT(	16,280
6390	REPLACEMENT-NURSING	1,775		10	2	0	0		7,391	7,390 X-RAY SEI	12,544
6490	NURSING OTHER	285	1,093,438	10	3	0	0		7,393		26,103
7280	DRUG PURCHASES	294,338	294,372	39	2	0	0 ***		7,510	7,510 ACTIVITIES	95,952
7281	DRUG PURCHASES-OTHER	34		39	2				7,540	7,540 ACTIVITIES	6,938
7380	LABORATORY SERVICES	54,927	54,927	39	3	0	0		7,590	7,590 ACTIVITIES	3,174
7410	HOME HEALTH SALARY			39	1	0	0		7,620	7,620 PHYSICAL	622,112
7440	HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660 P.T. SUPP	0
7450	HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710 SOCIAL SI	86,829
7510	ACTIVITES WAGES	95,952	102,890	11	1	0	0		7,720	7,720 SOCIAL SI	7,716
7540	ACTIVITIES SICK & VAC	6,938		11	1	0	0		7,730	7,730 SOCIAL SI	0
7590	ACTIVITIES SUPPLIES	3,174	3,174	11	2	0	0		7,740	7,740 OCCUPAT	522,029
7595	ACTIVITIES FEES	0	0	11	3	0	0		7,750		
7610	PT WAGES			39	1	0	0		7,770	7,770 SPEECH T	152,393
7611	PT SICK & VACATION			39	1	0	0		7,820	7,820 BEAUTICIA	21,760
7620	PT FEES	622,112	1,296,534	39	3	0	0 ***		7,890		213
7660	PT SUPPLIES	0		39	2	0	0		7,960		0
7710	SOCIAL SERVICE WAGES	86,829	94,545	12	1	0	0		8,120	8,120 INTEREST	0
7720	SOCIAL SERVICE SICK & VAC	7,716		12	1	0	0		8,125		85,024
7730	SOCIAL SERVICE EXPENSES	0	0	12	2	0	0		8,130	8,130 DEPRECIA	0
7740	OT FEE	522,029		39	3	0	0 ***		8,150		0
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510 INTEREST	(5,987)
7770	SPEECH THERAPY FEE	152,393		39	3	0	0 ***		9,520	9,520 MISC NON	0
7800	BEAUTICIAN WAGES	21,760	21,760	40	1	0	0		9,530	4,220	0
7810	BEAUTICIAN SICK & VAC			40	1	0	0			8,100	1,038,060
7820	BEAUTICIAN FEES		0	40	3	0	0			9,702	0
7890	BEAUTY SHOP SUPPLIES	213	213	40	2	0	0			5,230	0
7910	VOLUNTEER COORDINATOR			21	1	0	0				1,460,031
7940	VOL COORD SICK & VAC			21	1	0	0				
7960	VOL COORD SUPPLIES	0		21	2	0	0				
8100	RENT	1,038,060	1,038,060	34	3	0	0			Expenses Fixed Assets	
8120	INTEREST EXPENSE	85,024	85,024	32	3	14	-5,987				0
8130	DEPRECIATION	0	0	30	3	9	0				
8150	LOAN FEE AMORTIZATION	0		32	3	0	0				
9510	INTEREST INCOME	-5,987		32	0	10	0				
9520	MISC NON-OPERATING INCOM	0		0	0	0	0				
9700	INCOME TAXES	13,850		0	0	0	-13,850				
		11,727,415	11,936,656								
			209,241								
GRAND TOTALS		1,460,031 (NET INCOME)					-185,949				
		0									

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 162

BALANCE SHEET TOTAL 0

Heritage Manor - Jacksonville
IDPH ID# 48918
HFS Cost Report - December 31, 2020
Schedule V - Column 5 Reclassifications

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

Line Item		
Purchased Drugs and Medications	$	294,372
Purchased Hospital Services		31,367
Purchased Laboratory Services		16,280
Purchased Radiology Services		7,280
Amount Reclassified to Line 39	$	349,299

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

Line Item		
Provider Participation Fee - $1.50	$	(96,075)
Provider Assesment Fee - $6.07		(203,254)
	$	(299,329)
Provider Participation Fee	$	299,329

3. Schedule V - Line 10 to Line 10a - Reclass Pharmacy Consulting Fees

Line Item		
Pharmacy Consulting Fees	$	8,673