		FOR BHF USE					

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

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: 0053405

Facility Name: Heritage Health Walnut

Address: 308 South Second St (Number) Walnut (City) 61376 (Zip Code)

County: Bureau

Telephone Number: 815 379-2131 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: Jan 2015

Type of Ownership:

VOLUNTARY,NON-PROFIT	PROPRIETARY	GOVERNMENTAL
[ ]	[xx]	[ ]
[ ] 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 Walnut # 0053405 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	62	Skilled (SNF)	62	22,692	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	62	TOTALS	62	22,692	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	8,098	5,928	1,590	15,616	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,098	5,928	1,590	15,616	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.82%

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 Jan 2015

J. Was the facility purchased or leased after January 1, 1978?
YES [xx] Date 12/2014 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified 62 and days of care provided 1,590

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.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Health Walnut # 0053405 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	183,388	17,278	4,895	205,561		205,561	3,025	208,586			1
2	Food Purchase		140,203		140,203		140,203	(11)	140,192			2
3	Housekeeping	38,964	17,387		56,351		56,351	4,033	60,384			3
4	Laundry	61,554	11,075		72,629		72,629	288	72,917			4
5	Heat and Other Utilities			49,167	49,167		49,167	960	50,127			5
6	Maintenance	56,041	50,702	62,495	169,238		169,238	11,769	181,007			6
7	Other (specify):*											7
8	TOTAL General Services	339,947	236,645	116,557	693,149		693,149	20,064	713,213			8
	B. Health Care and Programs											
9	Medical Director			7,990	7,990		7,990		7,990			9
10	Nursing and Medical Records	1,104,556	88,248	16,650	1,209,454	(3,689)	1,205,765	2,699	1,208,464			10
10a	Therapy		124,531	11,716	136,247	(132,084)	4,163		4,163			10a
11	Activities	55,980	5,066		61,046		61,046	3	61,049			11
12	Social Services	30,921		2,430	33,351		33,351	86	33,437			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,191,457	217,845	38,786	1,448,088	(135,773)	1,312,315	2,788	1,315,103			16
	C. General Administration											
17	Administrative	89,027			89,027		89,027		89,027			17
18	Directors Fees											18
19	Professional Services			202,266	202,266		202,266	(189,961)	12,305			19
20	Dues, Fees, Subscriptions & Promotions			147,825	147,825	(123,589)	24,236	(16,889)	7,347			20
21	Clerical & General Office Expenses	120,069	21,006	6,567	147,642		147,642	258,083	405,725			21
22	Employee Benefits & Payroll Taxes			385,356	385,356		385,356	25,990	411,346			22
23	Inservice Training & Education			36	36		36	781	817			23
24	Travel and Seminar			3,964	3,964		3,964	1,035	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			41,536	41,536		41,536	43,056	84,592			26
27	Other (specify):*			94,899	94,899		94,899	(94,899)				27
28	TOTAL General Administration	209,096	21,006	882,449	1,112,551	(123,589)	988,962	27,196	1,016,158			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,740,500	475,496	1,037,792	3,253,788	(259,362)	2,994,426	50,048	3,044,474			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 Walnut #0053405 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							78,497	78,497			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			33,565	33,565		33,565	44,877	78,442			32
33	Real Estate Taxes							29,286	29,286			33
34	Rent-Facility & Grounds			272,040	272,040		272,040	(267,081)	4,959			34
35	Rent-Equipment & Vehicles			10,762	10,762		10,762	7,930	18,692			35
36	Other (specify):*											36
37	TOTAL Ownership			316,367	316,367		316,367	(106,491)	209,876			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			329,445	329,445	135,773	465,218	74,353	539,571			39
40	Barber and Beauty Shops			1,270	1,270		1,270		1,270			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					123,589	123,589		123,589			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			330,715	330,715	259,362	590,077	74,353	664,430			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,740,500	475,496	1,684,874	3,900,870		3,900,870	17,910	3,918,780			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 Walnut # 0053405 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 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(784)			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	(3,101)			17
18	Fines and Penalties				18
19	Entertainment	(2,192)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,262)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(94,899)			24
25	Fund Raising, Advertising and Promotional	(14,384)			25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (118,622)		$	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)	136,532		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 136,532		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 17,910		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Heritage Health Walnut

ID# 0053405

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11		(3,262)	19	11
12		(784)	32	12
13		(94,899)	27	13
14		(14,384)	20	14
15		(3,101)	20	15
16		0	27	16
17		(2,192)	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**	(118,622)		49

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Heritage Health Walnut # 0053405 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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	3,025	0	0	0	0	0	0	0	0	3,025	1
2	Food Purchase	0	0	(11)	0	0	0	0	0	0	0	0	(11)	2
3	Housekeeping	0	0	4,033	0	0	0	0	0	0	0	0	4,033	3
4	Laundry	0	0	288	0	0	0	0	0	0	0	0	288	4
5	Heat and Other Utilities	0	0	960	0	0	0	0	0	0	0	0	960	5
6	Maintenance	0	0	11,769	0	0	0	0	0	0	0	0	11,769	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	20,064	0	0	0	0	0	0	0	0	20,064	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	(12,966)	15,665	0	0	0	0	0	0	0	0	2,699	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	3	0	0	0	0	0	0	0	0	3	11
12	Social Services	0	0	86	0	0	0	0	0	0	0	0	86	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	(12,966)	15,754	0	0	0	0	0	0	0	0	2,788	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	(3,262)	(196,967)	10,268	0	0	0	0	0	0	0	0	(189,961)	19
20	Fees, Subscriptions & Promotions	(17,485)	0	596	0	0	0	0	0	0	0	0	(16,889)	20
21	Clerical & General Office Expenses	0	0	258,083	0	0	0	0	0	0	0	0	258,083	21
22	Employee Benefits & Payroll Taxes	0	0	25,990	0	0	0	0	0	0	0	0	25,990	22
23	Inservice Training & Education	0	(36)	817	0	0	0	0	0	0	0	0	781	23
24	Travel and Seminar	(2,192)	0	3,227	0	0	0	0	0	0	0	0	1,035	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	43,056	0	0	0	0	0	0	0	0	43,056	26
27	Other (specify):*	(94,899)	0	0	0	0	0	0	0	0	0	0	(94,899)	27
28	**TOTAL General Administration**	(117,838)	(197,003)	342,037	0	0	0	0	0	0	0	0	27,196	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(117,838)	(209,969)	377,855	0	0	0	0	0	0	0	0	50,048	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Walnut # 0053405 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	63,949	0	14,548	0	0	0	0	0	0	0	78,497	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(784)	44,028	0	1,633	0	0	0	0	0	0	0	44,877	32
33	Real Estate Taxes	0	29,286	0	0	0	0	0	0	0	0	0	29,286	33
34	Rent-Facility & Grounds	0	(271,560)	0	4,479	0	0	0	0	0	0	0	(267,081)	34
35	Rent-Equipment & Vehicles	0	0	0	7,930	0	0	0	0	0	0	0	7,930	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(784)	(134,297)	0	28,590	0	0	0	0	0	0	0	(106,491)	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	74,236	0	117	0	0	0	0	0	0	0	74,353	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	74,236	0	117	0	0	0	0	0	0	0	74,353	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(118,622)	(270,030)	377,855	28,707	0	0	0	0	0	0	0	17,910	45

Facility Name & ID Number Heritage Health Walnut # 0053405 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		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)	
1	V	10	Adjustment for Related Organiza	$	GreenTree Pharmacy		$ (12,966)	$ (12,966)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy		(36)	(36)	2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		74,236	74,236	3
4	V	19	Adjustment for Related Organization	196,967	Heritage Operations Group, LLC			(196,967)	4
5	V								5
6	V	34	Adjustment for Related Organization	271,560	Heritage Manor Real Estate, LLC			(271,560)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		29,286	29,286	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		43,766	43,766	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		63,949	63,949	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		262	262	10
11	V								11
12	V								12
13	V								13
14	Total			$ 468,527			$ 198,497	$ * (270,030)	14

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

Facility Name & ID Number Heritage Health Walnut # 0053405 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		$ 3,025	$ 3,025	15
16	V	2	Food Purchase		Heritage Operations Group		(11)	(11)	16
17	V	3	Housekeeping		Heritage Operations Group		4,033	4,033	17
18	V	4	Laundry		Heritage Operations Group		288	288	18
19	V	5	Heat & Other Utilities		Heritage Operations Group		960	960	19
20	V	6	Maintenance		Heritage Operations Group		11,769	11,769	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		15,665	15,665	23
24	V	11	Activities		Heritage Operations Group		3	3	24
25	V	12	Social Service		Heritage Operations Group		86	86	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		10,268	10,268	31
32	V	20	Fees, Subscription, Promotions		Heritage Operations Group		596	596	32
33	V	21	Clerical & General Office Expenses		Heritage Operations Group		258,083	258,083	33
34	V	22	Employee Benefits & Payroll Taxes		Heritage Operations Group		25,990	25,990	34
35	V	23	Inservice Training & Education		Heritage Operations Group		817	817	35
36	V	24	Travel and Seminar		Heritage Operations Group		3,227	3,227	36
37	V	25	Other Admin. Staff Transportation		Heritage Operations Group		0		37
38	V	26	Insurance-Prop.Liab.Malpract		Heritage Operations Group		43,056	43,056	38
39	Total			$			$ 377,855	$ * 377,855	39

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

Facility Name & ID Number Heritage Health Walnut # 0053405 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		14,548	14,548	16
17	V	31	Amortization of Pre-Op & Org		Heritage Operations Group		0		17
18	V	32	Interest		Heritage Operations Group		1,633	1,633	18
19	V	33	Real Estate Taxes		Heritage Operations Group		0		19
20	V	34	Rent-Facility & Grounds		Heritage Operations Group		4,479	4,479	20
21	V	35	Rent-Equipment & Vehicles		Heritage Operations Group		7,930	7,930	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		117	117	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			$			$ 28,707	$ * 28,707	39

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

Facility Name & ID Number Heritage Health Walnut # 0053405 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	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	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
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 Walnut # 0053405 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	62	$ 3,025	1
2	2	Food Purchase	Beds	2,493	25	(423)	0	62	(11)	2
3	3	Housekeeping	Beds	2,493	25	162,156	0	62	4,033	3
4	4	Laundry	Beds	2,493	25	11,591	0	62	288	4
5	5	Heat & Other Utilities	Beds	2,493	25	38,605	0	62	960	5
6	6	Maintenance	Beds	2,493	25	473,233	88,567	62	11,769	6
7	7	Other	Beds	2,493	25	0	0	62	0	7
8	9	Medical Director	Beds	2,493	25	0	0	62	0	8
9	10	Nursing & Medical Records	Beds	2,493	25	629,872	35,401	62	15,665	9
10	11	Activities	Beds	2,493	25	129	0	62	3	10
11	12	Social Service	Beds	2,493	25	3,478	3,478	62	86	11
12	13	Nurse Aide Training	Beds	2,493	25	0	0	62	0	12
13	14	Program Transportation	Beds	2,493	25	0	0	62	0	13
14	15	Other	Beds	2,493	25	0	0	62	0	14
15	17	Administrative	Beds	2,493	25	0	0	62	0	15
16	18	Directors Fees	Beds	2,493	25	0	0	62	0	16
17	19	Professional Services	Beds	2,493	25	412,869	0	62	10,268	17
18	20	Fees, Subscription, Promotions	Beds	2,493	25	23,945	0	62	596	18
19	21	Clerical & General Office Expense	Beds	2,493	25	10,377,428	9,978,005	62	258,083	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,493	25	1,045,059	0	62	25,990	20
21	23	Inservice Training & Education	Beds	2,493	25	32,865	0	62	817	21
22	24	Travel and Seminar	Beds	2,493	25	129,776	0	62	3,227	22
23	25	Other Admin. Staff Transportatio	Beds	2,493	25	0	0	62	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,493	25	1,731,253	0	62	43,056	24
25	TOTALS					$ 15,193,470	$ 10,226,789		$ 377,855	25

Facility Name & ID Number Heritage Health Walnut # 0053405 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	$	$	62	$	1
2	30	Depreciation	Beds	2,493	25	584,981		62	14,548	2
3	31	Amortization of Pre-Op & Org	Beds	2,493	25			62		3
4	32	Interest	Beds	2,493	25	65,658		62	1,633	4
5	33	Real Estate Taxes	Beds	2,493	25			62		5
6	34	Rent-Facility & Grounds	Beds	2,493	25	180,106		62	4,479	6
7	35	Rent-Equipment & Vehicles	Beds	2,493	25	318,843		62	7,930	7
8	36	Other	Beds	2,493	25			62		8
9	38	Medically Nec Transportation	Beds	2,493	25			62		9
10	39	Ancillary Service Centers	Beds	2,493	25	4,685		62	117	10
11	40	Barber and Beauty Shops	Beds	2,493	25			62		11
12	41	Coffee and Gift Shops	Beds	2,493	25			62		12
13	42	Other	Beds	2,493	25			62		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	$		$ 28,707	25

Facility Name & ID Number Heritage Health Walnut # 0053405 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	Morton Community Bank		xx	Mortgage			$	$			$ 43,766	1
2	Morton Community Bank		xx	Loan Fee Amortization							262	2
3												3
4												4
5												5
	Working Capital											
6	Busey Bank		xx	Working Capital							30,123	6
7	Morton Community Bank		xx	Working Capital							3,442	7
8												8
9	TOTAL Facility Related						$	$			$ 77,593	9
	B. Non-Facility Related*											
10	Interest Income										(784)	10
11												11
12	Allocated Corporate										1,633	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 849	14
15	TOTALS (line 9+line14)						$	$			$ 78,442	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 Walnut # 0053405 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.

Item		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.)	$	29,286	2
3. Under or (over) accrual (line 2 minus line 1).	$	29,286	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.	$	29,286	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	Amount	Line
2015	34,043	8
2016	27,116	9
2017	25,765	10
2018	29,210	11
2019	29,286	12

FOR BHF USE ONLY

Line	Description		Line
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 Walnut COUNTY Bureau

FACILITY IDPH LICENSE NUMBER 0053405

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.	03-17-100-003		$ 36,328.42	$ 29,063.00
2.	03-17-202-001		$ 278.98	$ 223.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 36,607.40	$ 29,286.00

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 Walnut # 0053405 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 15,115 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).
Walnut Apartments - Independent living units located adjacent to SNF facility. Only combined cost is real estate tax expense.

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				$ 20,610	1
2					2
3	TOTALS			$ 20,610	3

Facility Name & ID Number Heritage Health Walnut # 0053405 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	62			1973	$ 413,050	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Improvements			1977	55,388						9
10	Improvements			1979	3,729						10
11	Improvements			1978	5,017						11
12	Improvements			1980	11,412						12
13	Improvements			1981	6,721						13
14	Improvements			1982	5,623						14
15	Improvements			1983	1,917						15
16	Improvements			1984	24,331						16
17	Improvements			1985	1,323						17
18	Improvements			1988	8,502						18
19	Improvements			1991	30,555						19
20	Improvements			1992	16,931						20
21	Improvements			1993	26,247						21
22	Improvements			1994	60,321						22
23	Improvements			1995	23,165						23
24	Improvements			1996	10,346						24
25	Improvements			1999	36,444						25
26	Improvements			2000	3,857						26
27	Improvements			2001	7,754						27
28	Improvements			2002	11,032						28
29	Improvements			2003	15,415						29
30	Improvements			2004	4,614						30
31	Improvements			2005	14,341						31
32											32
33											33
34	C/O Allocation					14,548		14,548			34
35	Book Depreciation					39,360		39,360			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 Walnut # 0053405 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	Improvements	2006	11,150						38
39	Improvements	2007	17,709						39
40	Improvements	2008	60,671						40
41	Improvements	2009	24,455						41
42	Improvements	2010	37,514						42
43	Improvements	2011	107,369						43
44	Improvements	2012	23,837						44
45	Improvements	2013	4,241						45
46	Improvements	2014	13,520						46
47									47
48	Construct new sign depicting new facility name	2015	10,557						48
49	Dining room remodeling - removal of old flooring, asbestos	2015	19,758						49
50	removal, new flooring, painting, new plumbing and new								50
51	light fixtures.								51
52									52
53	Replace laundry room cooling unit	2016	5,671						53
54									54
55	Install new inside mount blinds in resident rooms	2017	5,053						55
56	Replace water heater	2017	11,220						56
57									57
58	Replace flooring - Day Room	2018	4,400						58
59	Replace vent piping - Laundry Room	2018	3,985						59
60									60
61	Install new generator	2019	78,391						61
62	Replace boiler - East Wing	2019	7,760						62
63	Install (28) custom bedspread/cornice boards	2019	8,855						63
64	Parking lot replacement - milled of 2" and replaced with new	2019	69,355						64
65	asphalt; striped lot								65
66	Replace duct heater	2019	3,800						66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,327,306	$ 53,908		$ 53,908	$	$	70

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

Facility Name & ID Number Heritage Health Walnut # 0053405 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	
1	Totals from Page 12A, Carried Forward		$ 1,327,306	$ 53,908		$ 53,908	$	$	1
2									2
3	Replace water heater	2020	9,807						3
4	Replace mixing valve	2020	4,102						4
5	Replace kitchen exhaust fan	2020	3,698						5
6	Replace flooring - East and West corridors	2020	18,109						6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,363,022	$ 53,908		$ 53,908	$	$	34

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

Facility Name & ID Number Heritage Health Walnut # 0053405 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	$ 535,495	$ 24,589	$ 24,589	$		$	71
72	Current Year Purchases	5,943						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 541,438	$ 24,589	$ 24,589	$		$	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		2008 Van	2007	$ 58,504	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 58,504	$	$	$		$	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)	$ 1,983,574	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 78,497	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 78,497	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 Walnut # 0053405 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: $ 10,762 Description: Televisions and office equipment
(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 Walnut # 0053405 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				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$ 160,655	$		$ 160,655	1
2	Licensed Speech and Language Development Therapist		hrs			18,219			18,219	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			150,571	474		151,045	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				124,057		124,057	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					11,716			11,716	13
14	TOTAL			$		$ 341,161	$ 124,531		$ 465,692	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 Walnut # 0053405 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	$ 88,603	$	1
2	Cash-Patient Deposits	5,473		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	91,926		3
4	Supply Inventory (priced at FIFO)	6,806		4
5	Short-Term Investments			5
6	Prepaid Insurance	8,201		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	558,552		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 759,561	$	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)**	$ 759,561	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,473		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	189,837		30
31	Accrued Taxes Payable (excluding real estate taxes)	619		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	6,956		36
37	Deferred Stimulus	152,160		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 355,045	$	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)**	$ 355,045	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 404,516	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 759,561	$	48

*(See instructions.)

Facility Name & ID Number Heritage Health Walnut # 0053405 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**	$ 180,805	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 180,805	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	223,711	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)**	$ 223,711	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)**	$ 404,516	24 *

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

Facility Name & ID Number Heritage Health Walnut # 0053405 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	$ 3,550,107	1
2	Discounts and Allowances for all Levels	(933,465)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,616,642	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	944,350	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 944,350	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	331,637	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,290	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	222,966	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,678	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 559,571	23
	D. Non-Operating Revenue		
24	Contributions	2,580	24
25	Interest and Other Investment Income***	784	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 3,364	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	Activity Fund Income	654	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 654	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,124,581	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	693,149	31
32	Health Care	1,448,088	32
33	General Administration	1,112,551	33
	B. Capital Expense		
34	Ownership	316,367	34
	C. Ancillary Expense		
35	Special Cost Centers	330,715	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 3,900,870	40
41	**Income before Income Taxes (line 30 minus line 40)****	223,711	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 223,711	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? ____________ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Heritage Health Walnut # 0053405 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	1,915	1,995	$ 80,598	$ 40.40	1
2	Assistant Director of Nursing					2
3	Registered Nurses	5,653	5,888	178,768	30.36	3
4	Licensed Practical Nurses	10,220	10,646	290,084	27.25	4
5	CNAs & Orderlies	32,753	34,117	504,367	14.78	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,800	2,917	50,739	17.39	8
9	Activity Director					9
10	Activity Assistants	4,204	4,379	55,980	12.78	10
11	Social Service Workers	1,986	2,068	30,921	14.95	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,318	15,956	183,388	11.49	15
16	Dishwashers					16
17	Maintenance Workers	3,668	3,821	56,041	14.67	17
18	Housekeepers	3,772	3,930	38,964	9.91	18
19	Laundry	5,359	5,582	61,554	11.03	19
20	Administrator	1,946	2,027	89,027	43.92	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,206	4,382	120,069	27.40	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	93,800	97,708	$ 1,740,500 *	$ 17.81	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		$ 4,895	L1 C3	35
36	Medical Director		7,990	L9 C3	36
37	Medical Records Consultant		683	L10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,689	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		2,430	L12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 19,687		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		$ 0	L10 C3	50
51	Licensed Practical Nurses		4,615	L10 C3	51
52	Certified Nurse Assistants/Aides		7,470	L10 C3	52
53	TOTAL (lines 50 - 52)		$ 12,085		53

Facility Name & ID Number: Heritage Health Walnut # 0053405 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Susan Morris	Administrator		$ 89,027
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 89,027

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	$ 199,004
Legal adj to Zero		3,262
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 202,266

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 11,382
Unemployment Compensation Insurance	4,660
FICA Taxes	133,148
Employee Health Insurance	168,105
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	68,061
Central Office Allocation	25,990
TOTAL (agree to Schedule V, line 22, col.8)	$ 411,346

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	2,484
Health Care Worker Background Check (Indicate # of checks performed)	931
Patient Background Checks	
PR	4,325
Dues & Subscriptions	5,272
License & Fees	1,165
Central Office Allocation	596
Less: Public Relations Expense	(4,325)
Non-allowable advertising	(3,101)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 7,347

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	3,392
	30
Seminar Expense	542
	1,035
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

Facility Name & ID Number **Heritage Health Walnut** **#** **0053405** **Report Period Beginning:** **1/1/2020** **Ending:** **12/31/2020**

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 -$4,338**

(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. $ **123,589**
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. $ **15,285**

(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 2 Line #	Sch 5 pg 2 Col #	Sch 6 pg 3 Line #	Adjustment Amount				
2320		IPA PAYMENTS PAYABLE	-6,956							2,400	2,400 CURRENT PORTION OF LT DEBT	
2350		REAL ESTATE TAX PAYABLE	0							2,512	2,512 DUE TO R	(5,473)
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	(180,805)
2460		INCOME TAXES PAYABLE									net income	(223,711)
2512		DUE TO RESIDENTS	-5,473									
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	-180,805									
2970		PROFIT/LOSS FOR PERIOD	-223,711									
3007.1		PATIENT DAYS-PRIVATE	5,928							3,007	3,007 PATIENT D	5,928
3007.2		PATIENT DAYS-IPA	8,098							3,007	3,007 PATIENT D	8,098
3007.3		PATIENT DAYS-MEDICARE	1,590							3,007	3,007 PATIENT D	1,590
3007.4		PATIENT DAYS-CONVERSION								3,007		0
3007.5		PATIENT DAYS-LICENSED								3,007		
3007.6		PATIENT DAYS-TOTAL								3,007		
3010		1 BASIC CHARGE-PRIVATE & VA	-3,547,030		0	0	0	0		3,007		
3015		1 PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		3,010	3,010 BASIC CH	(3,547,030)
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	89,551
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	(1,409)
3080		1 NURSING SUPPLIES-PRIVATE	-1,409		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	(222,966)
3100		17 DRUGS	-222,966		0	0	0	0		3,101		0
3101		17 DRUGS-OTHER								3,110	3,110 PHYSICAL	(944,350)
3110		6 PT-PRIVATE	-944,350		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	89,551							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	933,465		0	0	0	0		3,411	3,411 MEDICARE	0
3411		2 MEDICAID PART B DISCOUNT			0	0	0	0		3,420	3,420 MEDICARE	881,952
3420		2 MEDICARE DISCOUNTS			0	0	0	0		3,452	3,452 HHS STIMI	(331,637)
3452		10 HHS STIMULUS REVENUE	-331,637		42	3	0	0		3,520	3,520 CONTRIBU	(2,580)
3520		16 RENT INCOME			6	0	6	0		3,530	3,530 BEAUTY S	(1,290)
3530		13 BEAUTY SHOP	-1,290		0	0	0	0		3,560		(654)
3560		12 ACTIVITY FUND INCOME	-654		0	0	0	0		3,570	3,570 VENDING	0
3570		12 VENDING INCOME/EXPENSE	0		0	0	0	0		3,590	3,590 EQUIPMEI	(1,668)
3580		12 CONTRIBUTIONS	-2,580		0	0	0	0		3,595	3,595 RESIDENT	0
3590		1 EQUIPMENT RENTAL	-1,668		0	0	0	0		3,600	3,600 MISC INCC	(3,678)
3595		21 RESIDENT TRANSPORTATION	0		0	0	0	0		4,110	4,110 G&A WAG	102,983
3600		21 MISC INCOME	-3,678		0	0	0	0		4,111	4,111 ADMINISTI	89,027
4110		GENERAL & ADMINIST WAGES	102,983	120,069	21	1	17	0		4,115	4,115 G&A PTO	17,086
4111		ADMINISTRATOR WAGES	89,027	89,027	17	1	0	0		4,120	4,120 EMPLOYE	65,010
4115		VACATION & SICK - G&A	17,086		21	1	0	0		4,121		0
4120	4475	EMPLOYEE BENEFITS	65,055	385,356	22	3	0	0		4,130	4,130 EMPLOYE	1,278
4125		EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0		4,135	4,135 EMPLOYE	1,728
4130		EMPLOYEE SCHOLARSHIP W/	1,278	89,551	21	1	0	0		4,250	4,250 OFFICE SI	3,083
4135		EMPLOYEE SCHOLARSHIP CC	1,728		23	3	0	0		4,255	4,255 POSTAGE	2,148
4220		DIRECTORS FEES	0	0	18	3	0	0		4,260	4,260 TELEPHO	6,567
4250	4255	OFFICE SUPPLIES	21,006	21,006	21	2	0	0		4,275	4,275 TRAINING	36
4260		TELEPHONE	6,567	6,567	21	3	0	0		4,276		0
4275		TRAINING & EMPLOYEE DEVL	36	36	23	3	16	0 **		4,280	4,280 GENERAL	3,392
4280		GENERAL TRAVEL	3,392	3,964	24	3	16	0		4,281	4,281 MEAL EXP	30
4281		MEAL EXPENSE FOR TRAVEL	30		24	3	19	0		4,285	4,285 EDUCATIC	508
4285		EDUCATION & SEMINAR	542		24	3	19	-2,192 ***		4,289	4,289 MEETINGS	34
4290		HELP WANTED ADVERTISING	2,484	58,274	20	3	0	0	-34,038	4,290	4,290 HELP WAI	2,484
4291		PROMOTIONAL ADVERTISING	10,059		20	3	25	-10,059		4,291	4,291 PROMOTI	10,059
4292		PUBLIC RELATIONS	4,325		20	3	25	-4,325		4,292	4,292 PUBLIC RI	4,325
4300		LICENSES & FEES	35,203		20	3	17	0		4,300	4,300 LICENSE &	35,203
4310		DUES & SUBSCRIPTIONS	5,272		20	3	17	-3,101		4,310	4,310 DUES & S	5,272
4320		CONTRIBUTIONS	0		27	3	20	0		4,320	4,320 CONTRIBI	0
4350		PROFESSIONAL FEES	5,299	202,266	19	3	22	-3,262		4,350	4,350 PROFESS	5,299
4355		MEDICAL DIRECTOR	7,990	7,990	9	3	0	0		4,355	4,355 MEDICAL I	7,990
4360		UTILIZATION REVIEW	0		10	3	0	0		4,362		683
4361		OTHER PHYSICIAN FEES			39	3	0	0		4,363		3,689
4362		MEDICAL RECORDS CONSUL	683		10	3	0	0		4,364	4,364 SOCIAL SI	2,430
4363		PHARMACIST FEES	3,689		10	3	0	0		4,370	4,370 TV RENTA	1,889
4364		SOC SERV/ACT CONSULT	2,430	2,430	12	3	0	0		4,383	4,383 BACKGRC	931
4370		TV RENTAL	1,889		35	3	5	0		4,390	4,390 OTHER TA	0
4380		INCOME TAXES		94,899	27	3	26	0		4,400	4,400 PAYROLL	137,808
4383		BACKGROUND CHECKS	931		20	3	26	0		4,401	4,401 PAYROLL	0
4400		PAYROLL TAXES	137,808		22	3	0	0		4,410	4,410 GROUP IN	168,105
4401		PAYROLL TAXES ADMINIST	0		22	3	0	0		4,420	4,420 LIABILITY I	41,536
4410		GROUP INSURANCE	168,105		22	3	0	0		4,430	4,430 WORKMAI	10,623
4420		LIABILITY INSURANCE	41,536	41,536	26	3	0	0		4,435	4,435 W/C-FIRS	0
4425		INSURANCE-OWNERS			22	3	21	0		4,436	4,436 DRUG TES	759
4430		WORKMENS COMP INSURANC	11,382		22	3	0	0		4,450	4,450 MANAGEM	196,967
4450		CENTRAL OFFICE FEES	196,967		19	3	34	0 **		4,460	4,460 BAD DEBT	94,899
4460		BAD DEBTS	94,899		27	3	24	-94,899		4,461	4,461 BAD DEBT	51,513
4470		LOST ITEMS-RESIDENTS	0		27	3	0			4,470	4,470 LOST ITEI	0
4490		MISCELLANEOUS	0		27	3	0	0		4,475	4,475 UNIFORM	45
4510		REAL ESTATE TAXES	0	0	33	3	0	0		4,486	4,486 SERVICE	45,242
4600		LEASED EQUIPMENT	8,873	10,762	35	3	16	0		4,490	4,490 MISC EXP	1,040
5110		MAINTENANCE SALARIES	52,042	56,041	6	1	0	0		4,496	4,496 MISC. M.I.S	15,775
5120		MAINTENANCE SICK & VAC	3,999		6	1	0	0		4,510	4,510 REAL EST	0
5130		ELECTRIC	22,888	49,167	5	3	0	0		4,600	4,600 LEASED E	8,873
5131		NATURAL GAS	10,066		5	3	0	0		5,110	5,110 MAINTENA	52,042
5132		HEATING & DEISEL OIL			5	3	0	0		5,120	5,120 MAINTENA	3,999
5133		WATER & SEWER	16,213		5	3	0	0		5,130	5,130 ELECTRIC	22,888
5134		TRASH COLLECTION	5,588	62,495	6	3	0	0		5,131	5,131 NATURAL	10,066
5140		PROPERTY PLANT REPLACEM	4,529	50,702	6	2	0	0		5,133	5,133 WATER &	16,213
5160		GENERAL REPAIR & MAINT	46,173		6	2	0	0		5,134	5,134 TRASH CC	5,588
5165		MAINTENANCE CONTRACTS	56,907		6	3	0	0		5,140	5,140 PROP/PLA	4,529
5210		DIETARY WAGES	171,233	183,388	1	1	0	0		5,160	5,160 GENERAL	46,173
5220		DIETARY SICK & VAC	12,155		1	1	0	0		5,165	5,165 MAINTENA	11,665
5240		DIETARY CONSULTANT	4,895	4,895	2	3	13	0		5,210	5,210 DIETARY	171,233
5248		FOOD PURCHASES	155,488	140,203	2	2	0	0		5,220	5,220 DIETARY	12,155
5250		SUPPLIES-DISHWASHING	5,624	17,278	1	2	0	0		5,248	5,248 FOOD PUI	154,448
5260		DIETARY REPLACEMENT	2,503		1	2	0	0		5,250	5,250 SUPPLIES	5,624
6030		DON WAGES	80,598		10	1	0	0		6,030	6,030 DON WAG	80,598
6035		ADON	0		10	1	0	0		6,035	6,035 ADON WA	0
6040		RN SICK & VACATION	18,606		10	1	0	0		6,040	6,040 RN PTO &	18,606
6110		LPN WAGES-MEDICARE	256,515		10	1	0	0		6,120	6,120 LPN WAGI	256,515
6120		LPN WAGES-NON MEDICARE	0		10	1	0	0		6,140	6,140 LPN PTO	33,569
6130		LPN WAGES OTHER			10	1	0	0		6,220	6,220 AIDES WA	467,385
6140		LPN SICK & VACATION	33,569		10	1	0	0		6,240	6,240 AIDES PT	36,982
6210		AIDE WAGES-MEDICARE			10	1	0	0		6,245	RN CONTI	0
6220		AIDE WAGES-NON MEDICARE	467,385		10	1	0	0		6,246	LPN CONT	4,615
6230		WARD CLERKS			10	1	0	0		6,247	AIDES CO	7,470
6240		AIDE VACATION & SICK	36,982		10	1	0	0		6,250		0
6245		CONTRACT NURSES-RN	0		10	3	0	0		6,255		0
6246		CONTRACT NURSES-LPN	4,615		10	3	0	0		6,260		0
6247		CONTRACT NURSES-AIDES	7,470		10	3	0	0		6,270	6,270 REHAB W	48,734
6250		NURSE AIDE TRAINING WAGES	0	0	13	1	0	0		6,275	6,275 REHAB PT	2,005
6255		NURSE AID TRAINING EXP	0	0	13	2	0	0		6,290	6,290 NURSING	14,676
6260		NURSE AIDE TRAINING REIMB	0		0	0	0	0		6,295	6,295 NURSING	68,506
6270		REHAB WAGES	48,734		10	1	0	0		6,390	6,390 REPLACE	5,066
6275		REHAB SICK & VAC	2,005		10	1	0	0		6,490	6,490 OTHER	193
6280		NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280 DRUG PUI	124,057
6290		NURSING SUPPLIES	14,676	88,248	10	2	0	0		7,281	7,281 DRUG PUI	0
6295		NURSING SUPPLIES	68,506		10	2	0	0		7,380	7,380 LABORAT	5,710
6390		REPLACEMENT-NURSING	5,066		10	2	0	0		7,391	7,390 X-RAY SEI	1,363
6490		NURSING OTHER	193	16,650	10	3	0	0		7,393		4,643
7280		DRUG PURCHASES	124,057	124,531	39	2	0	0 ***		7,510	7,510 ACTIVITIES	50,829
7281		DRUG PURCHASES-OTHER	0		39	2				7,540	7,540 ACTIVITIES	5,151
7380		LABORATORY SERVICES	11,716	11,716	39	3	0	0		7,590	7,590 ACTIVITIES	5,066
7410		HOME HEALTH SALARY			39	1	0	0		7,620	7,620 PHYSICAL	150,571
7440		HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660 P.T. SUPP	474
7450		HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710 SOCIAL SI	29,088
7510		ACTIVITES WAGES	50,829	55,980	11	1	0	0		7,720	7,720 SOCIAL SI	1,833
7540		ACTIVITIES SICK & VAC	5,151		11	1	0	0		7,730	7,730 SOCIAL SI	0
7590		ACTIVITIES SUPPLIES	5,066	5,066	11	2	0	0		7,740	7,740 OCCUPAT	160,655
7595		ACTIVITIES FEES	0	0	11	3	0	0		7,750		
7610		PT WAGES			39	1	0	0		7,770	7,770 SPEECH T	18,219
7611		PT SICK & VACATION			39	1	0	0		7,820	7,820 BEAUTICIA	1,270
7620		PT FEES	150,571	329,445	39	3	0	0 ***		7,890		0
7660		PT SUPPLIES	474		39	2	0	0		7,960		0
7710		SOCIAL SERVICE WAGES	29,088	30,921	12	1	0	0		8,120	8,120 INTEREST	3,442
7720		SOCIAL SERVICE SICK & VAC	1,833		12	1	0	0		8,125		30,123
7730		SOCIAL SERVICE EXPENSES	0	0	12	2	0	0		8,130	8,130 DEPRECIA	0
7740		OT FEE	160,655		39	3	0	0 ***		8,150		0
7750		SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510 INTEREST	(784)
7770		SPEECH THERAPY FEE	18,219		39	3	0	0 ***		9,520	9,520 MISC NON	0
7800		BEAUTICIAN WAGES		0	40	1	0	0		9,530	4,220	0
7810		BEAUTICIAN SICK & VAC			40	1	0	0			8,100	272,040
7820		BEAUTICIAN FEES	1,270	1,270	40	3	0	0			9,702	0
7890		BEAUTY SHOP SUPPLIES	0	0	40	2	0	0			5,230	0
7910		VOLUNTEER COORDINATOR			21	1	0	0				(223,711)
7940		VOL COORD SICK & VAC			21	1	0	0				
7960		VOL COORD SUPPLIES	0		21	2	0	0				
8100		RENT	272,040	272,040	34	3	0	0			Expenses Fixed Assets	
8120		INTEREST EXPENSE	33,565	33,565	32	3	14	-784				0
8130		DEPRECIATION	0	0	30	3	9	0				
8150		LOAN FEE AMORTIZATION	0		32	3	0	0				
9510		INTEREST INCOME	-784		32	0	10	0				
9520		MISC NON-OPERATING INCOM	0		0	0	0	0				
9700		INCOME TAXES	0		0	0	0	0				
			3,810,535	3,900,870								
				90,335								
GRAND TOTALS			-223,711					-118,622				
			(NET INCOME)									
			0									

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 162

BALANCE SHEET TOTAL 0

Heritage Manor - Walnut
IDPH ID# 53405
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	$	124,057
Purchased Hospital Services		5,185
Purchased Laboratory Services		5,710
Purchased Radiology Services		821
Amount Reclassified to Line 39	$	135,773

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

Line Item		
Provider Participation Fee - $1.50	$	(34,038)
Provider Assesment Fee - $6.07		(89,551)
	$	(123,589)
Provider Participation Fee	$	123,589

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

Line Item		
Pharmacy Consulting Fees	$	3,689