

			FOR OHF USE			

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**2005**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2005)**

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.

<p><b>I. IDPH Facility ID Number:</b> <u>0005363</u></p> <p><b>Facility Name:</b> <u>Snyders-Vaughn Haven</u></p> <p><b>Address:</b> <u>135 South Morgan Street</u> <u>Rushville</u> <u>62681</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Schuylar</u></p> <p><b>Telephone Number:</b> <u>(217) 322-3420</u> <b>Fax #</b> <u>(217) 322-6537</u></p> <p><b>IDPA ID Number:</b> <u>370894651001</u></p> <p><b>Date of Initial License for Current Owners:</b> <u>1966</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input checked="" type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact</b>  <b>Name:</b> <u>Charles J. Fischer</u> <b>Telephone Number:</b> <u>(312) 634-4580</u>  <b>Please send copies of desk review and audit adjustments to address on this page</b></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/05</u> to <u>12/31/05</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">Officer or Administrator of Provider</td> <td style="padding: 2px;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="padding: 2px;">Paid Preparer</td> <td style="padding: 2px;">(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____ (Print Name and Title) _____ (Firm Name &amp; Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u> (Telephone) <u>(312) 384-6000</u> <b>Fax #</b> <u>(312) 634-5518</u></td> </tr> </table> <p align="center"> <b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  <b>201 S. Grand Avenue East</b>  <b>Springfield, IL 62763-0001</b> <span style="float: right;"><b>Phone # (217) 782-1630</b></span> </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u> (Telephone) <u>(312) 384-6000</u> <b>Fax #</b> <u>(312) 634-5518</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____							
Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u> (Telephone) <u>(312) 384-6000</u> <b>Fax #</b> <u>(312) 634-5518</u>							

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven

# 0005363 Report Period Beginning: 01/01/05 Ending: 12/31/05

**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 N/A

	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	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		2 Medicaid Recipient	3 Private Pay	4 Other		
8	SNF	3,440	937	1,844	6,221	8
9	SNF/PED					9
10	ICF	11,824	6,430		18,254	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,264	7,367	1,844	24,475	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.73%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold 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  Non-allowable costs have been eliminated in Schedule V, Column 7.

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 1966

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 1992 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 49 and days of care provided 1,844

Medicare Intermediary Mutual of Omaha

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year YES  NO

Tax Year: 12/31/05 Fiscal Year: 12/31/05

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

STATE OF ILLINOIS

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/05 Ending: 12/31/05

**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 OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
<b>1</b>	<b>A. General Services</b>										
1	Dietary	155,612	19,936		175,548		175,548	175,548			1
2	Food Purchase		119,927		119,927		119,927	(1,255)	118,672		2
3	Housekeeping	56,395	8,474	1,012	65,881		65,881		65,881		3
4	Laundry	37,915	14,444		52,359		52,359		52,359		4
5	Heat and Other Utilities			92,191	92,191		92,191		92,191		5
6	Maintenance	36,603	22,144	20,073	78,820		78,820		78,820		6
7	Other (specify):*										7
<b>8</b>	<b>TOTAL General Services</b>	<b>286,525</b>	<b>184,925</b>	<b>113,276</b>	<b>584,726</b>		<b>584,726</b>	<b>(1,255)</b>	<b>583,471</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	730,001	53,577	1,686	785,264		785,264		785,264		10
10a	Therapy	36,947		12,660	49,607		49,607		49,607		10a
11	Activities	19,674	3,476	953	24,103		24,103		24,103		11
12	Social Services	17,532		3,520	21,052		21,052		21,052		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
<b>16</b>	<b>TOTAL Health Care and Programs</b>	<b>804,154</b>	<b>57,053</b>	<b>18,819</b>	<b>880,026</b>		<b>880,026</b>		<b>880,026</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	122,354			122,354		122,354		122,354		17
18	Directors Fees										18
19	Professional Services			62,339	62,339		62,339	(3,053)	59,286		19
20	Dues, Fees, Subscriptions & Promotion			14,975	14,975		14,975	(165)	14,810		20
21	Clerical & General Office Expense	72,798	5,111	28,775	106,684		106,684	(1,221)	105,463		21
22	Employee Benefits & Payroll Tax			156,428	156,428		156,428		156,428		22
23	Inservice Training & Education			1,173	1,173		1,173		1,173		23
24	Travel and Seminars			2,383	2,383		2,383		2,383		24
25	Other Admin. Staff Transportation			7,461	7,461		7,461		7,461		25
26	Insurance-Prop.Liab.Malpractice			92,587	92,587		92,587		92,587		26
27	Other (specify):*										27
<b>28</b>	<b>TOTAL General Administration</b>	<b>195,152</b>	<b>5,111</b>	<b>366,121</b>	<b>566,384</b>		<b>566,384</b>	<b>(4,439)</b>	<b>561,945</b>		<b>28</b>
<b>29</b>	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>1,285,831</b>	<b>247,089</b>	<b>498,216</b>	<b>2,031,136</b>		<b>2,031,136</b>	<b>(5,694)</b>	<b>2,025,442</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. SEE ACCOUNTANTS' COMPILATION REPORT  
 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 Snyders-Vaughn Haven

#0005363

Report Period Beginning:

01/01/05

Ending:

12/31/05

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			37,411	37,411		37,411	35,618	73,029			30
31	Amortization of Pre-Op. & Org											31
32	Interest			27,200	27,200		27,200	20,254	47,454			32
33	Real Estate Taxes			33,392	33,392		33,392	(753)	32,639			33
34	Rent-Facility & Grounds			216,000	216,000		216,000	(216,000)				34
35	Rent-Equipment & Vehicle:			9,205	9,205		9,205		9,205			35
36	Other (specify): <sup>3</sup>											36
37	<b>TOTAL Ownership</b>			323,208	323,208		323,208	(160,881)	162,327			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportatior											38
39	Ancillary Service Center:		65,470	8,838	74,308		74,308		74,308			39
40	Barber and Beauty Shops			1,080	1,080		1,080		1,080			40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			54,203	54,203		54,203		54,203			42
43	Other (specify): <sup>3</sup> <b>Nonallowable Cost</b>			87,984	87,984		87,984	(87,984)				43
44	<b>TOTAL Special Cost Centers</b>		65,470	152,105	217,575		217,575	(87,984)	129,591			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,285,831	312,559	973,529	2,571,919		2,571,919	(254,559)	2,317,360			45

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

\*\*See Schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

**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	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals	(81)	2		4
5	Telephone, TV & Radio in Resident Room	(2,595)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	3,706	30		9
10	Interest and Other Investment Income	(166)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,723)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,601)	32		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotions				25
26	Income Taxes and Illinois Personal Property Replacement Tax	(60,506)	43		26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising	(1,221)	21		28
29	Other-Attach Schedule See Schedule 5A	(42,566)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (109,753)		\$	30

OHF 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	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)	(144,806)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (144,806)		36
	(sum of SUBTOTALS)			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (254,559)		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 Shop		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

**Snyders-Vaughn Haven**

**Provider #: 0005363**

**1/1/2005 to 12/31/2005**

**Schedule 5A**

VI. Adjustment Detail

Line 29 - Other

<u>Non-allowable expenses</u>	<u>Amount</u>	<u>Reference</u>
Vending income	(1,174)	2
Out of Period Legal Fees	(3,053)	19
Non-allowable Chamber of Commerce fe	(165)	20
Real Estate Tax	(753)	33
Non-care Related Interest Expense	(17,261)	32
Lab Services	(20,160)	43
<b>Total</b>	<u><u>(42,566)</u></u>	

**SEE ACCOUNTANTS' COMPILATION REPORT**

Snyders-Vaughn Haven

ID# 0005363

Report Period Beginning: 01/01/05

Ending: 12/31/05

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Misc. - Part A	\$	1
2	Labs - Part A		2
3	X-Rays - Part A		3
4	Vending Machine Expense		4
5	Disallowed Non-Care Related Real Estate Tax		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
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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	<b>Total</b>	0	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Snyders-Vaughn Haven# 0005363

Report Period Beginning:

01/01/05

Ending:

12/31/05**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)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(81)	0	0	0	0	0	0	0	0	0	0	(81)	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	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(81)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(81)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	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):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(1,221)	0	0	0	0	0	0	0	0	0	0	(1,221)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(1,221)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,221)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(1,302)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,302)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Snyders-Vaughn Haven# 0005363

Report Period Beginning:

01/01/05

Ending:

12/31/05

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

	Capital Expense	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)
	<b>D. Ownership</b>												
30	Depreciation	3,706	31,912	0	0	0	0	0	0	0	0	0	35,618 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(1,767)	39,282	0	0	0	0	0	0	0	0	0	37,515 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	(216,000)	0	0	0	0	0	0	0	0	0	(216,000) 34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	<b>TOTAL Ownership</b>	<b>1,939</b>	<b>(144,806)</b>	<b>0</b>	<b>(142,867) 37</b>								
	<b>Ancillary Expense</b>												
	<b>E. Special Cost Centers</b>												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(67,824)	0	0	0	0	0	0	0	0	0	0	(67,824) 43
44	<b>TOTAL Special Cost Centers</b>	<b>(67,824)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(67,824) 44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(67,187)</b>	<b>(144,806)</b>	<b>0</b>	<b>(211,993) 45</b>								

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
John R. Snyder	50%	Collinsville Care Center	Collinsville, IL	Snyder Properties	Rushville, IL	Lessor
Vaughn I. Snyder	50%					

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	30 Depreciation	\$	Snyder Properties	100.00%	\$ 31,912	\$ 31,912	1
2	V	32 Interest		Snyder Properties	100.00%	39,282	39,282	2
3	V	34 Rent	216,000	Snyder Properties	100.00%		(216,000)	3
4	V							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		\$ 216,000			\$ 71,194	\$ * (144,806)	14

\* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number      Snyders-Vaughn Haven      #      0005363      Report Period Beginning:      01/01/05      Ending:      12/31/05

## 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	John R. Snyder	Administrator	Administrator	50.00	0	50	100.00	Salary	\$ 62,828	17(1)	1
2	Vaughn I. Snyder	Officer	Officer	50.00	0	10	25.00	Salary	25,443	17(1)	2
3	Dianne Snyder	DON	Nursing Admin.	0.00	0	50	100.00	Salary	36,802	10(1)	3
4	Aaron Snyder	Clerical	Clerical	0.00	0	26	65.00	Salary	9,423	21(1)	4
5	Edna Busen	Clerical	Clerical	0.00	0	4	10.00	Salary	4,118	21(1)	5
6	Gregg Snyder	Clerical	Clerical	0.00	0	1	2.50	Salary	917	21(1)	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 139,531		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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/05 Ending: 12/31/05

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_\_) \_\_\_\_\_

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					\$	\$		\$	1
2									2
3									3
4									4
5			N/A						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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Snyders-Vaughn Haven** # **0005363** Report Period Beginning: **01/01/05** Ending: **12/31/05**

## 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		
						Original	Balance						
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	<b>A. Directly Facility Related</b>												
	<b>Long-Term</b>												
1	Chrysler Credit		X	Vehicle purchase	\$613.72	12/22/04	\$ 30,744	\$ 25,442	01/06/10	0.0769	\$ 2,090	1	
2	First Bank		X	Mortgage	\$13,445.00	11/01/95	1,133,854	674,941	11/07/15	0.0894	39,282	2	
3	Schuyler State Bank		X	Vehicle purchase	\$695.74	03/16/05	42,127	36,974	03/16/10	0.0590	1,811	3	
4												4	
5												5	
	<b>Working Capital</b>												
6	Schuyler State Bank		X	Operations	Varies	09/30/05	125,000	125,000	09/30/06	0.0650	4,437	6	
7												7	
8												8	
9	TOTAL Facility Related				\$14,754.46		\$ 1,331,725	\$ 862,357			\$ 47,620	9	
	<b>B. Non-Facility Related*</b>												
10												10	
11												11	
12												12	
13											Interest income offset	(166)	13
14	TOTAL Non-Facility Related						\$	\$			\$ (166)	14	
15	TOTALS (line 9+line14)						\$ 1,331,725	\$ 862,357			\$ 47,454	15	

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

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

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



**IMPORTANT NOTICE**

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

**2004 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Snyders-Vaughn Haven COUNTY Schuyler

FACILITY IDPH LICENSE NUMBER 0005363

CONTACT PERSON REGARDING THIS REPORT John R. Snyder

TELEPHONE (217) 322-3201 FAX #: (217) 322-6537

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 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 2004.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>12-170-014-00</u>	<u>Nursing Home</u>	\$ <u>1,085.36</u>	\$ <u>1,085.36</u>
2. <u>12-131-009-00</u>	<u>Nursing Home</u>	\$ <u>183.34</u>	\$ <u>183.34</u>
3. <u>12-131-003-00</u>	<u>Nursing Home</u>	\$ <u>150.00</u>	\$ <u>150.00</u>
4. <u>12-126-006-00</u>	<u>Nursing Home</u>	\$ <u>247.76</u>	\$ <u>247.76</u>
5. <u>12-126-005-00</u>	<u>Nursing Home</u>	\$ <u>59.84</u>	\$ <u>59.84</u>
6. <u>12-126-004-00</u>	<u>Nursing Home</u>	\$ <u>337.72</u>	\$ <u>337.72</u>
7. <u>12-126-003-00</u>	<u>Nursing Home</u>	\$ <u>29,637.48</u>	\$ <u>29,637.48</u>
8. <u>12-040-013-00</u>	<u>Nursing Home</u>	\$ <u>241.10</u>	\$ <u>241.10</u>
9. <u>12-131-007-00</u>	<u>Nursing Home</u>	\$ <u>63.68</u>	\$ <u>63.68</u>
10. <u>12-125-001-00 &amp; 12-170-012-00</u>	<u>Nursing Home</u>	\$ <u>632.86</u>	\$ <u>632.86</u>
	<b>TOTALS</b>	\$ <u>32,639.14</u>	\$ <u>32,639.14</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 & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haver

# 0005363 Report Period Beginning:

01/01/05 Ending:

12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,354 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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 ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, et al). 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.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Care</u>	<u>215,000</u>	<u>1992</u>	<u>\$ 41,500</u>	<u>1</u>
2	<u>Resident Care</u>		<u>1997</u>	<u>31,500</u>	<u>2</u>
3	<b>TOTALS</b>			<b>\$ 73,000</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99	1992		\$ 1,276,487	\$	40	\$ 31,912	\$ 31,912	\$ 419,007	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Prior Years			173,475		Various			173,475	9
10	Drop Ceiling	1993		1,046	70	15	70		901	10
11	Alarm System	1996		9,173	461	10	461		9,173	11
12	Boiler	1996		2,242	224	10	224		2,128	12
13	Landscaping	1997		3,684	368	10	368		3,128	13
14	Roof	1997		3,427	343	10	343		2,915	14
15	Carpet	1997		3,080	308	10	308		2,618	15
16	Door	1997		4,494	449	10	449		3,817	16
17	Boiler	1997		503	50	10	50		425	17
18	A/C - Compressor	1997		839	84	10	84		714	18
19	Boiler	1999		2,840	284	10	284		1,846	19
20	Air Conditioner	1999		3,500	350	10	350		2,275	20
21	Fire Alarm System	1999		55,739	5,574	10	5,574		36,231	21
22	Parking Lot	1999		55,214	5,521	10	5,521		35,995	22
23	Landscaping	2000		23,959	2,396	10	2,396		13,178	23
24	Fire Alarm System	2000		7,032	704	10	704		3,872	24
25	Concrete Sidewalks and Drive	2000		3,379	338	10	338		1,860	25
26	Landscaping	2000		1,079	108	10	108		594	26
27	Concrete Sidewalks and Drive	2000		535	54	10	54		297	27
28	Plumbing Improvements	2000		2,257	226	10	226		1,243	28
29	Wall Coverings	2000		2,870	286	10	286		1,573	29
30	Electrical Improvements	2000		1,243	124	10	124		682	30
31	Door Frame	2000		791	80	10	80		440	31
32	Water Softner	2001		6,543	654	10	654		2,943	32
33	Landscaping	2001		1,804	180	10	180		810	33
34	Roofing	2001		2,934	293	10	293		1,319	34
35	Door Locks	2002		2,783	278	10	278		973	35
36	Storage	2003		7,281	728	10	728		1,820	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haver

# 0005363

Report Period Beginning:

01/01/05

Ending:

12/31/05

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	Air Conditioners	2004	\$ 6,477	\$ 324	10	\$ 648	\$ 324	\$ 972	37
38	Air Conditioners	2004	16,031	802	10	1,604	802	2,406	38
39	Air Conditioner	2005	4,700		10	235	235	235	39
40	Fire Alarm System	2005	3,379		10	169	169	169	40
41	Boiler	2005	2,728		10	136	136	136	41
42	Sidewalks	2005	4,286		10	214	214	214	42
43	Gutters	2005	1,326		10	66	66	66	43
44	Landscaping	2005	2,003		10	100	100	100	44
45	Sidewalks	2005	4,497		10	225	225	225	45
46	Air Conditioners	2005	14,630		10	732	732	732	46
47	Gazebo	2005	12,974		10	649	649	649	47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,733,264	\$ 21,661		\$ 57,225	\$ 35,564	\$ 732,156	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	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	\$ 8,319	\$ 1,446	\$ 1,446	\$	5-10	\$ 2,169	71
72	Current Year Purchases	12,449	622	622		10	622	72
73	Fully Depreciated Assets	745,387	146	146			745,387	73
74								74
75	TOTALS	\$ 766,155	\$ 2,214	\$ 2,214	\$		\$ 748,178	75

D. Vehicle Depreciation (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	See Schedule 13A	See Schedule 13A	See Sch 13A	\$ 30,300	\$ 254	\$ 254	\$	5	\$ 28,013	76
77	Resident Care	99 Chrysler van	2004	11,850	2,237	2,237		5	3,422	77
78	Resident Care	04 Ford Bus	2005	42,109	4,211	4,211		5	4,211	78
79	Maintenance	2005 Dodge Truck	2004	34,438	6,888	6,888		5	10,332	79
80	TOTALS			\$ 118,697	\$ 13,590	\$ 13,590	\$		\$ 45,978	80

E. Summary of Care-Related Asset

	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)	\$ 2,691,116	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 37,465	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 73,029	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 35,564	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,526,312	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	N/A				87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	Fire Suppression System	1,001	93
94			94
95		\$ 1,001	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 1

**Snyders-Vaughn Haven**

**Provider #: 0005363**

**01/01/05 to 12/31/05**

**Schedule 13A**

XI (D) - Vehicle Depreciation

Line 76

<u>Use</u>	<u>Make &amp; Model</u>	<u>Year Acquired</u>	<u>Cost</u>	<u>Current Book Depreciation</u>	<u>Straight Line Depreciation</u>	<u>Adjustments in Years</u>	<u>Life</u>	<u>Accum Depreciation</u>
Maintenance	2005 Dodge Cab Upgrade	2005	2,541	254	254	-	5	254
Maintenance	1990 Dodge van	1991	8,633			-	5	8,633
Maintenance	1995 Dodge truck	1996	11,665			-	5	11,665
Administrative	1997 Plymouth Neon	1997	7,461	-	-	-	5	7,461
			<u>30,300</u>	<u>254</u>	<u>254</u>	<u>-</u>		<u>28,013</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**



**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				<u>N/A</u>			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.       /2006       \$ \_\_\_\_\_  
 13.       /2007       \$ \_\_\_\_\_  
 14.       /2008       \$ \_\_\_\_\_

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: N/A \*

**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: \$ 9,205      Description: Dishwasher - 1,162; copier - 4,899; Medicare Equip - 3,144  
 (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			\$ <u>N/A</u>	\$	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>It is the policy of this facility to only hire certified nurses aides 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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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 Wage (c)				
6	Transportation				
7	Contractual Payment:				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit;
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit;
- (c) For in-house training programs only. Do not include fringe benefit;
- (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

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	

- (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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Cost	Outside Practitioner (other than consultant)								
			Units of Service			Units	Cost							
1	Licensed Occupational Therapist	10A(3)	hrs		\$	17	\$ 595			\$	17	\$ 595	1	
2	Licensed Speech and Language Development Therapist	10A(3)	hrs			218	5,950				218	5,950	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	10A(1),(3)	1844 hrs		\$ 36,947	172	6,115				2,016	43,062	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							\$ 65,470		65,470	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Exceptional Care Program	39(3)					8,838					8,838	12	
13	Other (specify):												13	
14	TOTAL				\$ 36,947	407	\$ 21,498	\$ 65,470			2,251	\$ 123,915	14	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Snyders-Vaughn Haven**# **0005363**Report Period Beginning: **01/01/05**

Ending:

**12/31/05**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/05**

(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	\$ 1,110,188	\$ 1,110,188	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>None</u> )	980,255	980,255	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,924	21,924	6
7	Other Prepaid Expenses	8,516	8,516	7
8	Accounts Receivable (owners or related parties)	48,261	48,261	8
9	Other(specify): _____			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 2,169,144</b>	<b>\$ 2,169,144</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		73,000	13
14	Buildings, at Historical Cost	452,883	1,733,264	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	893,823	884,852	16
17	Accumulated Depreciation (book methods)	(1,161,823)	(1,526,312)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp.CIP _____)	1,001	1,001	22
23	Other(specify): <u>Property tax escrow</u>	6,543	6,543	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 192,427</b>	<b>\$ 1,172,348</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 2,361,571</b>	<b>\$ 3,341,492</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 776,634	\$ 776,634	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	52,403	52,403	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	14,977	14,977	31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,000	30,000	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>See Schedule 17A</u>	262,074	262,074	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 1,136,088</b>	<b>\$ 1,136,088</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	187,416	187,416	39
40	Mortgage Payable		674,941	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>	<b>\$ 187,416</b>	<b>\$ 862,357</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 1,323,504</b>	<b>\$ 1,998,445</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ 1,038,067</b>	<b>\$ 1,343,047</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 2,361,571</b>	<b>\$ 3,341,492</b>	<b>48</b>

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Snyders-Vaughn Haven**

**Provider #: 0005363**

**01/01/05 to 12/31/05**

**Schedule 17A**

	<u>Operating</u>	<u>After Consolidation</u>
XV. Special Services		
Line 36 - Other Current Liabilities		
Advanced billing	98,925	98,925
Accrued expenses	163,149	163,149
	<u>262,074</u>	<u>262,074</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

**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>1,206,345</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior period adjustment</b>	<b>(170,111)</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>1,036,234</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>1,833</b>	<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>	\$ <b>1,833</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>			<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>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,038,067</b>	<b>24</b> *

Operating Entity Only

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven# 0005363Report Period Beginning: 01/01/05Ending: 12/31/05**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 expenses.**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 2,277,938	1
2	Discounts and Allowances for all Level	117,892	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,395,830	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	75,965	6
7	Oxygen	1,800	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 77,765	8
<b>C. Other Operating Revenue</b>			
9	Payments for Educator		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	81	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	54,051	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory	18,409	19
20	Radiology and X-Ray		20
21	Other Medical Services	25,916	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 98,457	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income**	166	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 166	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Vending income \$1,174; Misc income \$360</b>	1,534	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,534	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 2,573,752	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	584,726	31
32	Health Care	880,026	32
33	General Administrator	566,384	33
<b>B. Capital Expense</b>			
34	Ownership	323,208	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	163,372	35
36	Provider Participation Fee	54,203	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 2,571,919	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,833	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,833	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.  
This entity is a cash basis taxpayer.

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

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

Facility Name & ID Number **Snyders-Vaughn Haver**

# 0005363

Report Period Beginning: 01/01/05

Ending:

12/31/05

**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	2,080	2,160	\$ 36,802	\$ 17.04	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,224	3,499	53,730	15.36	3
4	Licensed Practical Nurses	19,735	21,296	276,309	12.97	4
5	CNAs & Orderlies	46,419	50,281	363,160	7.22	5
6	CNA Trainees					6
7	Licensed Therapist	1,770	1,844	36,947	20.04	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,014	1,133	8,960	7.91	9
10	Activity Assistants	1,447	1,579	10,714	6.79	10
11	Social Service Worker	1,844	1,994	17,532	8.79	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,160	28,138	13.03	13
14	Head Cook	6,008	6,234	41,957	6.73	14
15	Cook Helpers/Assistants	9,035	9,965	65,037	6.53	15
16	Dishwashers	3,140	3,148	20,480	6.51	16
17	Maintenance Worker	4,479	4,912	36,603	7.45	17
18	Housekeepers	7,689	8,551	56,395	6.60	18
19	Laundry	5,269	5,720	37,915	6.63	19
20	Administrator	2,080	2,160	62,828	29.09	20
21	Assistant Administrator	2,080	2,160	34,083	15.78	21
22	Other Administrative	2,080	2,160	25,443	11.78	22
23	Office Manager					23
24	Clerical	5,690	6,265	72,798	11.62	24
25	Vocational Instructor					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	<b>TOTAL (lines 1 - 33)</b>	127,163	137,221	\$ 1,285,831 *	\$ 9.37	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			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 1,686	10(3)	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	96	3,520 12(3)	45
46	Other(specify)			46
47				47
48				48
49	<b>TOTAL (lines 35 - 48)</b>	96	\$ 5,206	49

**C. CONTRACT NURSES**

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries:			D. Employee Benefits and Payroll Taxes:			F. Dues, Fees, Subscriptions and Promotions:			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
John R. Snyder	Administrator	50	\$ 62,828	Workers' Compensation Insurance	\$ 39,450	IDPH License Fee	\$ 125		
Vaughn I. Snyder	Finance	50	25,443	Unemployment Compensation Insurance	15,083	Advertising: Employee Recruitment	5,842		
David Grate	Asst. Administrator	0	34,083	FICA Taxes	97,766	Health Care Worker Background Check			
				Employee Health Insurance		(Indicate # of checks performed <u>50</u> )	500		
				Employee Meals		Illinois Health Care Association	6,210		
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous License Fees	1,303		
				Other Employee Relations & Benefits	4,129	IL Nursing Home Administrators Assoc.	200		
						Miscellaneous Dues	795		
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)			\$ 122,354						
B. Administrative - Other									
Description			Amount						
N/A			\$						
TOTAL (agree to Schedule V, line 17, col. 3)			\$						
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Duane Morris, LLP	Legal		\$ 44,726	N/A			Out-of-State Travel	\$	
Wessels & Pautsch, PC	Legal		300						
Altschuler, Melvojn & Glasser	Accounting		8,275				In-State Travel		
American Express TBS	Accounting		6,900						
RSM McGladrey	Accounting		750						
Personnel Planners, Inc.	U/C Consulting		1,236				Seminar Expense	2,383	
Global Exchange Services	Medicare Billing		152						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	Entertainment Expense	( )	
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 62,339				(agree to Sch. V, line 24, col. 8)		
							TOTAL	\$ 2,383	

\* Attach copy of IMRF notifications  
 \*\*See instructions.

**Snyders-Vaughn Haven**  
**Provider #: 0005363**  
**01/01/05 to 12/31/05**

**Schedule 21A**

XIX. SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3) 62,339

Out of Period Legal Fees

Duane Morris, LLP (3,053)

Total (agree to Schedule V, line 19, column 8) 59,286

**SEE ACCOUNTANTS' COMPILATION REPORT**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	8 Amount of Expense Amortized Per Year								
					5 FY2002	6 FY2003	7 FY2004	9 FY2005	10 FY2006	11 FY2007	12 FY2008	13 FY2009	13 FY2010
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2								N/A					
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven# 0005363Report Period Beginning: 01/01/05Ending: 12/31/05**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 INHAA - \$200; ACHCA - \$255; IHCA \$6,210
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. : 6,402 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 N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 54,203  
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 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 if the patient census listed on page 2, Section B No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions \_\_\_\_\_
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount \$ 1,255
- (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 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 Adequate records have been maintained.  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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 The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees \_\_\_\_\_

**SEE ACCOUNTANTS' COMPILATION REPORT**

RECONCILIATION REPORT

12:08 PM 5/16/2006

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-254,559	equal to	-254,559	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	47,454	equal to	47,454	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	32,639	equal to	32,639	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	0	equal to	0	0	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	73,029	equal to	73,029	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	9,205	equal to	9,205	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	36,947	equal to	36,947	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	49,607	equal to	49,607	0	O.K.	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	65,470	equal to	65,470	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39.10a	2
Income Stat. General Serv.	584,726	equal to	584,726	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	880,026	equal to	880,026	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	566,384	equal to	566,384	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	323,208	equal to	323,208	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	163,372	equal to	163,372	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	54,203	equal to	54,203	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	730,001	equal to	730,001	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	36,947	equal to	36,947	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	19,674	equal to	19,674	0	O.K.	Pg20 K19+K20	A.	9-10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	17,532	equal to	17,532	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	155,612	equal to	155,612	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	36,603	equal to	36,603	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	56,395	equal to	56,395	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	37,915	equal to	37,915	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	122,354	equal to	122,354	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	72,798	equal to	72,798	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,285,831	equal to	1,285,831	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	0	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	0	< or = to	0	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	1,686	< or = to	1,686	0	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	953	-953	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	3,520	< or = to	3,520	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	122,354	equal to	122,354	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to		0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	62,339	equal to	62,339	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	156,428	equal to	156,428	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	14,810	equal to	14,810	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	2,383	equal to	2,383	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	54,203	equal to	54,203	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	1,844	equal to	1,844	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-144,806	equal to	-144,806	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	862,357	equal to	862,357	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	30,000	equal to	30,000	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	73,000	equal to	73,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	1,733,264	equal to	1,733,264	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	884,852	equal to	884,852	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,526,312	equal to	1,526,312	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,038,067	equal to	1,038,067	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	1,833	equal to	1,833	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..1	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,361,571	equal to	2,361,571	0	O.K.	Pg17 H41		25	1	Pg17 S41	N/A	48	1

Snyders-Vaughn Haven  
 IDPA Comparative Data - Per Resident Day Cost  
 Year Ending 12/31/05

Enter your HSA # in next column = 3  
 Census (Pulls from Page 2) 24,475

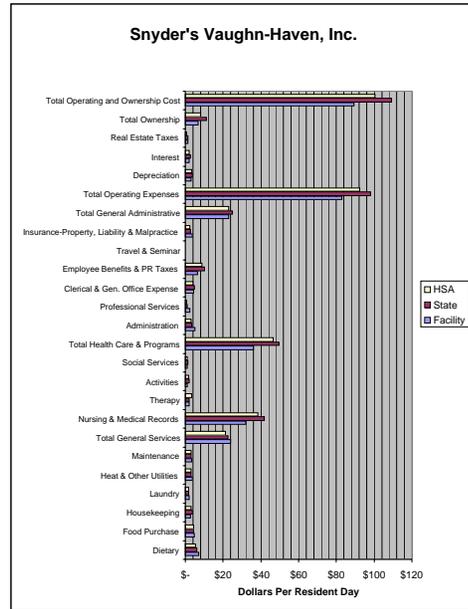
Cost Report Line	Description	Your Facility	Average Median Cost Per Day (2003)	
			State	HSA
1	Dietary	7.17	6.01	5.50
2	Food Purchase	4.85	4.31	4.27
3	Housekeeping	2.69	3.70	2.91
4	Laundry	2.14	1.85	1.79
5	Heat & Other Utilities	3.77	2.95	2.94
6	Maintenance	3.22	3.01	2.99
8	Total General Services	23.84	22.58	21.14
10	Nursing & Medical Records	32.08	41.83	38.37
10A	Therapy	2.03	2.10	3.34
11	Activities	0.98	1.91	1.61
12	Social Services	0.86	1.42	1.05
16	Total Health Care & Programs	35.96	49.48	46.39
17	Administration	5.00	3.36	3.15
19	Professional Services	2.42	0.99	0.83
21	Clerical & Gen. Office Expense	4.31	4.79	3.98
22	Employee Benefits & PR Taxes	6.39	10.09	8.88
24	Travel & Seminar	0.10	0.08	0.10
26	Insurance-Property, Liability & Malpractice	3.78	2.58	2.35
28	Total General Administrative	22.96	24.94	23.02
29	Total Operating Expenses	82.76	98.06	92.47
30	Depreciation	2.98	3.70	3.29
32	Interest	1.94	2.54	2.09
33	Real Estate Taxes	1.33	1.38	0.82
37	Total Ownership	6.63	11.11	8.00
	Total Operating and Ownership Cost	89.39	109.17	100.47

**Notes:**  
 Your Facility data is from page 3, column 8 of your 2005 Medicaid cost report, divided by your annual census.  
 The Average Median Cost Per Day for the State and your HSA is taken from 2003 data available from the Illinois Department of Healthcare and Family Services and corresponds with the respective cost report data after final adjustments.

IDHFS LTC Profiles  
 LTC Median Per Diem Cost by HSA - 2003 Cost Reports  
 2003 (Run June 1, 2004)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA											10th %	90th %
			1	2	3	4	5	6	7	8	9	10	11		
1	Dietary	6.01	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	5.70	4.13	9.81
2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11	3.36	6.04
3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61	2.48	5.80
4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13	0.91	3.14
5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95	2.05	4.25
6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82	1.92	5.12
8	TOTAL GENERAL SERVICES	22.58	24.49	22.99	21.14	22.99	21.47	22.65	22.65	22.65	22.45	24.49	21.73	17.57	31.51
10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	42.15	27.25	64.47
10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	2.24	-	10.55
11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.54	1.06	3.45
12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	1.27	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	49.48	50.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	49.49	32.10	77.23
17	Administration	3.36	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.04	3.33	3.17	1.71	7.21
19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.77	0.07	3.44
21	Clerical & Gen. Office Expense	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.56	5.04	4.32	4.25	2.49	10.78
22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	9.08	6.33	19.34
24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07	-	0.43
26	Insurance-Property, liability & Malpractice	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.19	2.47	2.61	0.88	4.32
28	TOTAL GENERAL ADMINISTRATIVE	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	25.81	26.59	25.31	22.93	16.95	39.14
29	TOTAL OPERATING EXPENSES	98.06	100.77	100.03	92.47	100.03	88.05	100.96	100.96	100.96	103.01	100.77	94.71	69.40	142.56
30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	3.38	1.01	8.43
32	Interest	2.54	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	1.50	-	11.53
33	Real Estate Taxes	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	1.11	-	4.85
37	TOTAL OWNERSHIP	11.11	9.73	9.80	8.00	9.80	7.04	14.54	14.54	14.54	11.02	9.73	8.39	3.76	23.58
	TOTAL OPERATING & OWNERSHIP COST	109.17	110.50	109.83	100.47	109.83	95.09	115.50	115.50	115.50	114.03	110.50	103.10	73.16	166.14



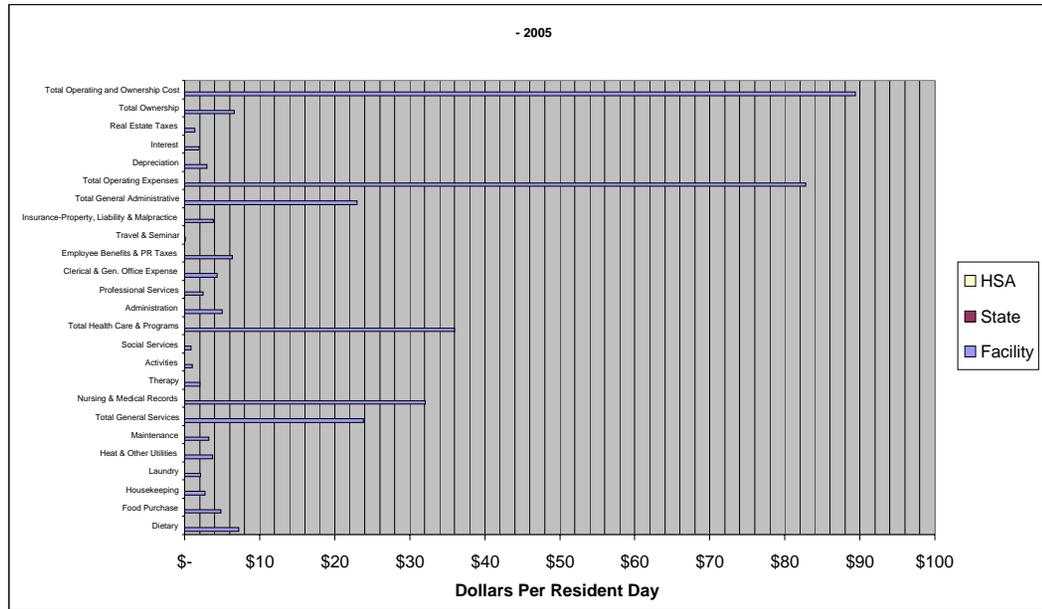
Snyders-Vaughn Haven  
 IDPA Comparative Data - Per Resident Day Cost  
 Year Ending 12/31/05

Enter your HSA # in next column 11  
 Census (Pulls from Page 2) 24,475

Cost Report Line	Description	2005			2004			2003			2002		
		Per Diem Your Facility	2004 Median Cost Per Day		Per Diem Your Facility	2004 Median Cost Per Day		Per Diem Your Facility	2003 Median Cost Per Day		Per Diem Your Facility	2002 Median Cost Per Day	
			State	HSA		State	HSA		State	HSA		State	HSA
1	Dietary	7.17	-	-	#DIV/0!	-	-	#DIV/0!	6.10	5.70	#DIV/0!	6.01	5.60
2	Food Purchase	4.85	-	-	#DIV/0!	-	-	#DIV/0!	4.31	4.11	#DIV/0!	4.27	4.09
3	Housekeeping	2.69	-	-	#DIV/0!	-	-	#DIV/0!	3.70	3.61	#DIV/0!	3.65	3.48
4	Laundry	2.14	-	-	#DIV/0!	-	-	#DIV/0!	1.85	2.13	#DIV/0!	1.90	2.23
5	Heat & Other Utilities	3.77	-	-	#DIV/0!	-	-	#DIV/0!	2.95	2.95	#DIV/0!	2.71	2.73
6	Maintenance	3.22	-	-	#DIV/0!	-	-	#DIV/0!	3.01	2.82	#DIV/0!	2.99	2.92
8	Total General Services	23.84	-	-	#DIV/0!	-	-	#DIV/0!	22.58	21.73	#DIV/0!	22.09	22.04
10	Nursing & Medical Records	32.08	-	-	#DIV/0!	-	-	#DIV/0!	41.83	42.15	#DIV/0!	40.68	41.16
10A	Therapy	2.03	-	-	#DIV/0!	-	-	#DIV/0!	2.10	2.24	#DIV/0!	1.85	2.27
11	Activities	0.98	-	-	#DIV/0!	-	-	#DIV/0!	1.91	1.54	#DIV/0!	1.88	1.60
12	Social Services	0.86	-	-	#DIV/0!	-	-	#DIV/0!	1.42	1.27	#DIV/0!	1.44	1.32
16	Total Health Care & Programs	35.96	-	-	#DIV/0!	-	-	#DIV/0!	49.48	49.49	#DIV/0!	47.55	47.76
17	Administration	5.00	-	-	#DIV/0!	-	-	#DIV/0!	3.36	3.17	#DIV/0!	3.39	3.54
19	Professional Services	2.42	-	-	#DIV/0!	-	-	#DIV/0!	0.99	0.77	#DIV/0!	0.98	0.72
21	Clerical & Gen. Office Expense	4.31	-	-	#DIV/0!	-	-	#DIV/0!	4.79	4.25	#DIV/0!	4.58	4.31
22	Employee Benefits & PR Taxes	6.39	-	-	#DIV/0!	-	-	#DIV/0!	10.09	9.08	#DIV/0!	9.63	8.44
24	Travel & Seminar	0.10	-	-	#DIV/0!	-	-	#DIV/0!	0.08	0.07	#DIV/0!	0.09	0.09
26	Insurance-Property, Liability & Malpractice	3.78	-	-	#DIV/0!	-	-	#DIV/0!	2.58	2.61	#DIV/0!	2.19	2.03
28	Total General Administrative	22.96	-	-	#DIV/0!	-	-	#DIV/0!	24.94	22.93	#DIV/0!	23.47	21.93
29	Total Operating Expenses	82.76	-	-	#DIV/0!	-	-	#DIV/0!	98.06	94.71	#DIV/0!	94.39	91.33
30	Depreciation	2.98	-	-	#DIV/0!	-	-	#DIV/0!	3.70	3.38	#DIV/0!	3.53	3.04
32	Interest	1.94	-	-	#DIV/0!	-	-	#DIV/0!	2.54	1.50	#DIV/0!	2.73	1.54
33	Real Estate Taxes	1.53	-	-	#DIV/0!	-	-	#DIV/0!	1.38	1.11	#DIV/0!	1.30	1.03
37	Total Ownership	6.63	-	-	#DIV/0!	-	-	#DIV/0!	11.11	8.39	#DIV/0!	11.44	10.00
	Total Operating and Ownership Cost	89.39	-	-	#DIV/0!	-	-	#DIV/0!	103.10	103.10	#DIV/0!	105.83	101.30

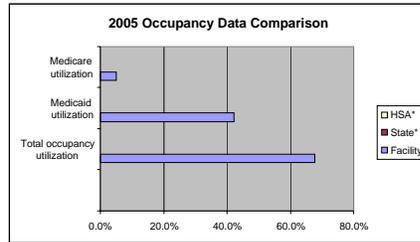
Notes:  
 Your Facility data is from page 3, column 8 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005, 2004, 2003 & 2002 Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.



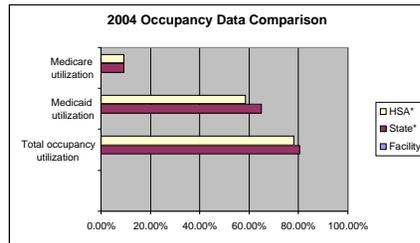
**2005**

Your Facility	State*	HSA*
Total occupancy utilization	67.73%	0.00%
Medicaid utilization	42.24%	0.00%
Medicare utilization	5.10%	0.00%
Private pay percent utilization	20.39%	N/A
Capacity in Patient Days	36,135	N/A
Census days of service provided	24,475	N/A



**2004**

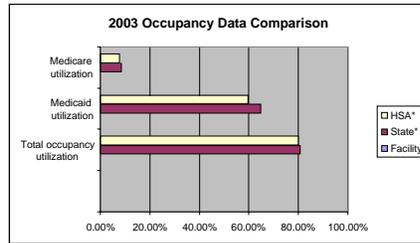
Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.50%
Medicaid utilization	#DIV/0!	65.00%
Medicare utilization	#DIV/0!	9.40%
Private pay percent utilization	#DIV/0!	N/A
Capacity in Patient Days	N/A	N/A
Census days of service provided	N/A	N/A



\* State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

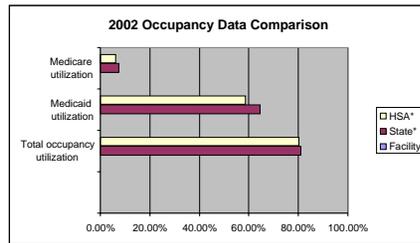
**2003**

Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.80%
Medicaid utilization	#DIV/0!	64.80%
Medicare utilization	#DIV/0!	8.50%
Private pay percent utilization	#DIV/0!	N/A
Capacity in Patient Days	N/A	N/A
Census days of service provided	N/A	N/A



**2002**

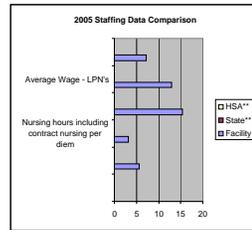
Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.90%
Medicaid utilization	#DIV/0!	64.50%
Medicare utilization	#DIV/0!	7.40%
Private pay percent utilization	#DIV/0!	N/A
Capacity in Patient Days	N/A	N/A
Census days of service provided	N/A	N/A



Snyders-Vaughn Haven  
 Comparative Staffing Data  
 Year Ending 12/31/05  
 HSA 1

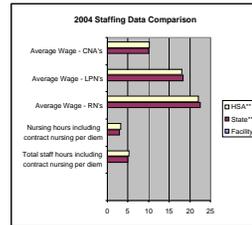
**2005**

Year	Facility	State**	HSA**
Total staff hours including contract nursing per diem	5.61	0.00	0.00
Nursing hours including contract nursing per diem	3.16	0.00	0.00
Average Wage - RN's	15.36	0.00	0.00
Average Wage - LPN's	12.97	0.00	0.00
Average Wage - CNA's	7.22	0.00	0.00



**2004**

Year	Facility	State**	HSA**
Total staff hours including contract nursing per diem	5.00	5.30	
Nursing hours including contract nursing per diem	3.00	3.20	
Average Wage - RN's	22.54	22.05	
Average Wage - LPN's	18.40	18.02	
Average Wage - CNA's	10.02	10.13	

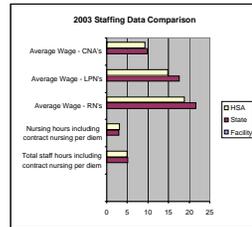


\*\* State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

Snyders-Vaughn Haven  
 Comparative Staffing Data  
 Year Ending 12/31/05  
 HSA 3

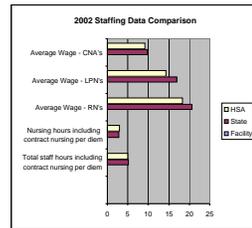
**2003**

Year	Facility	State	HSA
Total staff hours including contract nursing per diem	5.10	5.00	
Nursing hours including contract nursing per diem	2.90	3.10	
Average Wage - RN's	21.56	18.79	
Average Wage - LPN's	17.64	14.79	
Average Wage - CNA's	9.91	9.19	

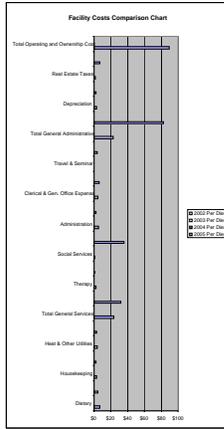


**2002**

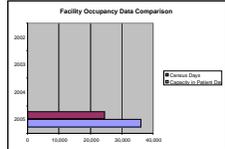
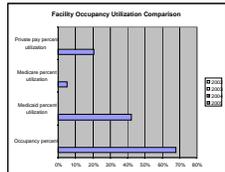
Year	Facility	State	HSA
Total staff hours including contract nursing per diem	5.20	5.00	
Nursing hours including contract nursing per diem	2.80	3.00	
Average Wage - RN's	20.69	18.37	
Average Wage - LPN's	16.89	14.33	
Average Wage - CNA's	9.73	9.09	



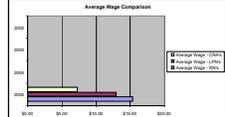
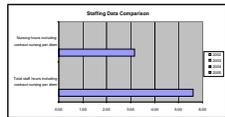
Report Line	Classification	Year 2003	Year 2004	Year 2003	Year 2004
		Facility	Facility	Facility	Facility
		2003	2004	2003	2004
		Per Bed	Per Bed	Per Bed	Per Bed
1	Energy	7.17	450V/01	450V/01	450V/01
2	Food Purchase	4.85	450V/01	450V/01	450V/01
3	Housekeeping	2.49	450V/01	450V/01	450V/01
4	Laundry	1.14	450V/01	450V/01	450V/01
5	Heat & Other Utilities	1.77	450V/01	450V/01	450V/01
6	Maintenance	7.22	450V/01	450V/01	450V/01
8	Total General Services	23.64	450V/01	450V/01	450V/01
9	Nursing & Medical Records	32.08	450V/01	450V/01	450V/01
10A	Therapy	2.05	450V/01	450V/01	450V/01
11	Administration	1.88	450V/01	450V/01	450V/01
12	Social Services	0.86	450V/01	450V/01	450V/01
16	Total Health Care & Programs	35.76	450V/01	450V/01	450V/01
17	Administration	1.58	450V/01	450V/01	450V/01
19	Professional Services	2.42	450V/01	450V/01	450V/01
21	Child & Gen. Office Expense	4.70	450V/01	450V/01	450V/01
22	Medical Records & PR Taxes	4.50	450V/01	450V/01	450V/01
24	Travel & Lodging	0.18	450V/01	450V/01	450V/01
26	Insurance-Property, Liability & Malpractice	1.79	450V/01	450V/01	450V/01
28	Total General Administration	22.74	450V/01	450V/01	450V/01
29	Total Operating Expenses	62.74	450V/01	450V/01	450V/01
30	Depreciation	2.18	450V/01	450V/01	450V/01
31	Interest	1.94	450V/01	450V/01	450V/01
33	Total Facility Taxes	1.12	450V/01	450V/01	450V/01
37	Total Ownership	4.43	450V/01	450V/01	450V/01
	Total Operating and Ownership Cost	69.39	450V/01	450V/01	450V/01



	Facility 2003	Facility 2004	Facility 2003	Facility 2004
Occupancy percent	87.72%	450V/01	450V/01	450V/01
Medicare percent utilization	42.24%	450V/01	450V/01	450V/01
Medicaid percent utilization	5.16%	450V/01	450V/01	450V/01
Private pay percent utilization	20.28%	450V/01	450V/01	450V/01
Capacity in Patient Days	38,158	0	0	0
Current Days	28,475	0	0	0



	Facility 2003	Facility 2004	Facility 2003	Facility 2004
Total staff hours including contract temporary per day	0.41	0.00	0.00	0.00
Working hours including contract temporary per day	0.36	0.00	0.00	0.00
Average Wage - BNY	15.26	0.00	0.00	0.00
Average Wage - LPHS	12.97	0.00	0.00	0.00
Average Wage - CHS	7.22	0.00	0.00	0.00



	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	155,612	19,936	0	175,548	0	175,548	0	175,548
2. Food Purchase	0	119,927	0	119,927	0	119,927	-1,255	118,672
3. Housekeeping	56,395	8,474	1,012	65,881	0	65,881	0	65,881
4. Laundry	37,915	14,444	0	52,359	0	52,359	0	52,359
5. Heat and Other Utilities	0	0	92,191	92,191	0	92,191	0	92,191
6. Maintenance	36,603	22,144	20,073	78,820	0	78,820	0	78,820
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	286,525	184,925	113,276	584,726	0	584,726	-1,255	583,471
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	730,001	53,577	1,686	785,264	0	785,264	0	785,264
10a. Therapy	36,947	0	12,660	49,607	0	49,607	0	49,607
11. Activities	19,674	3,476	953	24,103	0	24,103	0	24,103
12. Social Services	17,532	0	3,520	21,052	0	21,052	0	21,052
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	804,154	57,053	18,819	880,026	0	880,026	0	880,026
17. Administrative	122,354	0	0	122,354	0	122,354	0	122,354
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	62,339	62,339	0	62,339	-3,053	59,286
20. Fees, Subscriptions & Promotion	0	0	14,975	14,975	0	14,975	-165	14,810
21. Clerical & General Office	72,798	5,111	28,775	106,684	0	106,684	-1,221	105,463
22. Employee Benefits & Payroll	0	0	156,428	156,428	0	156,428	0	156,428
23. Inservice Training & Education	0	0	1,173	1,173	0	1,173	0	1,173
24. Travel and Seminar	0	0	2,383	2,383	0	2,383	0	2,383
25. Other Admin. Staff Trans	0	0	7,461	7,461	0	7,461	0	7,461
26. Insurance-Prop.Liab.Malpractice	0	0	92,587	92,587	0	92,587	0	92,587
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	195,152	5,111	366,121	566,384	0	566,384	-4,439	561,945
29. Total General Administrative	1,285,831	247,089	498,216	2,031,136	0	2,031,136	-5,694	2,025,442
30. Depreciation	0	0	37,411	37,411	0	37,411	35,618	73,029
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	27,200	27,200	0	27,200	20,254	47,454
33. Real Estate	0	0	33,392	33,392	0	33,392	-753	32,639
34. Rent - Facility & Grounds	0	0	216,000	216,000	0	216,000	-216,000	0
35. Rent - Equipment & Vehicles	0	0	9,205	9,205	0	9,205	0	9,205
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	323,208	323,208	0	323,208	-160,881	162,327
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	65,470	8,838	74,308	0	74,308	0	74,308
40. Barber and Beauty Shop	0	0	1,080	1,080	0	1,080	0	1,080
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	54,203	54,203	0	54,203	0	54,203
43. Other (specify):*	0	0	87,984	87,984	0	87,984	-87,984	0
44. Total Special Cost Ce	0	65,470	152,105	217,575	0	217,575	-87,984	129,591
45. Grand Total	1,285,831	312,559	973,529	2,571,919	0	2,571,919	-254,559	2,317,360

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	1,110,188	1,110,188
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	980,255	980,255
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	21,924	21,924
7. Other Prepaid Expenses	8,516	8,516
8. Accounts Receivable-Owner/Related Party	48,261	48,261
9. Other (specify):	0	0
10. Total current assets	2,169,144	2,169,144
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	73,000
14. Buildings, at Historical Cost	452,883	1,733,264
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	893,823	884,852
17. Accumulated Depreciation (book methods)	-1,161,823	-1,526,312
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	1,001	1,001
23. other (specify):	6,543	6,543
24. Total Long-Term Assets	192,427	1,172,348
25. Total Assets	2,361,571	3,341,492
CURRENT LIABILITIES		
26. Accounts Payable	776,634	776,634
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	52,403	52,403
31. Accrued Taxes Payable	14,977	14,977
32. Accrued Real Estate Taxes	30,000	30,000
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	262,074	262,074
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,136,088	1,136,088
LONG TERM LIABILITES		
39. Long-Term Notes Payable	187,416	187,416
40. Mortgage Payable	0	674,941
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	187,416	862,357
46. Total Liabilities	1,323,504	1,998,445
47. Total Equity	1,038,067	1,343,047
48. Total Liabilities and Equity	2,361,571	3,341,492

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,277,938
2. Discounts and Allowances for all Levels	117,892
Subtotal - Inpatient Care	2,395,830
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	75,965
7. Oxygen	1,800
Subtotal - Ancillary Revenue	77,765
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	81
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	54,051
18. Sale of Supplies to Non-Patients	0
19. Laboratory	18,409
20. Radiology and X-Ray	0
21. Other Medical Services	25,916
22. Laundry	0
Subtotal - Other Operating Revenue	98,457
24. Contributions	0
25. Interest and Other Investments Income	166
Subtotal - Non-Operating Revenue	166
27. Other Revenue (specify):	1,534
28. Other Revenue (specify):	0
Subtotal - Other Revenue	1,534
30. Total Revenue	2,573,752
31. General Services	584,726
32. Health Care	880,026
33. General Administration	566,384
34. Ownership	323,208
35. Special Cost Centers	163,372
35. Provider Participation Fee	54,203
37. Other	0
40. Total Expenses	2,571,919
41. Income Before Income Taxes	1,833
42. Income Taxes	0
43. Net Income or Loss for the Year	1,833

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IDPA LTC Profiles  
 LTC Median Per Diem Cost by HSA - 2004 Cost Reports  
 2004 (Run June 1, 2004)

UN-INFLATED

Snyders-  
 Vaughn  
 Haven  
 2004  
 Costs

Snyders-  
 Vaughn  
 Haven  
 2004  
 Census

Cost Report Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
[Redacted Data]											

10th % 90th %

Cost Report Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
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22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

Average Wage Data Table

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	
Total staff hours including contract nurses per diem	5.00	5.30	5.30	5.30	5.30	5.10	4.80	4.80	4.80	5.10	5.30	5.20
Nursing hours including contract nurses per diem	3.00	3.20	3.20	3.30	3.20	3.10	2.80	2.80	2.80	3.10	3.20	3.10
RN	22.54	22.05	20.73	19.72	20.73	17.47	25.72	25.72	25.72	23.44	22.05	20.42
LPN	18.4	18.02	17.23	15.4	17.23	13.82	21.06	21.06	21.06	19.09	18.02	17.13
CNA	10.02	10.13	10.03	9.32	10.03	8.4	10.52	10.52	10.52	10.53	10.13	9.84
DON	28.97	27.38	25.17	23.86	25.17	22.23	34.39	34.39	34.39	30.41	27.38	25.97
ADON	25.23	23.95	21.85	19.41	21.85	19.13	28.74	28.74	28.74	26.68	23.95	23.77

2003 - Staffing and Occupancy Data

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	
Average Occupancy	80.50%	80.70%	80.40%	78.10%	80.40%	74.40%	81.80%	81.80%	81.80%	82.90%	80.70%	78.20%
Medicaid Utilization	65.00%	57.00%	56.70%	58.50%	56.70%	61.80%	70.60%	70.60%	70.60%	64.50%	57.00%	60.60%
Medicare Utilization	9.40%	7.70%	8.90%	9.30%	8.90%	8.80%	9.90%	9.90%	9.90%	10.30%	7.70%	8.90%

IDPA LTC Profiles  
 LTC Median Per Diem Cost by HSA - 2003 Cost Reports  
 2003 (Run June 1, 2004)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	10th %	90th %
1	Dietary	6.10	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	5.70	4.13	9.81
2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11	3.36	6.04
3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61	2.48	5.80
4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13	0.91	3.14
5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95	2.05	4.25
6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82	1.92	5.12
8	<b>TOTAL GENERAL SERVICES</b>	<b>22.58</b>	<b>24.49</b>	<b>22.99</b>	<b>21.14</b>	<b>22.99</b>	<b>21.47</b>	<b>22.65</b>	<b>22.65</b>	<b>22.65</b>	<b>22.45</b>	<b>24.49</b>	<b>21.73</b>	<b>17.57</b>	<b>31.51</b>
10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	42.15	27.25	64.47
10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	2.24	-	10.55
11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.54	1.06	3.45
12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	1.27	0.58	3.00
16	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>	<b>49.48</b>	<b>50.39</b>	<b>51.22</b>	<b>46.39</b>	<b>51.22</b>	<b>41.58</b>	<b>52.34</b>	<b>52.34</b>	<b>52.34</b>	<b>54.96</b>	<b>50.39</b>	<b>49.49</b>	<b>32.10</b>	<b>77.23</b>
17	Administration	3.36	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.04	3.33	3.17	1.71	7.21
19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.77	0.07	3.44
21	Clerical & Gen. Office Expense	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.56	5.04	4.32	4.25	2.49	10.78
22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	9.08	6.33	19.34
24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07	-	0.43
26	Insurance-Property, liability & Malpractice	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.19	2.47	2.61	0.88	4.32
28	<b>TOTAL GENERAL ADMINISTRATIVE</b>	<b>24.94</b>	<b>25.31</b>	<b>26.11</b>	<b>23.02</b>	<b>26.11</b>	<b>21.37</b>	<b>25.81</b>	<b>25.81</b>	<b>25.81</b>	<b>26.59</b>	<b>25.31</b>	<b>22.93</b>	<b>16.95</b>	<b>39.14</b>
29	<b>TOTAL OPERATING EXPENSES</b>	<b>98.06</b>	<b>100.77</b>	<b>100.03</b>	<b>92.47</b>	<b>100.03</b>	<b>88.05</b>	<b>100.96</b>	<b>100.96</b>	<b>100.96</b>	<b>103.01</b>	<b>100.77</b>	<b>94.71</b>	<b>69.40</b>	<b>142.56</b>
30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	3.38	1.01	8.43
32	Interest	2.54	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	1.50	-	11.53
33	Real Estate Taxes	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	1.11	-	4.85
37	<b>TOTAL OWNERSHIP</b>	<b>11.11</b>	<b>9.73</b>	<b>9.80</b>	<b>8.00</b>	<b>9.80</b>	<b>7.04</b>	<b>14.54</b>	<b>14.54</b>	<b>14.54</b>	<b>11.02</b>	<b>9.73</b>	<b>8.39</b>	<b>3.76</b>	<b>23.58</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>	<b>109.17</b>	<b>110.50</b>	<b>109.83</b>	<b>100.47</b>	<b>109.83</b>	<b>95.09</b>	<b>115.50</b>	<b>115.50</b>	<b>115.50</b>	<b>114.03</b>	<b>110.50</b>	<b>103.10</b>	<b>73.16</b>	<b>166.14</b>

Cost Report Line	Description	10th %	90th %
1	Dietary	4.13	9.81
2	Food Purchase	3.36	6.04
3	Housekeeping	2.48	5.80
4	Laundry	0.91	3.14
5	Heat & Other Utilities	2.05	4.25
6	Maintenance	1.92	5.12
8	<b>TOTAL GENERAL SERVICES</b>	<b>17.57</b>	<b>31.51</b>
10	Nursing & Medical Records	27.25	64.47
10A	Therapy	-	10.55
11	Activities	1.06	3.45
12	Social Services	0.58	3.00
16	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>	<b>32.10</b>	<b>77.23</b>
17	Administration	1.71	7.21
19	Professional Services	0.07	3.44
21	Clerical & Gen. Office Expense	2.49	10.78
22	Employee Benefits & PR Taxes	6.33	19.34
24	Travel & Seminar	-	0.43
26	Insurance-Property, liability & Malpractice	0.88	4.32
28	<b>TOTAL GENERAL ADMINISTRATIVE</b>	<b>16.95</b>	<b>39.14</b>
29	<b>TOTAL OPERATING EXPENSES</b>	<b>69.40</b>	<b>142.56</b>
30	Depreciation	1.01	8.43
32	Interest	-	11.53
33	Real Estate Taxes	-	4.85
37	<b>TOTAL OWNERSHIP</b>	<b>3.76</b>	<b>23.58</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>	<b>73.16</b>	<b>166.14</b>

Snyders-Vaughn Haven  
 Snyders-Vaughn Haven  
 2003 Cost Costs

2003 Census

Average Wage Data Table

	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
Total staff hours including contract nurses per diem	5.10	5.30	5.30	5.00	5.30	5.10	4.90	4.90	4.90	5.10	5.30
Nursing hours including contract nurses per diem	2.90	3.20	3.10	3.10	3.10	3.00	2.70	2.70	2.70	3.00	3.10
RN	21.56	21.14	19.99	18.79	19.99	16.66	24.55	24.55	24.55	22.85	21.14
LPN	17.64	17.65	16.41	14.79	16.41	13.36	20.23	20.23	20.23	18.67	17.65
CNA	9.91	10.11	9.89	9.19	9.89	8.28	10.44	10.44	10.44	10.54	10.11
DON	27.82	26.67	24.49	23.07	24.49	20.82	33.29	33.29	33.29	29.65	26.67
ADON	24.39	22.67	21.12	19.67	21.12	18.73	27.45	27.45	27.45	26.14	22.67

2003 - Staffing and Occupancy Data

	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
Average Occupancy	80.80%	80.60%	79.90%	80.60%	75.20%	82.00%	82.00%	82.00%	82.00%	81.60%	80.80%
Medicaid Utilization	64.80%	56.40%	57.70%	59.60%	57.70%	62.80%	70.00%	70.00%	70.00%	64.30%	59.30%
Medicare Utilization	8.50%	7.50%	7.50%	7.70%	7.50%	8.70%	9.10%	9.10%	9.10%	9.30%	8.00%