



Facility Name & ID Number Manorcare of Palos Hts East

# 0049478 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

**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	184	Skilled (SNF)	184	67,344	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	184	TOTALS	184	67,344	7

**B. Census-For the entire report period.**

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	17,868	2,997	26,211	47,076	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,868	2,997	26,211	47,076	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 69.90%

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

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

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

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

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

**I. On what date did you start providing long term care at this location?**  
Date started 06/01/88

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date 07/25/2018 NO

**K. Was the facility certified for Medicare during the reporting year?**  
YES  NO  If YES, enter number of beds certified 184 and days of care provided 15,393

Medicare Intermediary Novitas Solutions

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31 Fiscal Year: 5/31

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

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**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	499,137	34,769	1,033	534,939		534,939		534,939		1
2	Food Purchase		311,191		311,191		311,191	(661)	310,530		2
3	Housekeeping	293,876	32,407	68	326,351		326,351		326,351		3
4	Laundry	76,709	24,415	240	101,364		101,364		101,364		4
5	Heat and Other Utilities			243,213	243,213	4,552	247,765		247,765		5
6	Maintenance	87,124	50,784	258,713	396,621		396,621		396,621		6
7	Other (specify):* <b>Security &amp; Waste</b>			36,865	36,865		36,865		36,865		7
8	<b>TOTAL General Services</b>	<b>956,846</b>	<b>453,566</b>	<b>540,132</b>	<b>1,950,544</b>	<b>4,552</b>	<b>1,955,096</b>	<b>(661)</b>	<b>1,954,435</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,005	14,005		14,005		14,005		9
10	Nursing and Medical Records	5,277,720	377,992	227,983	5,883,695	210	5,883,905		5,883,905		10
10a	Therapy	2,151,230	15,423	30,122	2,196,775		2,196,775		2,196,775		10a
11	Activities	153,784	4,194	575	158,553		158,553		158,553		11
12	Social Services	188,860	879		189,739		189,739		189,739		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>7,771,594</b>	<b>398,488</b>	<b>272,685</b>	<b>8,442,767</b>	<b>210</b>	<b>8,442,977</b>		<b>8,442,977</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	167,619		619,580	787,199	(110,671)	676,528		676,528		17
18	Directors Fees										18
19	Professional Services			44,836	44,836		44,836	(44,836)			19
20	Dues, Fees, Subscriptions & Promotions			102,776	102,776		102,776	(23,189)	79,587		20
21	Clerical & General Office Expenses	638,207	77,218	779,693	1,495,118		1,495,118	(618,573)	876,545		21
22	Employee Benefits & Payroll Taxes			1,369,692	1,369,692	78,730	1,448,422		1,448,422		22
23	Inservice Training & Education			1,221	1,221		1,221		1,221		23
24	Travel and Seminar			11,716	11,716		11,716		11,716		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			1,224,912	1,224,912		1,224,912		1,224,912		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	<b>805,826</b>	<b>77,218</b>	<b>4,154,426</b>	<b>5,037,470</b>	<b>(31,941)</b>	<b>5,005,529</b>	<b>(686,598)</b>	<b>4,318,931</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>9,534,266</b>	<b>929,272</b>	<b>4,967,243</b>	<b>15,430,781</b>	<b>(27,179)</b>	<b>15,403,602</b>	<b>(687,259)</b>	<b>14,716,343</b>		<b>29</b>

\*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 &amp; ID Number

Manorcare of Palos Hts East

#0049478

Report Period Beginning:

06/01/2019

Ending:

05/31/2020

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			409,091	409,091	32,354	441,445		441,445			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(6,052)	(6,052)	(5,175)	(11,227)		(11,227)			32
33	Real Estate Taxes			684,143	684,143		684,143		684,143			33
34	Rent-Facility & Grounds			2,200,114	2,200,114		2,200,114	(2,200,114)				34
35	Rent-Equipment & Vehicles			57,227	57,227		57,227		57,227			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			3,344,523	3,344,523	27,179	3,371,702	(2,200,114)	1,171,588			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		656,971	600	657,571		657,571		657,571			39
40	Barber and Beauty Shops			6,288	6,288		6,288		6,288			40
41	Coffee and Gift Shops	8,763			8,763		8,763		8,763			41
42	Provider Participation Fee			274,451	274,451		274,451		274,451			42
43	Other (specify):* <b>IV Therapy</b>		111,266	192,538	303,804		303,804		303,804			43
44	<b>TOTAL Special Cost Centers</b>	8,763	768,237	473,877	1,250,877		1,250,877		1,250,877			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	9,543,029	1,697,509	8,785,643	20,026,181		20,026,181	(2,887,373)	17,138,808			45

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

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(661)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(595)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(98)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)		27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(38,800)	21		18
19	Entertainment				19
20	Contributions		21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(27,243)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(576,644)	21		24
25	Fund Raising, Advertising and Promotional	(23,189)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(2,220,143)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (2,887,373)		\$	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	2	
		Amount	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)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (2,887,373)		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	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44	Exeptional Care Program		X		44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	

Manorcare of Palos Hts East

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Activity Income	\$	11	1
2	Misc. Income	(650)	21	2
3	Vending Income	(1,786)	21	3
4	Donations Revenue		21	4
5	Accounting/Collection Fees	(17,593)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest		32	8
9	WT Rent Expense	(2,200,114)	34	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
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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	<b>Total</b>	(2,220,143)		49

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
HCR Manor Care, LLC	100			HCR Manor Care Svcs	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL Home Health Care	Toledo	Nursing Staff

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.  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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	See Home Office Allocation	\$ 619,580	HCR Manor Care Services, LLC	0.00%	\$ 619,580	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44 Personnel	9,543,030	Heartland Employment Services, LLC	0.00%	9,543,030		4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 10,162,610			\$ 10,162,610	\$ *	14

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

Facility Name &amp; ID Number

Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/2019

Ending:

05/31/2020

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heartland of Galesburg IL, LLC	Galesburg				1
2			Heartland of Henry IL, LLC	Henry				2
3			Heartland of Macomb IL, LLC	Macomb				3
4			Heartland of Moline IL, LLC	Moline				4
5			Manor Care at Arlington Heights	Arlington Heights				5
6			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				6
7			Manor Care of Hinsdale IL, LLC	Hinsdale				7
8			Manor Care of Homewood IL, LLC	Homewood				8
9			Manor Care of Libertyville IL, LLC	Libertyville				9
10			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				10
11			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				11
12			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				12
13			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				13
14			Arden Courts of Geneva IL, LLC	Geneva				14
15			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				15
16			Arden Courts of Northbrook IL, LLC	Northbrook				16
17			Arden Courts of Palos Heights IL, LLC	Palos Heights				17
18			Arden Courts of South Holland IL, LLC	South Holland				18
19								19
20								20
21								21
22								22
23								23
24	Martin D. Allen	BOD						24
25	Lynne Davis	BOD						25
26	Kathryn S. Hoops	BOD						26
27	Thomas Kile	BOD						27
28	Patricia McCormick	BOD						28
29	Rami Ubaydi	BOD						29
30								30



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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A								\$	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.

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06/01/2019

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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  NO

Name of Related Organization HCR Manor Care Services LLC  
 Street Address 333 North Summit Street  
 City / State / Zip Code Toledo, OH 43604-2617  
 Phone Number ( 419) 252-5500  
 Fax Number ( 419) 254-5495

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	\$ 709,073	\$ 0	16,926,748	\$ 4,552	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs		0	16,926,748	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	16,926,748	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	32,137	0	16,926,748	206	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	454	0	16,926,748	4	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	16,926,748	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	57,708,481	23,053	16,926,748	370,464	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	7,841,321	0	16,926,748	62,846	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	631,044,941	54 NFs	2,818,405	0	16,926,748	75,599	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	5,631,859	35,913,957	16,926,748	36,154	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	5,312,192	1,179,502	16,926,748	42,576	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	631,044,941	54 NFs		0	16,926,748	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	4,013,110	0	16,926,748	25,762	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	822,456	0	16,926,748	6,592	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	16,926,748	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	2,636,740,077		(782,905)		16,926,748	(5,026)	22
23	32	Directly Assigned Interest	Not Allocated			(8,038)			(149)	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				34,182,124				24
25	TOTALS					\$ 118,280,668	\$ 37,116,512		\$ 619,580	25

Facility Name & ID Number

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# 0049478

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**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	Name of Lender	2		3	4	5	6		7	8	9	10						
		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			
	<b>A. Directly Facility Related</b>																	
	<b>Long-Term</b>																	
1							\$	\$				\$	1					
2													2					
3													3					
4													4					
5													5					
	<b>Working Capital</b>																	
6	Home Office Pooled Interest Expense											(5,175)	6					
7	Interest Income / Interest Expense											(6,052)	7					
8													8					
9	<b>TOTAL Facility Related</b>																	
	<b>B. Non-Facility Related*</b>																	
10													10					
11													11					
12													12					
13													13					
14	<b>TOTAL Non-Facility Related</b>																	
15	<b>TOTALS (line 9+line14)</b>																	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ N/A                      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.)

**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.**

1. Real Estate Tax accrual used on 2019 report.		\$	<b>578,152</b>	<b>1</b>
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.)		\$	<b>665,192</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>87,040</b>	<b>3</b>
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>597,103</b>	<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>6,751</b>	<b>5</b>
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. <b>TOTAL REFUND \$ (10,924) For 2015 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<b>(10,924)</b>	<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>679,970</b>	<b>7</b>
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2015	<b>498,362</b>	<b>8</b>	
	2016	<b>506,232</b>	<b>9</b>	
	2017	<b>629,752</b>	<b>10</b>	
	2018	<b>652,800</b>	<b>11</b>	
	2019	<b>674,925</b>	<b>12</b>	
<b>Line 2: \$665,192 = \$306,152.04 for 2nd half 2018+ \$359,040.08 for 1st half 2019</b>				
<b>Line 4: \$597,103= \$315,884.50 for 2nd half 2019 + estimate \$281,218.33 for 1st half 2020</b>				
<b>Line 5: \$6751= \$172.08 SNF portion for Specific Objection 18-COTO-6181 + \$2,735.37 SNF portion of expenses for 2015 Specific Objection 17-COTO-482 + \$3,843.91 Complaint 3012871.001 for FY 20</b>				
<b>Line 6: \$(10,924) = for Valuation Objection 2015 Specific Objection Refund 17 COTO 482</b>				
		<b>FOR BHF USE ONLY</b>		
	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2019	\$	<b>13</b>
	<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>
	<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>
	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>

**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 Manorcare of Palos Hts East COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049478

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)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>23-24-300-330-0000</u>	<u>See Attached</u>	\$ <u>923,794.93</u>	\$ <u>674,924.58</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>923,794.93</u></u>	\$ <u><u>674,924.58</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?      YES   X   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach 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 Manorcare of Palos Hts East

# 0049478 Report Period Beginning:

06/01/2019 Ending:

05/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 73,335 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES 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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Facility, 295,022, 1988, \$ 600,191, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 295,022, (blank), \$ 600,191, 3.

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	144		1988	\$ 4,355,326	\$ 169,736		\$ 169,736	\$	\$ 4,700,310	4
5	30		1990	1,063,606						5
6			1990	(10,000)						6
7	10		2011							7
8										8
<b>Improvement Type**</b>										
9	Current Year Depreciation				140,651		140,651		4,519,261	9
10			1988	203,173						10
11			1989	47,755						11
12			1990	43,288						12
13			1991	135,227						13
14			1992	55,270						14
15			1993	67,665						15
16			1994	68,557						16
17			1995	133,690						17
18			1996	183,199						18
19			1997	242,019						19
20			1998	203,466						20
21			1999	28,991						21
22			2000	128,063						22
23			2001	91,487						23
24			2002	36,072						24
25			2003	153,150						25
26										26
27	FENCE		2004	8,387						27
28	Electric to new rooftop exhaust fan		2004	1,079						28
29	Renov. - Construction Dept. Overhead Costs & Interest		2004	13,149						29
30	Renov. - Painting		2004	39,543						30
31	Renov. - Wallcovering & Corner Guards		2004	15,082						31
32	Renov. - Carpentry		2004	17,490						32
33	Renov. - Electrical		2004	1,934						33
34	Renov. - Doors		2004	2,947						34
35	Flooring		2004	3,635						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 &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Reconstruct - Move Walls, Plumbing, Electric to enlarge resident r	2004	\$ 853,768	\$		\$	\$	\$	37
38	Reconstruct - Architect & Engineering Costs	2004	77,920						38
39	Reconstruct - Construction Dept. Overhead Costs & Interest	2004	140,129						39
40	Reconstruct - Permit Fees	2004	24,199						40
41	Reconstruct - Millwork	2004	9,671						41
42	Reconstruct - Plumbing	2004	1,316						42
43	Reconstruct - Carpeting	2004	26,289						43
44	Reconstruct - Wallcovering & Corner Guards	2004	9,204						44
45	Reconstruct - Water & Sewer Work	2004	167						45
46	Concrete Pad at main entrance	2004	3,040						46
47	Prox Readers & Electric Strikes for Court Yard Doors	2005	3,970						47
48	Retirement 8-2004 - Door Alarm (asset # 179)	1989	(1,061)						48
49	Retirement 8-2004 - Door Alarm (asset #435)	1992	(1,218)						49
50	DOOR & HARDWARE	2005	11,265						50
51	EXTERIOR PAINTING	2005	18,189						51
52	3 HOLLOW METAL DOORS	2005	4,655						52
53	generator wiring	2006	4,073						53
54	emergency light	2006	924						54
55	Capital Rate Adjust 7/1/19 for minimum for capitalization	2006	(924)						55
56	wallcovering	2006	1,044						56
57	Capital Rate Adjust 7/1/19 for minimum for capitalization	2006	(1,044)						57
58	electrical	2006	2,240						58
59	kitchen door	2006	3,265						59
60	renov - wallcovering	2006	32,322						60
61	fire rated door	2006	12,592						61
62	kitchen wall / flooring	2006	17,880						62
63	kitchen wall / flooring	2006	4,950						63
64	roof replacement	2006	152,782						64
65	additional roof replacement	2006	13,210						65
66	flooring in shower stalls	2007	21,105						66
67	Electrical wrok in mechanical room	2007	4,246						67
68	12 resident room doors	2007	40,380						68
69	Renov - General Contractor	2009	591,269						69
70	TOTAL (lines 4 thru 69)		\$ 9,415,067	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	70

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



Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,415,067	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	1
2	Renov - Interest on Construction	2009	30,360						2
3	Trane Condensing Unit	2008	2,626						3
4	Wallcovering	2008	526						4
5	Capital Rate Adjust 7/1/19 for minimum for capitalization	2008	(526)						5
6	20 Receptacles	2008	5,600						6
7	2 Water Heaters	2008	7,500						7
8	4 Doors	2008	7,820						8
9	2 Water Heaters	2008	39,574						9
10	Renov - Elevator System	2008	67,498						10
11	Capital Rate Adjust 7/1/19 for OH and interest	2008	(9,798)						11
12	Renov - Arch & Engineering Cost, Permit Fees, Plan Reviews	2009	122,882						12
13	Renov - General Overhead Capital	2009	110,321						13
14	Capital Rate Adjust 7/1/19 for OH	2009	(110,321)						14
15	Renov - Resilient Flooring, Wallcovering & Corner Guards	2009	15,066						15
16	Fire Alarm Panel	2009	24,985						16
17	Resident Room Flooring	2009	37,952						17
18	Renov - Basic Electrical	2009	13,105						18
19	Concrete Ramp & Steps	2008	10,404						19
20	Renov - Soil & Concrete Testing	2009	7,197						20
21	Renov - Gen Contractor - Site Prep	2009	96,739						21
22	Paving	2008	38,550						22
23	Concrete Ramp & Steps	2009	6,336						23
24	Renov - Legal Fees pertaining to Easement	2009	30,973						24
25	Capital Rate Adjust 7/1/19 for invoice for Palos Hts West	2009	(3,042)						25
26	Renov - Resilient Flooring	2009	13,176						26
27	1st floor corridor handrail	2009	8,946						27
28	Renov - Carpeting & pads	2009	9,276						28
29	Renov - Wallcovering & corner guards	2009	57,481						29
30	steel entrance roof	2009	13,320						30
31	Room 229 flooring	2010	2,976						31
32	HM door	2011	1,725						32
33	Capital Rate Adjust 7/1/19 for minimum for capitalization	2011	(1,725)						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,072,569	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	34

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

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,072,569	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	1
2	pave, stripe, and sealcoat	2010	27,135						2
3									3
4	Addition - Arch & Engineering cost	2011	103,173						4
5	Addition - Landscape Design Consultant	2011	87,650						5
6	Capital Rate Adjust 7/1/19 for no invoice	2011	(25,336)						6
7	Addition - Soil Testing	2011	2,310						7
8	Addition - Concrete Testing	2011	2,881						8
9	Addition - Legal Fees, Permit Fees, Water & Sewer Fees	2011	36,870						9
10	Addition - Plan Reviews	2011	3,455						10
11	Addition - General Overhead Capital & Interest on Constr	2011	123,626						11
12	Capital Rate Adjust 7/1/19 for OH and interest	2011	(123,626)						12
13	Addition - General Contractor	2011	931,924						13
14	Capital Rate Adjust 7/1/19 for not part of 2011 project but part of	2011	(15,777)						14
15	Addition -Carpeting & Pads	2011	25,808						15
16	Capital Rate Adjust 7/1/19 for no invoice	2011	(25,808)						16
17	Addition - Wallcovering & Corner Guards	2011	15,850						17
18	Capital Rate Adjust 7/1/19 for no invoice	2011	(15,850)						18
19	Cold water line in Break Room	2011	1,950						19
20	Capital Rate Adjust 7/1/19 for minimum for capitalization	2011	(1,950)						20
21	Remote annunciator panel	2011	6,330						21
22	Painting exterior handrails, 4 doors on W, N, E elevations	2011	5,108						22
23	Addition - Additional Concrete Testing	2011	27,129						23
24	Door	2011	1,840						24
25	Capital Rate Adjust 7/1/19 for minimum for capitalization	2011	(1,840)						25
26	Addition - Landscaping	2011	3,500						26
27	Addition - Carpeting tiles	2011	956						27
28	Exterior Painting	2011	16,300						28
29	Exterior HM Door	2011	2,785						29
30	Ceiling in Heritage Corridor	2011	7,647						30
31	Renov - Accoustical Ceiling Tiles in all Mechanical Rooms	2011	61,498						31
32	Capital Rate Adjust 7/1/19 difference between actual 46200 and fil	2011	(15,298)						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,342,809	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	34

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

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,342,809	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	1
2	CIRCUIT BREAKER UPDATE	2012	13,719						2
3	EXTERIOR PATIO	2012	15,737						3
4	HOT WATER HEATER	2012	8,840						4
5									5
6	<b>2nd Flr Corridor, Lounge, &amp; Nurses Station Renovations:</b>								6
7	Carpentry on New Nurses' station	2012	158,060						7
8	Capital Rate Adjust 7/1/19 difference between actual 131522 and f	2012	(26,538)						8
9	Carpeting/ Wallcovering, Corner Guards for 2nd	2012	20,484						9
10	Capital Rate Adjust 7/1/19 difference between actual 17953 and fil	2012	(2,531)						10
11	Electrical	2012	36,560						11
12	Capital Rate Adjust 7/1/19 difference between actual 32171 and fil	2012	(4,389)						12
13	Intrusion Detection System	2012	8,185						13
14	Capital Rate Adjust 7/1/19 difference between actual 32171 and fil	2012	(944)						14
15									15
16	Floor drain in kitchen	2013	5,198						16
17	Kitchen ceiling	2013	17,306						17
18	Upgraded dishwasher area	2013	30,900						18
19	Stainless corners for kitchen area	2013	9,934						19
20	Janitors closet - kitchen	2013	13,818						20
21	Doors (2 ext) - employee and svc doors	2013	12,829						21
22	Tent lights - 2nd & 3rd flrs and hatch to attic -Arcadia Unit	2013	18,587						22
23									23
24	<b>Electrical -120V EM recpt/feeds : Admin Ofc, BOM, 2nd flr DON Ofc,</b>								24
25	2nd/3rd flr Med Rms and 2nd/3rd flr Kiosks	2014	5,946						25
26	Carpet - Heritage Unit corridor	2014	2,498						26
27	Carpeting -Heritage Corridor / Lounge	2014	4,195						27
28	Electrical -North East parking lot lighting	2014	10,195						28
29	Roof gable end access door	2014	3,841						29
30	Electrical wiring -NW pole feed	2014	9,024						30
31	<b>Firestopping - Grand Heritage Library, @ 1st flr E stair &amp; 3rd flr stairwell and @ rm 227</b>								31
32		2014	26,516						32
33	Elec circuits (8) - life safety panel	2014	2,329						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,743,108	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	34

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

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 11,743,108	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	1
2	Fire springler - laundry & smoke detectors(2)-2nd/3rd flr nurses stations.								2
3	fire damper -2nd flr O2 rm	2014	4,366						3
4	Return Pumps (2)	2014	3,461						4
5	Lighting -East egress pathway	2015	12,728						5
6	Fire damper 2nd flr next to smoke wall	2015	2,684						6
7	Stone for landscaping around bldg	2014	3,960						7
8									8
9	Carpet & Frt- acadia unit corridors and lounge areas	2015	5,606						9
10	Drywall ceiling, Firestop - elevator machinery rm.	2015	9,641						10
11	Carpet -Arcadia unit installation in corridors & lounge areas	2015	7,107						11
12	Elec circuits/boxes for new flat panel tv's for rms 229-238	2015	4,650						12
13	Drywall, smokewall - 1st flr nurse station. Door - 3rd flr Soiled Utility & adj smoke doors								13
14		2015	24,520						14
15	Cooling system in elevator equipment room	2015	5,098						15
16	Circuit- kitch HVAC by Gen on E side of bldg	2015	6,550						16
17	Elec Wiring -cooling system in laundry room	2015	6,091						17
18	Switch, auto trans-GEN @ back of bldg on E side	2016	3,572						18
19	Electrical- cube fuse bases & 20 amp fuses (3) in Emer Gen Panel EMD -Grand Heritage Elec rm & circuits-120V 20 amp GFI bx (3)								19
20	-kitchen @ SE corner for meat slicer, SW rm for ice								20
21	machine & W side for toaster.	2016	2,955						21
22	Asphalt-SE drive & rear parking lot. Seal & stripe entire lot	2015	22,584						22
23	Concrete Sidewalk (4 sq) & Mud-Jack (9sq) on E side of bldg	2015	5,655						23
24									24
25	Piping, Fire Sprinkler Sys- Acadia ceiling	2016	3,269						25
26	Sprinkler dry heads (2)- cooler freezer	2016	4,763						26
27	Fire stopping -storage rm across from 1st flr elevator	2016	9,660						27
28	Compressor 1HP 115V, fire sys -mech rm @ empl entrance	2016	3,500						28
29	Door Closer, left hand (2) in rms 155 & 163	2016	4,600						29
30	Fire Wall sections-1st flr mech wall @ hall /stairwell by laundry	2016	8,837						30
31	Water Tank -1st flr mech rm	2016	26,981						31
32	Fire damper inspection (246) replaced thru out bldg	2016	11,956						32
33	Water Tank -1st flr boiler rm	2016	25,700						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,973,602	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	34

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

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 11,973,602	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	1
2	Heater 5KW recessed -Lobby directly inside vestibule	2017	4,925						2
3	Shutters, painting (14 new + 52 existing sets) & ext fascia	2017	6,730						3
4									4
5	Electrical in kitchen for base warmer power	2017	2,875						5
6	Valve for evap coil - AC in Mech Rm	2017	3,940						6
7	Valve for Dry Pipe - Fire Sprinkler System	2017	5,420						7
8	Motor - Exhaust Fan	2017	2,995						8
9	Flooring - Arcadia Unit, resident rooms & baths	2017	16,880						9
10	Painting & Rubber Base - HR, Administrator & Touring Offices	2017	3,944						10
11	Limestone Caps for windows ledges- 2nd flr	2017	9,145						11
12	Arcadia Renov-Drywall/Studs- resident dining room & hall	2017	54,963						12
13	Flooring & Frt, vinyl -rooms 113-115, 117, 121-124	2017	5,371						13
14	2nd Flr Res Rm RENO - Crash rails	2017	5,437						14
15	2nd Flr Res Rm RENO-Painting (rms 225-238 & 207-224(32 total)	2017	48,000						15
16	Door for Walk-in Freezer	2017	4,350						16
17	Carpet Squares & Frt. for Lobby	2017	7,288						17
18	Flooring, vinyl - rms 102-104, 111-112, 116, 118-120, 125-126	2017	7,661						18
19	Transformers for 1st floor AC Unit	2017	2,645						19
20	Compressor - 3rd flr air handling unit - Nurse Station	2017	4,395						20
21	Add'l -flooring, vinyl - rms 113-115, 117, 121-124	2018	9,740						21
22	Electrical - conduit/wiring for TVs- (10) 3rd flr rooms	2018	5,500						22
23	Add'l-flooring, vinyl: rms 102-104, 111-112, 116, 118-120, 125-126	2018	14,899						23
24	Electrical - conduit/wiring for Fire Sprinkler System	2018	9,087						24
25	Cooling System, 1.5 Ton - 3rd Floor Server Rm	2017	7,235						25
26	Carpet Squares - 1st Floor Patient Halls	2018	7,322						26
27	Condensing Unit - Air Handling Unit #5 - Storage area	2017	4,895						27
28	Flooring, Vinyl - 1st Floor Nurses Station Area	2018	12,235						28
29	Electrical - Simplex 8-zone card modual for Fire Sprinkler System	2018	3,919						29
30	Electrical - Simplex power supply for Fire Sprinkler System	2018	4,444						30
31	Flooring, Vinyl - 1st Flr corridor, lounge, & reception area	2018	5,982						31
32	Workstation Counter Tops & Cabinets (2) - 3rd Floor	2018	3,630						32
33	Smoke Detectors w/relay base (4) for Fire Alarm System	2018	2,930						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,262,384	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	34

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

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 12,262,384	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	1
2	Plumbing -2" P-Trap in resident rm 167 shower	2018	4,875						2
3	Pump, B&G for Boiler	2018	3,365						3
4	Asphalt - Parking Lot	2017	11,420						4
5									5
6	Compressor for air conditioning for third floor	2018	2,995						6
7	Repair leaks and add refridgerant to air conditioner on second floor	2018	3,430						7
8	Blinds (25)	2018	8,824						8
9	Electrical wiring for rooms 102 - 104 and 111 - 126	2018	15,250						9
10	Materials and installation for window treatments	2018	16,471						10
11	Install moisture proof drywall on ceiling for six shower rooms	2018	2,400						11
12	Materials for fire sprinkler system	2018	5,354						12
13	Compressor for Air conditioner for kitchen unit	2018	5,325						13
14	New parts for 34 univents	2018	9,895						14
15	Repair water leak in boiler room	2018	5,725						15
16	Repair pipe in therapy gym	2019	2,644						16
17	Repair pipe for second floor employee restroom	2019	2,362						17
18	Fire alarm system repair	2019	4,714						18
19	Fire alarm system repair	2019	1,742						19
20									20
21	Smoke detectors -Arcardia Wing 1st and 2nd flrs	2020	19,832						21
22	Condensing Unit - 2nd floor AHU	2020	16,595						22
23	Aluminum Window screens for 2nd floor, 1st floor and Arcadia unit	2020	12,100						23
24	Backflow Device at Water Feed meter	2020	10,922						24
25	Seal Parking Lot - 77,556 sq ft	2020	8,263						25
26	AC -Walk-in Freezer- kitchen	2020	6,300						26
27	Circulating Pump -Water Heater #1 -Boiler room	2020	5,415						27
28	Drywall in kitchen / laundry room sink area	2020	4,986						28
29	Hot water pump - Water heater #2 - boiler rm	2020	4,195						29
30	Electrical for Range Timers - PT Rm, Activities, Arcadia wing	2020	3,930						30
31	Aluminum Window screens -Addl 1st/2nd flr	2020	3,922						31
32	Wall covering - Second floor corridors	2020	3,640						32
33	Glass Tile - GT-1 -1st flr dining room; PT-1 -front lobby; PTB-1 -V	2020	3,219						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,472,494	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	34

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

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 12G, Carried Forward		\$ 12,472,494	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	1
2	Nurse Call System- 1st flr	2020	3,086						2
3	Screw Tee & Ball Valve at Gas Main	2020	2,795						3
4	Plank flooring for room 167	2020	2,683						4
5	Countertops & support legs- 2nd flr conference / office	2020	2,540						5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									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)		\$ 12,483,598	\$ 310,387		\$ 310,387	\$	\$ 9,219,571	34

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

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	\$ 3,638,803	\$ 98,704	\$ 98,704	\$		\$ 3,418,352	71
72	Current Year Purchases	95,517						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			32,354	32,354			74
75	TOTALS	\$ 3,734,320	\$ 98,704	\$ 131,058	\$ 32,354		\$ 3,418,352	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	Residents	1995 Goshen GHS		\$ 17,000	\$	\$	\$		\$ 17,000	76
77		Paratransit								77
78										78
79										79
80	TOTALS			\$ 17,000	\$	\$	\$		\$ 17,000	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)	\$ 16,835,109	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 409,091	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 441,445	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 32,354	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,654,923	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	CIP	\$ 712,256	92
93			93
94			94
95		\$ 712,256	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 Manorcare of Palos Hts East

# 0049478

Report Period Beginning: 06/01/2019

Ending: 05/31/2020

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>N/A</u>			\$ _____			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$ _____			7

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	\$ _____

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: \_\_\_\_\_\*

**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: \$ 57,227

Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.

(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	<b>TOTAL</b>		\$ _____	\$ _____	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.

**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.)**

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			
		1	2	3	4
		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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10a	9391	hrs	\$ 425,697		\$	4,006	9,391	\$ 429,703	1
2	Licensed Speech and Language Development Therapist	10a	7270	hrs	329,525			2,546	7,270	332,071	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	10050	hrs	455,563			8,871	10,050	464,434	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39, 2		# of prescripts				656,971		656,971	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Inhal Therapy</u>	10a, 3	381		17,267				381	17,267	12
13	Other (specify): <u>X-Ray &amp; Lab   IV</u>	43, 2 & 3					192,538	111,266		303,804	13
14	TOTAL				\$ 1,228,052		\$ 192,538	\$ 783,660	27,092	\$ 2,204,250	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.

**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **05/31/2020**

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (4,794)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>596,485</u> )	1,414,572		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	7,342		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,417,120	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,191		13
14	Buildings, at Historical Cost	12,483,595		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,751,320		16
17	Accumulated Depreciation (book methods)	(12,654,923)		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) <u>OMIT</u>	268,441		22
23	Other(specify): <u>CIP</u>	712,256		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,160,880	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,578,000	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 257,076	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	579,664		30
31	Accrued Taxes Payable (excluding real estate taxes)	18,475		31
32	Accrued Real Estate Taxes(Sch.IX-B)	597,103		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accounts Payable</u>	154,160		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,606,478	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,606,478	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,971,522	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,578,000	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>5,199,952</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>5,199,952</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(703,266)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (703,266)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>	<b>Change in Interdivision</b>	474,836	<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ 474,836	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 4,971,522	<b>24</b> *

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

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning: 06/01/2019

Ending: 05/31/2020

**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.**

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 18,760,262	1
2	Discounts and Allowances for all Levels	(9,980,542)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 8,779,720	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,496,021	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 7,496,021	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	1,786	12
13	Barber and Beauty Care	3,577	13
14	Non-Patient Meals	661	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,449,909	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	148,919	19
20	Radiology and X-Ray	155,971	20
21	Other Medical Services	58,376	21
22	Laundry	4	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,819,203	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Purchase Discount</b>	1,227,971	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,227,971	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 19,322,915	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,950,544	31
32	Health Care	8,442,767	32
33	General Administration	5,037,470	33
<b>B. Capital Expense</b>			
34	Ownership	3,344,523	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	976,426	35
36	Provider Participation Fee	274,451	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 20,026,181	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(703,266)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (703,266)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 3,139,007	44
45	Private Pay - Net Inpatient Revenue	1,115,508	45
46	Medicare - Net Inpatient Revenue	3,043,423	46
47	Other-(specify) <u>Hospice</u>	308,720	47
48	Other-(specify) <u>Insurance</u>	1,173,062	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 8,779,720	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 Manorcare of Palos Hts East

# 0049478

Report Period Beginning: 06/01/2019

Ending: 05/31/2020

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	2,064	2,221	\$ 112,102	\$ 50.47	1
2	Assistant Director of Nursing	6,931	7,458	305,832	41.01	2
3	Registered Nurses	62,132	66,853	2,413,168	36.10	3
4	Licensed Practical Nurses	22,734	24,461	739,305	30.22	4
5	CNAs & Orderlies	100,328	108,083	1,675,532	15.50	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	28,050	30,079	1,363,495	45.33	7
8	Rehab/Therapy Aides	24,720	26,509	787,735	29.72	8
9	Activity Director	9,464	10,163	153,784	15.13	9
10	Activity Assistants					10
11	Social Service Workers	7,133	7,676	188,860	24.60	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	29,282	31,517	499,137	15.84	15
16	Dishwashers					16
17	Maintenance Workers	3,252	3,464	87,124	25.15	17
18	Housekeepers	19,973	21,476	293,876	13.68	18
19	Laundry	5,620	6,046	76,709	12.69	19
20	Administrator	2,080	2,080	164,684	79.18	20
21	Assistant Administrator	177	177	2,935	16.58	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	28,756	30,868	638,207	20.68	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,885	2,018	31,781	15.75	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Hospitality</u>	667	725	8,763	12.09	33
34	TOTAL (lines 1 - 33)	355,248	381,874	\$ 9,543,029 *	\$ 24.99	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			35	
36	Medical Director	Monthly	14,005	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				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				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 14,005		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	48	\$ 2,940	10, 3	50
51	Licensed Practical Nurses	452	20,360	10, 3	51
52	Certified Nurse Assistants/Aides	2,354	72,961	10, 3	52
53	TOTAL (lines 50 - 52)	2,854	\$ 96,261		53





Facility Name & ID Number Manorcare of Palos Hts East# 0049478Report Period Beginning: 06/01/2019Ending: 05/31/2020**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. IHCA \$5,909 & AHCA \$2,754
- (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? 5-10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 69,387 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? YES  
If YES, give effective date of lease. 7/28/18
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 274,451  
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. \$ N/A Has any meal income been offset against related costs? YES Indicate the amount. \$ 661
- (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? N/A  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?  
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. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? NO  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NO  
Attach invoices and a summary of services for all architect and appraisal fees.