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: 0047175

Facility Name: Midway Neurological Rehab Ct

Address: 854 South Harlem Ave (Number) Bridgeview (City) 60455 (Zip Code)

County: Cook

Telephone Number: 708-449-1900 **Fax #** 708-449-1500

HFS ID Number:

Date of Initial License for Current Owners: 04/01/2005

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Aaron Mauer **Telephone Number:** 773-747-4506
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 1/1/20 to 12/31/20 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) Paresh Vipani
(Title) CFO

Paid Preparer

(Signed) 3/5/2021 (Date)
(Print Name and Title) Aaron Mauer, President
(Firm Name & Address) GGM Associates, Inc., 6101 Nimtz Parkway South Bend IN 46628
(Telephone) 773-747-4506 Fax # 773-747-4725

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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 NA

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	404	Skilled (SNF)	404	147,460	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	404	TOTALS	404	147,460	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	122,850	350	9,624	132,824	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	122,850	350	9,624	132,824	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.07%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 4/1/2005

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 4/1/2005 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 404 and days of care provided 7,366

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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	772,146	114,217	22,950	909,313		909,313	(11)	909,302			1
2	Food Purchase		810,288		810,288		810,288	(3,786)	806,502			2
3	Housekeeping	743,113	225,083		968,196		968,196		968,196			3
4	Laundry	95,314	70,786		166,100		166,100		166,100			4
5	Heat and Other Utilities			436,292	436,292		436,292	5,447	441,739			5
6	Maintenance	678,953	205,413	287,958	1,172,324		1,172,324	3,018	1,175,342			6
7	Other (specify):*											7
8	TOTAL General Services	2,289,526	1,425,787	747,200	4,462,513		4,462,513	4,669	4,467,182			8
	B. Health Care and Programs											
9	Medical Director			36,000	36,000		36,000		36,000			9
10	Nursing and Medical Records	5,866,547	545,691	94,887	6,507,125		6,507,125	(299,812)	6,207,313			10
10a	Therapy			1,396,049	1,396,049		1,396,049		1,396,049			10a
11	Activities	523,386	174,260		697,646		697,646		697,646			11
12	Social Services	418,995		7,778	426,773		426,773		426,773			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* RX Consultants			39,231	39,231		39,231	(946)	38,285			15
16	TOTAL Health Care and Programs	6,808,928	719,951	1,573,945	9,102,824		9,102,824	(300,758)	8,802,066			16
	C. General Administration											
17	Administrative	274,542		4,179	278,721		278,721	153,615	432,336			17
18	Directors Fees											18
19	Professional Services			1,432,412	1,432,412		1,432,412	319,778	1,752,190			19
20	Dues, Fees, Subscriptions & Promotions			3,774	3,774		3,774	398	4,172			20
21	Clerical & General Office Expenses	195,804	71,378	885,135	1,152,317		1,152,317	289,699	1,442,016			21
22	Employee Benefits & Payroll Taxes			1,582,580	1,582,580		1,582,580	111,491	1,694,071			22
23	Inservice Training & Education											23
24	Travel and Seminar			52,163	52,163		52,163	34,374	86,537			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			1,837,739	1,837,739		1,837,739	148,294	1,986,033			26
27	Other (specify):*											27
28	TOTAL General Administration	470,346	71,378	5,797,982	6,339,706		6,339,706	1,057,650	7,397,356			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,568,800	2,217,116	8,119,127	19,905,043		19,905,043	761,562	20,666,605			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 Midway Neurological Rehab Ct #0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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			295,481	295,481		295,481	13,786	309,267			30
31	Amortization of Pre-Op. & Org.			13,638	13,638		13,638		13,638			31
32	Interest			63	63		63	(2,359,096)	(2,359,033)			32
33	Real Estate Taxes			1,339,340	1,339,340		1,339,340		1,339,340			33
34	Rent-Facility & Grounds			1,329,088	1,329,088		1,329,088	(1,315,570)	13,518			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*			36,519	36,519		36,519	(36,519)				36
37	**TOTAL Ownership**			3,014,129	3,014,129		3,014,129	(3,697,399)	(683,270)			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			606	606		606		606			38
39	Ancillary Service Centers		310,702		310,702		310,702	(4,384)	306,318			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			980,553	980,553		980,553		980,553			42
43	Other (specify):*			480,229	480,229		480,229	(480,229)				43
44	**TOTAL Special Cost Centers**		310,702	1,461,388	1,772,090		1,772,090	(484,613)	1,287,477			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	9,568,800	2,527,818	12,594,644	24,691,262		24,691,262	(3,420,451)	21,270,811			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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(181,264)	30		9
10	Interest and Other Investment Income	(3,095,424)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(11)	1		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(103)	21		18
19	Entertainment				19
20	Contributions	(4,540)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(480,229)	43		24
25	Fund Raising, Advertising and Promotional	(12,409)	21		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(36,519)	36		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(9,878)	Various		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (3,820,377)		$	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)			34
35	Other- Attach Schedule	399,926	Various	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 399,926		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,420,451)		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

Midway Neurological Rehab Ct

ID# 0047175

Report Period Beginning: 1/1/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	RP PROFIT	$ (122)	10	1
2	RP PROFIT	(946)	15	2
3	RP PROFIT	(4,384)	39	3
4	Misc Income - Food	(3,786)	2	4
5	Misc Income - Med Records	(640)	10	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				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**	(9,878)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Midway Neurological Rehab Ct **#** 0047175 **Report Period Beginning:** 1/1/20 **Ending:** 12/31/20

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	(11)	0	0	0	0	0	0	0	0	0	0	(11)	1
2	Food Purchase	(3,786)	0	0	0	0	0	0	0	0	0	0	(3,786)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	5,447	0	0	0	0	0	0	0	0	0	5,447	5
6	Maintenance	0	3,018	0	0	0	0	0	0	0	0	0	3,018	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,797)	8,466	0	0	0	0	0	0	0	0	0	4,669	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	(762)	(299,050)	0	0	0	0	0	0	0	0	0	(299,812)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	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):*	(946)	0	0	0	0	0	0	0	0	0	0	(946)	15
16	**TOTAL Health Care and Programs**	(1,708)	(299,050)	0	0	0	0	0	0	0	0	0	(300,758)	16
	C. General Administration													
17	Administrative	0	153,615	0	0	0	0	0	0	0	0	0	153,615	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	326,133	(6,355)	0	0	0	0	0	0	0	0	319,778	19
20	Fees, Subscriptions & Promotions	0	398	0	0	0	0	0	0	0	0	0	398	20
21	Clerical & General Office Expenses	(17,052)	306,751	0	0	0	0	0	0	0	0	0	289,699	21
22	Employee Benefits & Payroll Taxes	0	111,491	0	0	0	0	0	0	0	0	0	111,491	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	34,374	0	0	0	0	0	0	0	0	0	34,374	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	5,928	142,366	0	0	0	0	0	0	0	0	148,294	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(17,052)	938,691	136,011	0	0	0	0	0	0	0	0	1,057,650	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(22,557)	648,107	136,011	0	0	0	0	0	0	0	0	761,562	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 **Report Period Beginning:** 1/1/20 **Ending:** 12/31/20

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	(181,264)	178	194,872	0	0	0	0	0	0	0	0	13,786	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,095,424)	14,889	721,439	0	0	0	0	0	0	0	0	(2,359,096)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	13,518	(1,329,088)	0	0	0	0	0	0	0	0	(1,315,570)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(36,519)	0	0	0	0	0	0	0	0	0	0	(36,519)	36
37	**TOTAL Ownership**	(3,313,207)	28,585	(412,777)	0	0	0	0	0	0	0	0	(3,697,399)	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	(4,384)	0	0	0	0	0	0	0	0	0	0	(4,384)	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):*	(480,229)	0	0	0	0	0	0	0	0	0	0	(480,229)	43
44	**TOTAL Special Cost Centers**	(484,613)	0	0	0	0	0	0	0	0	0	0	(484,613)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(3,820,377)	676,692	(276,766)	0	0	0	0	0	0	0	0	(3,420,451)	45

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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
Michael Blisko	35.52	Ambassador Nursing & Rehab Center	Chicago	Infinity Healthcare	Hillside	Colsulting Co.
GELP	35.52	Belhaven Nursing & Rehab Center	Chicago	Midway Realty Company		Realty Co.
A&F Realty, LLC	23.97	City View Multicare Center	Cicero	United Rx.		Pharmacy Co.
Joseph Blisko	5.00	Continental Nursing & Rehab Center	Chicago			
Joseph Meisels		Forest View Rehab & Nursing Center	Itasca			
		Lakeview Nursing and Rehab Center	Chicago			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Heat and Other Utilities	$ 145	Infinity Healthcare Management of IL LLC		$ 5,592	$ 5,447	1
2	V	6	Maintenance	165	Infinity Healthcare Management of IL LLC		3,183	3,018	2
3	V	10	Nursing and Medical Records	462,351	Infinity Healthcare Management of IL LLC		163,301	(299,050)	3
4	V	17	Administrative	1,182	Infinity Healthcare Management of IL LLC		154,797	153,615	4
5	V	19	Professional Services	1,337,173	Infinity Healthcare Management of IL LLC		1,663,306	326,133	5
6	V	20	Dues, Fees, Subscriptions & Promotions		Infinity Healthcare Management of IL LLC		398	398	6
7	V	21	Clerical & General Office Expenses	264,314	Infinity Healthcare Management of IL LLC		571,065	306,751	7
8	V	22	Employee Benefits & Payroll Taxes	212	Infinity Healthcare Management of IL LLC		111,703	111,491	8
9	V	24	Travel and Seminar	3,967	Infinity Healthcare Management of IL LLC		38,341	34,374	9
10	V	26	Insurance-Prop.Liab.Malpractice		Infinity Healthcare Management of IL LLC		5,928	5,928	10
11	V	30	Depreciation		Infinity Healthcare Management of IL LLC		178	178	11
12	V	32	Interest		Infinity Healthcare Management of IL LLC		14,889	14,889	12
13	V	34	Rent-Facility & Grounds		Infinity Healthcare Management of IL LLC		13,518	13,518	13
14	Total			$ 2,069,509			$ 2,746,201	$ * 676,692	14

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	34	Rent	$ 1,329,088	Midway Neurological and Rehabilitation Realty		$	$ (1,329,088)	15
16	V	31	Amortization		Midway Neurological and Rehabilitation Realty				16
17	V	30	Depreciation		Midway Neurological and Rehabilitation Realty		194,872	194,872	17
18	V	26	Insurance		Midway Neurological and Rehabilitation Realty		142,366	142,366	18
19	V	19	Professional Services		Midway Neurological and Rehabilitation Realty		(6,355)	(6,355)	19
20	V	32	Interest		Midway Neurological and Rehabilitation Realty		721,439	721,439	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,329,088			$ 1,052,322	$ * (276,766)	39

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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			Momence Meadows Nrusing & Rehab Ctr	Momence				1
2			Niles Nursing & Rehab Center	Niles				2
3			Oak Lawn Respiratory & Rehab Center	Oak Lawn				3
4			Parker Nursing & Rehab Center	Streater				4
5			Parkshore Estates Nursing & Rehab Ctr	Chicago				5
6			Southpoint Nursing & Rehab Center	Chicago				6
7			West Suburban Nursing & Rehab Center	Bloomington				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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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									$		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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 ☐

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	HUD		X	Mortgage	$96,278.14	5/25/15	$ 23,416,884	$ 21,412,713	7/1/49	3.2800	$ 724,723	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Infintiy Funding	X		Working Capital	Various	Various	Various	Various	None	Various	63	6
7												7
8												8
9	TOTAL Facility Related				$96,278.14		$ 23,416,884	$ 21,412,713			$ 724,785	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 23,416,884	$ 21,412,713			$ 724,785	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 142,366 Line # 26

* 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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 514,849	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.)		$ 1,316,347	2
3. Under or (over) accrual (line 2 minus line 1).		$ 801,498	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 537,842	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.		$ 1,339,340	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	953,008	8
	2016	970,539	9
	2017	1,232,766	10
	2018	1,257,980	11
	2019	1,316,347	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Midway Neurological Rehab Ct COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047175

CONTACT PERSON REGARDING THIS REPORT Aaron Mauer

TELEPHONE 773-747-4506 FAX #: 773-747-4725

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.	18-36-403-013-0000	Nursing Home	$ 1,316,347.05	$ 1,316,347.05
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,316,347.05	$ 1,316,347.05

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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 112,340 B. General Construction Type: Exterior Brick Frame Concrete & Steel Number of Stories 5

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

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

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Land			$ 950,000	1
2					2
3	TOTALS			$ 950,000	3

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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	404		2009		$ 7,600,000	$ 194,872	39	$ 194,872	$	$ 2,159,819	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Combined 2005 Building Improvements			2005	323,803	(3,090)	15		3,090	305,181	9
10	2005 Assets not allowed for increased capital reimbursement			2005	6,291		15			6,031	10
11											11
12	Combined 2006 Building Improvements			2006	195,836	13,056	15	13,056		183,402	12
13	2006 Assets not allowed for increased capital reimbursement			2006	15,508	1,034	15	1,034		14,524	13
14											14
15	Combined 2007 Building Improvements			2007	114,027	2,924	39	2,924		40,936	15
16											16
17	Combined 2008 Building Improvements			2008	408,170	10,466	39	10,466		15,793	17
18											18
19	Alarm System			2009	629	16	39	16		193	19
20	Wiring			2009	6,300	162	39	162		1,939	20
21	Room signs			2009	5,405	139	39	139		1,662	21
22	Brickwork			2009	39,000	1,000	39	1,000		11,998	22
23											23
24											24
25	Hardware, Paint, tiles, fixtures for entire construction project			2010	236,400	17,328	39	6,062	(11,266)	62,911	25
26	Labor-replace tiles, drywall, covebase & floor tiles			2010	195,524	14,331	39	5,013	(9,318)	52,030	26
27	2nd floor drywall, tiles, paint, baseboard & plumbing			2010	57,229	4,194	39	1,467	(2,727)	15,228	27
28	Cubicle curtain tracks & new room signs			2010	15,357	1,126	39	394	(732)	4,088	28
29	Sewer maintenance and upgrade			2010	3,379	248	39	87	(161)	900	29
30	Re-key entire building			2010	12,388	908	39	318	(590)	3,297	30
31	New fire doors			2010	30,801	2,258	39	790	(1,468)	8,198	31
32	Patch & re-roof overhang			2010	3,450	252	39	88	(164)	916	32
33	Cabling for nurse call system			2010	2,763	203			(203)	736	33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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	Labor for painting and paint supplies for entire building	2010	$ 259,159	$ 18,996	39	$ 6,645	$ (12,351)	$ 68,965	37
38	Outside concrete & brickwork	2010	48,642	3,565	39	1,247	(2,318)	12,943	38
39	Bathroom sink lens	2010	2,741	201	39	70	(131)	729	39
40	Insulation of boilers	2010	3,700	271	39	95	(176)	985	40
41	Light fixtures, circuits, electric box upgrades	2010	32,441	2,378	39	832	(1,546)	8,634	41
42	Painting & murals on Alzheimers unit	2010	15,245	1,118	39	391	(727)	4,058	42
43	Drywall & ceiling tile work throughout facility	2010	202,079	14,812	39	5,182	(9,630)	53,776	43
44	New front doors	2010	15,099	1,107	39	387	(720)	4,018	44
45	New A/C units, exhaust fans & duct work	2010	54,199	3,973	39	1,390	(2,583)	14,424	45
46	Wall plaster & change electrical outlets	2010	53,650	3,933	39	1,376	(2,557)	14,278	46
47	Air conditioning panel	2010	5,657	415	39	145	(270)	1,505	47
48	Post construction clean up	2010	15,889	1,164	39	407	(757)	4,227	48
49	Repair asphalt	2010	2,867	211	39	74	(137)	765	49
50	Replace, water supply lines & valves	2010	27,303	2,001	39	700	(1,301)	7,265	50
51	Drainage pipe	2010	3,056	224	39	78	(146)	813	51
52	Replace shower valves, water lines, repipe & rod out sewer	2010	21,183	1,553	39	543	(1,010)	5,637	52
53	Repair water heaters	2010	2,830	208	39	73	(135)	755	53
54	2010 Assets not allowed for increased capital reimbursement	2010	72,793	5,335	39	1,866	(3,469)	19,367	54
55									55
56									56
57									57
58	2011 Assets not allowed for increased capital reimbursement	2011	15,706	403	39	403		4,025	58
59	Combined 2011 Building Improvements	2011	85,201	2,185	39	2,185		21,849	59
60									60
61	Combined 2012 Building Improvements	2012	28,779	738	39	738		6,642	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,223,684	$ 326,215		$ 262,713	$ (63,503)	$ 2,965,554	70

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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		$ 9,223,684	$ 326,215		$ 262,713	$ (87,042)	$ 2,965,554	1
2	Flooring / Tiles / Toilets in 5th floor resident rooms	2013	3,030	78	39	78		1,267	2
3	Wall repair, preparation and cove base in 5th floor res. Rooms	2013	2,811	72	39	72		1,174	3
4	Flooring - for 5th floor resident rooms	2013	5,494	141	39	141		2,296	4
5	Replace roof Exhaust	2013	4,805	123	39	123		2,006	5
6	Elevator	2013	28,000	718	39	718		11,698	6
7	Repair Elevator	2013	3,850	99	39	99		1,609	7
8	Wall repair - 5th floor	2013	3,000	77	39	77		1,254	8
9	Condenser - Kitchen / Barber Shop	2013	1,325	34	39	34		554	9
10	Sprinklers	2013	2,825	72	39	72		1,179	10
11	Emergency Generator	2013	4,442	114	39	114		1,856	11
12									12
13	Remove wallpaper, paint wall, cove base 4th floor dining room	2014	2,469	63	39	63		1,031	13
14	Install door restrictors and door detectors on elevators	2014	3,520	90	39	90		1,470	14
15	Condenser in main boiler room and service roof top units	2014	25,362	650	39	650		10,595	15
16	Install new hydrant and valve in pump room	2014	11,604	298	39	298		4,850	16
17	Rod out kitchen waste line & main branch from nrsg station	2014	3,085	79	39	79		1,288	17
18	Replace 205 linear feet of fence on patio including gate	2014	16,000	410	39	410		6,684	18
19	5 BTU wall units for MDS, Bookkeeping, Rms 206, 318, & 323	2014	7,335	188	39	188		3,064	19
20	Golden teak flooring for hallway and dining room on 1st floor	2014	18,184	466	39	466		7,596	20
21	2 rolls of wall covering for hallway and dining room on 1st flr	2014	2,139	55	39	55		894	21
22	2700 sq ft of plank flooring for hallway and dining 1st floor	2014	2,993	77	39	77		1,251	22
23	Painted seven patient rooms (201, 202, 404, 408, 416, 303, 322)	2014	3,435	88	39	88		1,435	23
24	Install insulation on roof air handler panels and seal roof units	2014	1,975	51	39	51		826	24
25	Tuck pointing and window caulking on entire exterior facility	2014	13,469	345	39	345		5,626	25
26	3rd flr door lock on elevator 2, new infared door detector also	2014	1,650	42	39	42		688	26
27	Paint walls in 536 - 544, 503, & 504; remove therapy closet	2014	29,709	762	39	762		12,413	27
28	Non-Allowable Assets		15,196	390	39	390		6,350	28
29									29
30	Hallway and dining renovation - Paint, flooring, hand rails, and ot	2015	112,702	2,890	39	2,890		17,340	30
31	Flooring for new dining room on 4th floor	2015	3,175	81	39	81		487	31
32	Furnish & Install New Flooring on 1st Floor	2015	2,993	77	39	77		461	32
33	Remove old flooring, toilets, and countertops and install new blind	2015	6,391	164	39	164		984	33
34	TOTAL (lines 1 thru 33)		$ 9,566,652	$ 335,010		$ 271,507	$ (87,042)	$ 3,075,778	34

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 12B, Carried Forward		$ 9,566,652	$ 335,010		$ 271,507	$ (63,503)	$ 3,075,778	1
2	Remove wall for dining room and install light fixtures	2015	5,585	143	39	143		858	2
3	Handrails, wall coverings, signage, and blinds	2015	35,470	909	39	909		5,455	3
4	Elevator panel, elevator hand railing	2015	11,000	282	39	282		1,692	4
5	Replace 4th floor electrical wiring	2015	7,900	203	39	203		1,217	5
6	Replace U-bends on boiler	2015	2,800	72		72			6
7	Plumbing - Sink faucet handles	2015	6,965	179	39	179		432	7
8	Install flooring and corner guards on 1st floor	2015	3,660	94	39	94		1,073	8
9	Replace U-bends on boiler	2015	3,268	84	39	84		564	9
10	Remove flooring and install new floor on 5th floor	2015	2,857	73	39	73		504	10
11	Steel door	2015	4,423	113	39	113		439	11
12	Replace Tiles, Cove Base, Cabinets & Floor in Therapy Rm	2015	7,872	202	39	202		679	12
13	New lock systems	2015	21,204	544	39	544		1,212	13
14	Smoking shelter	2015	4,875	125	39	125		3,263	14
15	Parking lot paving	2015	38,634	991	39	991		750	15
16	New lock systems	2015	4,575	117	39	117		5,945	16
17	Patient room doors	2015	2,900	74	39	74		703	17
18	Granite tops for dining room	2015	3,400	87	39	87		445	18
19	New door	2015	2,000	51	39	51		522	19
20	Replace laundry outside doors	2015	1,400	36	39	36		307	20
21	Replace laundry outside doors	2015	2,147	55	39	55		216	21
22	Air conditioning unit	2015	2,975	76	39	76		330	22
23	Pit ladders for elevator	2015	3,400	87	39	87		457	23
24								522	24
25	Light Pole Brackets	2016	3,600	92	39	92		461	25
26	Replace Laundry MLB Panel	2016	4,700	121	39	121		604	26
27	Flooring & Painting, double doors on 2nd and 3rd floors	2016	17,480	448	39	448		2,240	27
28	2nd floor stairwell door, 4th floor dining room walls and								28
29	cove base	2016							29
30	Replace HVAC		2,950	76	39	76		379	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,774,692	$ 340,344		$ 276,841	$ (63,503)	$ 3,107,046	34

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 12C, Carried Forward		$ 9,774,692	$ 340,344		$ 276,841	$ (63,503)	$ 3,107,046	1
2		2017	3,600	92	39	92		323	2
3	Mural for 4th Floor Alzheimer Unit	2017	2,950	76	39	76		265	3
4	Air Conditioners	2017	23,350	599	39	599		2,095	4
5	New Roof for Upper Main Roof	2017	2,950	76	39	76		265	5
6	Air Conditioners	2017	29,950	768	39	768		2,688	6
7	New Condensor for AC Unit in Beauty Supply Room	2017	3,120	80	39	80		280	7
8	Replace Car Sills for Four Elevators	2017	2,950	76	39	76		265	8
9	New Air Conditioners	2017	34,260	878	39	878		3,074	9
10	New Heating Boilers for Mezzanine Area	2017	48,520	1,244	39	1,244		4,354	10
11	New Domestic Hot Water System								11
12									12
13	Replace light fixtures & repair heater room 435	2018	4,055	104	39	104		260	13
14	Main control circuit board for generator	2018	3,045	78	39	78		195	14
15	Air Conditioners in patient rooms	2018	2,950	76	39	76		189	15
16	Restoration of nurse call station on 3rd floor	2018	3,161	81	39	81		203	16
17	Custom modify lourve windows in kitchen	2018	2,500	64	39	64		160	17
18	new shelving for freezers	2018	4,183	107	39	107		269	18
19	Paint 4th floor cooridor & dining room	2018	3,995	102	39	102		256	19
20	Paint 3rd floor corridor & doors	2018	3,995	102	39	102		256	20
21	New Air Conditioners in patient rooms	2018	3,020	77	39	77		194	21
22	1st 4th 5th floor smoke compartments into compliance	2018	8,287	212	39	212		531	22
23	Replace jockey pump for sprinkler system	2018	8,900	228	39	228		570	23
24	Replace fire sprinkler heads in laundry chute	2018	2,820	72	39	72		181	24
25	New Air Conditioners in patient rooms	2018	3,720	95	39	95		239	25
26	New flooring for administrator office	2018	2,639	68	39	68		169	26
27	New Air Conditioners in patient rooms	2018	3,020	77	39	77		194	27
28	New motor for 1st floor exhaust fan	2018	3,999	103	39	103		256	28
29	Cubicle curtains in patient rooms	2018	15,516	398	39	398		995	29
30	New doors for linen chute & rubbish chute doors	2018	6,937	178	39	178		445	30
31	New hopper door for linen chute	2018	3,788	97	39	97		243	31
32	New LVT flooring for admin office and conference room	2018	4,527	116	39	116		290	32
33	New Air Conditioners in patient rooms	2018	3,020	77	39	77		194	33
34	TOTAL (lines 1 thru 33)		$ 10,024,419	$ 346,747		$ 283,244	$ (63,503)	$ 3,126,944	34

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 12D, Carried Forward		$ 10,024,419	$ 346,747		$ 283,244	$ (63,503)	$ 3,126,944	1
2									2
3	New computer wiring for building	2018	8,880	228	39	228		569	3
4	New emergency shutoff valve for boilers on 5th floor	2018	2,610	67	39	67		167	4
5	Patch for field or wall flashings for the roof	2018	6,900	177	39	177		442	5
6	Labor to install new lvt flooring in admin office and conference room	2018	1,777	46	39	46		114	6
7	New LVT flooring in admin office and conference room	2018	1,378	35	39	35		89	7
8					39				8
9	Replace Boiler Venting Pipes & Roof Flashing	2019	3,946	51	39	51		102	9
10	Repair 1st floor Circulating Pump	2019	4,837	24	39	24		48	10
11	Salamander Heater for Penthouse Boiler Room	2019	3,182	82	39	82		163	11
12	New Air Conditioners	2019	6,617	77	39	77		139	12
13	Install New Flooring & Cove Base in Admissions Office	2019	1,512	39	39	39		74	13
14	Replace Car Sills on Four Elevators	2019	7,280	87	39	87		158	14
15	New Back Door for Delivery Room; New Door for Dining Room; New	2019	11,887	105	39	105		184	15
16	New Door for 4th Floor Men's Bathroom; Paint 2nd, 3rd, 4th & 5th Floor Shower Rooms				39				16
17	5th Floor Painting Project (1st Billing)	2019	3,430	88	39	88		161	17
18	5th Floor Painting Project (2nd Billing)	2019	3,990	102	39	102		188	18
19	5th Floor Painting Project (3rd Billing)	2019	3,990	102	39	102		188	19
20	Tuckpointing for Building	2019	5,200	133	39	133		244	20
21	Paint for 5th Floor Painting Project	2019	2,086	53	39	53		98	21
22	5th Floor Painting Project (4th Billing)	2019	3,990	102	39	102		188	22
23	Replace & Retrofit Front Sign with New Lighting; Replace Parking Lo	2019	3,220	83	39	83		151	23
24	Replace Fan Motor on 2nd Floor Exhaust Fan on West Side of Buildin	2019	2,460	63	39	63		116	24
25	Replace Fan Motor on 2nd Floor Exhaust Fan on East Side of Building	2019	2,113	54	39	54		99	25
26	5th Floor Painting Project (5th Billing)	2019	3,500	90	39	90		157	26
27	New Fence	2019	22,500	577	39	577		1,010	27
28	New Flooring for Resident's Rooms	2019	14,610	375	39	375		656	28
29	Repave & Repair Facility Parking Lot	2019	14,053	360	39	360		631	29
30	Install New Muller on Building Heating System	2019	2,179	56	39	56		98	30
31	New Electrical & Lighting for Dishwasher	2019	3,075	79	39	79		131	31
32	Replace Cove Base Throughout Shower Room	2019	2,958	76	39	76		120	32
33	Install New Floors in Rooms 429, 327, 435, 527, 442, 443	2019	13,858	355	39	355		563	33
34	**TOTAL (lines 1 thru 33)**		$ 10,192,437	$ 350,512		$ 287,009	$ (63,503)	$ 3,133,992	34

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 12E, Carried Forward		$ 10,192,437	$ 350,512		$ 287,009	$ (63,503)	$ 3,133,992	1
2		2019	7,836	201	39	201		318	2
3	Replace Flooring on 4th Floor Resident Rooms	2019	12,342	316	39	316		501	3
4	Remove & Replace Ceramic Tiling in all Shower Rooms	2019	3,834	98	39	98		156	4
5	Repairs to 5th floor A/C Unit	2019	10,980	282	39	282		446	5
6	New A/C Unit for 5th Floor	2019	1,528	39	39	39		78	6
7	Replace 5th Floor Circulating Pump on 5th Floor Air Handler	2019	5,250	135	39	135		191	7
8	Replace 1st Floor Exhaust Fan on West Parking	2019	6,859	176	39	176		249	8
9	New Air Conditioners	2019	5,234	134	39	134		190	9
10	Life Safety Repairs to Fire Stopping, 5th Floor Storage Room by I	2019	12,353	317	39	317		475	10
11	New Ductwork for Kitchen Air Conditioning	2019	2,306	59	39	59		79	11
12	Installation of Patio Door Exit Delay Egress System	2019	2,990	77	39	77		96	12
13	Install New Ceramic Plank flooring in Rooms 439 & 441	2019	2,990	77	39	77		96	13
14	Install New Ceramic Plank flooring in Rooms 437 & 438	2019	2,399	62	39	62		77	14
15	Head Sets & Transmitter Band for Nurse Call System	2019	2,380	61	39	61		76	15
16	Install Two New Isolation Valves for the Kitchen Boiler	2019	2,990	77	39	77		96	16
17	Install New Ceramic Plank flooring in Rooms 440 & 444	2019	2,990	77	39	77		96	17
18	Install New Ceramic Plank flooring in Rooms 430 & 431	2019	7,475	192	39	192		224	18
19	Install New Ceramic Plank flooring in Rooms 430, 431, 428, 426, 4	2019	2,990	77	39	77		89	19
20	Install New Ceramic Plank flooring in Rooms 425 & 518	2019	4,550	117	39	117		136	20
21	Replace Leaking Isolation Valve by Exit Door Baseboard, Replace	2019	4,590	118	39	118		137	21
22	Remodel 4th & 2nd Floor Dining Rooms, Remove Wallpaper, Skir	2019	6,915	177	39	177		207	22
23	New Air Conditioners	2019	2,602	67	39	67		78	23
24	Replace Faulty Bearing Assembly for 5th floor ciruclating pump	2019	3,850	99	39	99		115	24
25	Replace Jockey Pump & Mercoid Fire Sprinkler System	2019	2,495	64	39	64		75	25
26	Install Custom Wall Protectors in 2nd Floor dining Rooms, Paint	2019	1,995	51	39	51		55	26
27	Paint & Patch 4th Floor Activity Room, Install Chair Rails Throughout		5,638	145	39	145		157	27
28	Install 6 shower Hoses & Filters on 5th Floor Men & Women Shov	2019			39				28
29	Instal RPZ Back flow for Kitchen Dishwasher, Install RPZ Backfl	2019	5,060	130	39	130		141	29
30	Install New Flooring in 2nd Floor Dining Rooms	2019	3,421	88	39	88		95	30
31	Medical Shower Filter Startsets, Medical Tap Filter Washing Standard Startsets, Ice		1,320	34	39	34		37	31
32	Medical Shower Filter Startsets	2019			39				32
33	Paint & Milwork for Dining Room, Install Chair Rail Wall Protec	2019	2,490	64	39	64		69	33
34	TOTAL (lines 1 thru 33)		$ 10,333,088	$ 354,119		$ 290,616	$ (63,503)	$ 3,138,826	34

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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 12F, Carried Forward		$ 10,333,088	$ 354,119		$ 290,616	$ (63,503)	$ 3,138,826	1
2	Install Zone Panel, Therostats and Sensors for Kitchin/Dining Roo	2020	2,742	70	39	70		70	2
3	Install a Hot Water Bypass and Flush Out Domestic Hot Water S	2020	5,287	136	39	136		136	3
4	Flooring for 3rd and 5th Floor Dining Room	2020	2,681	69	39	69		69	4
5	Replace Kitchen/Laundry Hot Water Boiler	2020	40,745	1,045	39	1,045		1,045	5
6	Install New fFooring on 5th Floor Dining Room & 3rd floor Corne	2020	3,295	84	39	84		84	6
7	Replace Walk-in Cooler Condensor	2020	5,375	138	39	138		138	7
8	Potable Water Dead End Removal	2020	6,500	167	39	167		167	8
9	Return Water to Potable Status	2020	4,760	122	39	122		122	9
10	New Draft Inducer and Hot Water Actuator for Heating Boilers	2020	2,561	66	39	66		66	10
11	Repipe 2nd & 4th Floor South Stairwell Supply & Return Risers f	2020	3,467	89	39	89		89	11
12	Paint and Patch 4th Floor Restorative Dining Room, 3rd floor Ma	2020	2,350	60	39	60		60	12
13	Replace 5th Floor Baseboard in Room 535	2020	2,066	53	39	53		53	13
14	Emergency Hot Water Replacement on 5th Floor	2020	3,500	90	39	90		90	14
15	Emergency Hot Water Pipe Replacement	2020	4,881	125	39	125		125	15
16	Install New Brick Veneers & 6 New Sections Between Columns	2020	23,511	603	39	603		603	16
17	Replace Top Roller Wheels and Bottom Guides on Exterior Main	2020	2,406	62	39	62		62	17
18	Replace 2nd Floor Exhaust Fan on West Parking Lot	2020	5,250	135	39	135		135	18
19	New Maglock for 4th Floor	2020	2,694	69	39	69		69	19
20	Repalce TXV valves on 2nd-4th Floor AC Units	2020	8,358	214	39	214		214	20
21	Chemically Clean Condensor Coil, Clean Return Registers, Replac	2020	6,055	155	39	155		155	21
22	Reinsulate Roof Air Handler	2020	7,470	192	39	192		192	22
23	Finish Reinsulation of Roof Air Handler	2020	2,580	66	39	66		66	23
24	New Door Edge for Elevator 4	2020	2,450	63	39	63		63	24
25	Roof Repairs	2020	14,650	376	39	376		376	25
26	New Air Conditioners	2020	3,511	90	39	90		90	26
27	New Air Conditioners	2020	4,214	108	39	108		108	27
28	Laundry Piping	2020	7,747	199	39	199		199	28
29	Repair Leaky Water Pipes Above Room 505, 5th Floor Dining Roo	2020	17,154	440	39	440		440	29
30	Replace 2nd Floor Exhaust Fan on East Side Patio	2020	5,250	135	39	135		135	30
31	Install New Security Cameras	2020	4,745	122	39	122		122	31
32	Repair Ceiling Water Leak in 1st Floor Dining Room	2020	3,252	83	39	83		83	32
33	Inspect and Clean Dampers on 1st Floor, 2nd floor, 3rd Floor, 4th	2020	5,233	134	39	134		134	33
34	TOTAL (lines 1 thru 33)		$ 10,549,827	$ 359,676		$ 296,173	$ (63,503)	$ 3,144,383	34

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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		$ 10,549,827	$ 359,676		$ 296,173	$ (63,503)	$ 3,144,383	1
2	Air Conditioners	2020	2,809	72	39	18	(54)	72	2
3	Run Electric Line from Laundry Electric Panel to Patio Smoking	2020	2,900	74	39	6	(68)	74	3
4	Replace 3 Existing Duct Detectors on 5th Floor Mechanical Room	2020	3,060	78	39	7	(72)	78	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									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)		$ 10,558,596	$ 359,901		$ 296,204	$ (63,697)	$ 3,144,608	34

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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	$	$	$	$		$	71
72	Current Year Purchases	130,630	130,630	13,063	(117,567)	5	130,630	72
73	Fully Depreciated Assets	5,013,549				5	5,013,549	73
74								74
75	TOTALS	$ 5,144,179	$ 130,630	$ 13,063	$ (117,567)		$ 5,144,179	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 16,652,775	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 490,531	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 309,267	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (181,264)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 8,288,787	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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
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: $ Description: (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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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	10a-3	hrs	$	9,317	$ 664,701	$	9,317	$ 664,701	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		499	68,682		499	68,682	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		9,006	662,666		9,006	662,666	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 prescrpts				183,320		183,320	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): X-Ray	39-2					1,382		1,382	12
13	Other (specify): Lab	39-2					126,000		126,000	13
14	TOTAL			$	18,822	$ 1,396,049	$ 310,702	18,822	$ 1,706,751	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 Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/20 (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	$ (186,812)	$ (185,756)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	34,996,904	34,996,904	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	581,071	581,071	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		973,346	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 35,391,163	$ 36,365,565	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		950,000	13
14	Buildings, at Historical Cost		7,600,000	14
15	Leasehold Improvements, at Historical Cost	3,959,680	3,959,680	15
16	Equipment, at Historical Cost	1,555,188	1,555,188	16
17	Accumulated Depreciation (book methods)	(2,850,061)	(5,204,752)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	144,734	144,734	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(68,173)	(68,173)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	439,035	439,035	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,180,403	$ 9,375,712	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 38,571,566	$ 45,741,277	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 7,917,884	$ 8,980,294	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(62,835)	(62,835)	28
29	Short-Term Notes Payable		459,972	29
30	Accrued Salaries Payable	278,781	278,781	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,277	30,277	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				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 8,164,107	$ 9,686,489	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		20,952,741	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)**	$	$ 20,952,741	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,164,107	$ 30,639,230	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 30,407,459	$ 15,102,047	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 38,571,566	$ 45,741,277	48

***(See instructions.)**

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XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 22,726,760	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 22,726,760	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	7,680,701	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) Roundidng	(2)	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 7,680,699	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)**	$ 30,407,459	24 *

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

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

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	$ 26,027,107	1
2	Discounts and Allowances for all Levels	99,784	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 26,126,891	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	480,091	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 480,091	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	2,619,851	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,972	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	20,373	20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,642,196	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,095,424	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 3,095,424	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending Income	1,172	28
28a	Misc Income	26,189	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 27,361	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 32,371,963	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	4,462,513	31
32	Health Care	9,102,824	32
33	General Administration	6,339,706	33
	B. Capital Expense		
34	Ownership	3,014,129	34
	C. Ancillary Expense		
35	Special Cost Centers	1,772,090	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)***	$ 24,691,262	40
41	**Income before Income Taxes (line 30 minus line 40)****	7,680,701	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 7,680,701	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 21,180,128	44
45	Private Pay - Net Inpatient Revenue	64,750	45
46	Medicare - Net Inpatient Revenue	4,236,010	46
47	Other-(specify) NET PATIENT REVENUE	646,003	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 26,126,891	49

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

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

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

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

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

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,976	2,120	$ 193,990	$ 91.50	1
2	Assistant Director of Nursing	11,664	12,640	565,868	44.77	2
3	Registered Nurses	14,363	17,336	710,971	41.01	3
4	Licensed Practical Nurses	56,958	70,773	2,427,648	34.30	4
5	CNAs & Orderlies	72,387	96,265	1,836,764	19.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	23,881	26,275	523,386	19.92	10
11	Social Service Workers	18,396	20,347	418,995	20.59	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	41,827	46,588	772,146	16.57	15
16	Dishwashers					16
17	Maintenance Workers	35,778	40,315	678,953	16.84	17
18	Housekeepers	40,860	45,344	686,849	15.15	18
19	Laundry	6,262	7,149	95,314	13.33	19
20	Administrator	3,992	4,232	274,542	64.87	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,428	11,310	195,804	17.31	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	4,984	4,283	187,570	43.79	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	343,756	404,977	$ 9,568,800 *	$ 23.63	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	478	$ 22,950	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant	1,726	92,164	10-3	38
39	Pharmacist Consultant	785	39,231	15-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	50	3,218	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,039	$ 157,563		49

C. CONTRACT NURSES

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

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Brown, Michael		0	$ 162,001
William, Michelle		0	112,541
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 274,542

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
Infinity Healthcare Management of I	Management fees	$ 1,331,470
First Real Estate Services	Professional fees	3,450
MTS CONSULTING, INC	Professional fees	1,385
Empire Risk Management Services, I	Professional fees	12,000
Genex Services, LLC.	Professional fees	13
Global Fiscal Midwest LLC	Professional fees	(20,860)
Infinity H Funding	Professional fees	423
Infinity Healthcare Management of I	Professional fees	924
PROSPECT RESOURCES	Professional fees	750
USA Risk Management Inc	Professional fees	3,646
See attaached schedule	Professional fees	99,211
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 1,432,412

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 158,428
Unemployment Compensation Insurance	43,153
FICA Taxes	815,535
Employee Health Insurance	619,343
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Unifoms	6,157
Pension	24,977
Employee backround check	3,194
Other employee expense	23,284
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,694,071

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Bridgeview chamber of commerce	330
Village of bridgeview	988
Other License and dues	864
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 4,172

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
Travel Reimbursement	10
In-State Travel	
Travel Reimbursement	34,374
Travel Reimbursement	46,045
Seminar Expense	
Education and Seminars	6,109
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 86,537

* Attach copy of IMRF notifications

**See instructions.

C. Professional Services

Vendor/Payee	Type	Amount
Premier Destine Inc	Professional fees	704
Ashman & Stein	Legal Fees	27,022
Garofalo Schreiber Storm & Grant C	Legal Fees	4,372
Infinity Funding / Sedgwick	Legal Fees	55,595
Infinity Healthcare Management of Il	Legal Fees	392
Klauke Law Group LLC	Legal Fees	26
McGuire Woods - 10/12/20	Legal Fees	2,099
GGM	Accounting Fees	6,000
Johnson and Goldburg	Accounting Fees	3,000
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		**$ 99,211**

Facility Name & ID Number Midway Neurological Rehab Ct # 0047175 Report Period Beginning: 1/1/20 Ending: 12/31/20

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **YES**

(2) Are there any dues to nursing home associations included on the cost report? **NO**
If YES, give association name and amount. **N/A**

(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 YRS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **42,884** 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. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **980,553**
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? **N/A** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0%**
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? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

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

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **YES**
Attach invoices and a summary of services for all architect and appraisal fees.