

		FOR BHF USE				

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2007
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2007)

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>I. IDPH License ID Number: <u>0044362</u></p> <p>Facility Name: <u>Resurrection Nursing & Rehab Center</u></p> <p>Address: <u>1001 North Greenwood Avenue</u> <u>Park Ridge</u> <u>60068</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 692-5600</u> Fax # <u>(847) 692-2305</u></p> <p>HFS ID Number: <u>362235165003</u></p> <p>Date of Initial License for Current Owners: <u>05/01/1980</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code <u>501 (c)(3)</u></td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact Name: <u>Christine A. Hanover</u> Telephone Number: <u>(312) 634-4581</u> Please send copies of desk review and audit adjustments to address on this page</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501 (c)(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2006</u> to <u>06/30/2007</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%"> <tr> <td style="width:20%">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td rowspan="2">Paid Preparer</td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____ (Firm Name & Address) <u>McGladrey & Pullen LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u> (Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u></td> </tr> </table> <p align="center">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</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>McGladrey & Pullen LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u> (Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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	298	Skilled (SNF)	298	108,770	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	298	TOTALS	298	108,770	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF	23,645	16,788	25,750	66,183	8
9	SNF/PED					9
10	ICF	18,942	9,414		28,356	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,587	26,202	25,750	94,539	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.92%

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 Note: 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 02/01/1980

J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/01/1980 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 78 and days of care provided 25,750

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year YES NO

Tax Year: 06/30/2007 Fiscal Year: 06/30/2007

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

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Resurrection Nursing & Rehab Center # 0044362 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
1	A. General Services										
1	Dietary	604,885	54,405	24,942	684,232		684,232		684,232		1
2	Food Purchase		655,323		655,323		655,323	(6,167)	649,156		2
3	Housekeeping	321,421	59,426	493	381,340		381,340		381,340		3
4	Laundry	232,145	87,018		319,163		319,163		319,163		4
5	Heat and Other Utilities			446,654	446,654		446,654		446,654		5
6	Maintenance	168,624	7,443	237,437	413,504		413,504		413,504		6
7	Other (specify):*										7
8	TOTAL General Services	1,327,075	863,615	709,526	2,900,216		2,900,216	(6,167)	2,894,049		8
	B. Health Care and Programs										
9	Medical Director			18,876	18,876		18,876		18,876		9
10	Nursing and Medical Records	6,229,660	384,187	141,395	6,755,242		6,755,242		6,755,242		10
10a	Therapy	936,293	11,698	136,757	1,084,748		1,084,748		1,084,748		10a
11	Activities	289,319	8,931	7,886	306,136		306,136		306,136		11
12	Social Services	170,968	289		171,257		171,257		171,257		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	7,626,240	405,105	304,914	8,336,259		8,336,259		8,336,259		16
	C. General Administration										
17	Administrative	140,110		1,423,101	1,563,211		1,563,211	(1,423,101)	140,110		17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotion			22,390	22,390		22,390		22,390		20
21	Clerical & General Office Expense	453,982	96,431	133,761	684,174		684,174	984,819	1,668,993		21
22	Employee Benefits & Payroll Tax			3,118,298	3,118,298		3,118,298	376,552	3,494,850		22
23	Inservice Training & Education										23
24	Travel and Semina			8,174	8,174		8,174		8,174		24
25	Other Admin. Staff Transportation			4,531	4,531		4,531		4,531		25
26	Insurance-Prop.Liab.Malpractice			739,196	739,196		739,196		739,196		26
27	Other (specify):*										27
28	TOTAL General Administration	594,092	96,431	5,449,451	6,139,974		6,139,974	(61,730)	6,078,244		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,547,407	1,365,151	6,463,891	17,376,449		17,376,449	(67,897)	17,308,552		29

*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

Resurrection Nursing & Rehab Center

#0044362

Report Period Beginning:

07/01/2006

Ending:

06/30/2007

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			580,809	580,809		580,809	70,285	651,094			30
31	Amortization of Pre-Op. & Org											31
32	Interest			46,923	46,923		46,923	(46,923)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicle:			24,401	24,401		24,401		24,401			35
36	Other (specify): ³											36
37	TOTAL Ownership			652,133	652,133		652,133	23,362	675,495			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatio											38
39	Ancillary Service Center:		2,210,470		2,210,470		2,210,470		2,210,470			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			163,155	163,155		163,155		163,155			42
43	Other (specify): ³ Non-allowable Cos			8,821	8,821		8,821	(8,821)				43
44	TOTAL Special Cost Centers		2,210,470	171,976	2,382,446		2,382,446	(8,821)	2,373,625			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,547,407	3,575,621	7,288,000	20,411,028		20,411,028	(53,356)	20,357,672			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	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals	(6,167)	2		4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(63,623)	30		9
10	Interest and Other Investment Income	(46,923)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				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				26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg. 5A	(30,676)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (147,389)		\$	30

BHF USE ONLY						
48		49		50	51	52

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

		1	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)	94,033		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 94,033		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (53,356)		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	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Nursing & Rehab Center

ID# 0044362

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-allowable marketing expense	\$ (8,821)	43	1
2	Offset supply revenue	(2,218)	21	2
3	Offset home office interest	(19,637)	32	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
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32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(30,676)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362

Report Period Beginning:

07/01/2006

Ending:

06/30/2007

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(6,167)	0	0	0	0	0	0	0	0	0	0	(6,167)	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	TOTAL General Services	(6,167)	0	0	0	0	0	0	0	0	0	0	(6,167)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	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	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(1,423,101)	0	0	0	0	0	0	0	0	0	(1,423,101)	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	(2,218)	987,037	0	0	0	0	0	0	0	0	0	984,819	21
22	Employee Benefits & Payroll Taxes	0	376,552	0	0	0	0	0	0	0	0	0	376,552	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	TOTAL General Administration	(2,218)	(59,512)	0	(61,730)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(8,385)	(59,512)	0	(67,897)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Resurrection Nursing & Rehab Center # 0044362 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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)
	D. Ownership												
30	Depreciation	(63,623)	133,908	0	0	0	0	0	0	0	0	0	70,285 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(66,560)	19,637	0	0	0	0	0	0	0	0	0	(46,923) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 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	TOTAL Ownership	(130,183)	153,545	0	23,362 37								
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	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):*	(8,821)	0	0	0	0	0	0	0	0	0	0	(8,821) 43
44	TOTAL Special Cost Centers	(8,821)	0	0	0	0	0	0	0	0	0	0	(8,821) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(147,389)	94,033	0	(53,356) 45								

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
Resurrection Health Care	100	See attached		See attached		

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	21 Clerical & data processing	\$	Resurrection Health Care	100.00%	\$ 987,037	\$ 987,037	1
2	V	22 Employee benefits		Resurrection Health Care	100.00%	376,552	376,552	2
3	V	30 Depreciation		Resurrection Health Care	100.00%	133,908	133,908	3
4	V	32 Interest Expense		Resurrection Health Care	100.00%	19,637	19,637	4
5	V							5
6	V	17 Intercompany expense	1,423,101	Resurrection Health Care	100.00%		(1,423,101)	6
7	V	39 Intercompany pharmac	2,210,470	Resurrection Health Care	100.00%	2,210,470		7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 3,633,571			\$ 3,727,604	\$ * 94,033	14

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

Facility Name & ID Number Resurrection Nursing & Rehab Center # 0044362 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1								\$		1	
2	See Attached page 7A									2	
3										3	
4										4	
5	Sister Elizabeth Trembczynsk	Director	Board of Directors	0.00	93,368	1	2.00	N/A	N/A	N/A	5
6										6	
7	Sister Elizabeth Trembczynski was the administrator for Holy Family Nursing and Rehabilitation Center, a related entity, from July 1, 20									7	
8	through April 30, 2007.									8	
9										9	
10										10	
11										11	
12										12	
13								TOTAL	\$	13	

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nursing & Rehab Center # 0044362 Report Period Beginning: 07/01/2006 Ending: 6/30/2007

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 Resurrection Health Care/Medical Center
 Street Address 7435 W. Talcott
 City / State / Zip Code Chicago, IL 60631
 Phone Number (773) 774-8000
 Fax Number (773) 594-7488

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	21	Clerical & data processing			\$	\$		987,037	1
2	22	Employee benefits						376,552	2
3	30	Depreciation						133,908	3
4	32	Interest Expense						19,637	4
5									5
6	39	Intercompany Pharmaci						2,210,470	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				\$	\$		3,727,604	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nursing & Rehab Center # 0044362 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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									
	A. Directly Facility Related											
	Long-Term											
1	N/A						\$	\$			\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	N/A											6
7												7
8												8
9	TOTAL Facility Related						\$	\$			\$	9
	B. Non-Facility Related*											
10	N/A											10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$			\$	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: 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 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.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Resurrection Nursing & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0044362

CONTACT PERSON REGARDING THIS REPORT Thomas W. Groenwald

TELEPHONE (773) 594-7837 FAX #: (773) 594-5867

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 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 2006.

(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>N/A</u>	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

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 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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362 Report Period Beginning:

07/01/2006 Ending: 06/30/2007

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 99,460 B. General Construction Type: Exterior Brick & Block Frame Steel Number of Stories 3 + ground

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 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: N/A 2. Number of Years Over Which it is Being Amortized N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
(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>126,500</u>	<u>1983</u>	<u>\$ 580,293</u>	<u>1</u>
2	<u>Parking area</u>				<u>2</u>
3	TOTALS	<u>126,500</u>		<u>\$ 580,293</u>	<u>3</u>

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 BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	298		1976	\$ 6,276,546	\$ 209,278	30	\$ 104,639	\$ (104,639)	\$ 6,381,185	4
5			1976	1,733,006					1,733,006	5
6										6
7										7
8										8
Improvement Type**										
9	Various		1981	3,549		20			3,549	9
10	Various		1983	35,281		20			35,281	10
11	Various		1985	3,892		20			3,892	11
12	Various		1986	14,629		20			14,629	12
13	Various		1987	41,215		20			41,215	13
14	Various		1988	40,512		20	2,018	2,018	40,512	14
15	Various		1989	190,627		20	9,531	9,531	181,089	15
16	Various		1990	171,816		20	8,591	8,591	154,638	16
17	Various		1991	60,020		20	3,001	3,001	51,017	17
18	Various		1992	107,965		20	5,398	5,398	86,368	18
19	Various		1993	105,120		20	5,256	5,256	78,840	19
20	Various		1994	259,632		20	12,982	12,982	181,748	20
21	Various		1995	630,342		20	31,517	31,517	409,721	21
22	Various		1996	105,335		20	5,267	5,267	78,833	22
23	Various		1997	1,130,243		20	56,512	56,512	806,051	23
24	Various		1998	68,801		20	3,440	3,440	42,193	24
25	Various		1999	228,020		20	11,401	11,401	103,265	25
26	Various		2000	37,589		20	1,879	1,879	15,953	26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	POWER SMOKE DAMPER	2001	\$ 1,850	\$	20	\$ 93	\$ 93	\$ 651	37
38	ELECTRICAL-REWIRING	2001	27,267		20	1,363	1,363	9,543	38
39	NEW PVI FOR BOILER	2001	16,985		20	849	849	5,945	39
40	GAS VENT LINE FOR BOILER	2001	1,374		20	69	69	483	40
41	REPLACE COMPRESSOR FOR FREEZER	2001	1,061		20	53	53	371	41
42	INSTALL BACK FLOW DEVICE FOR TUB	2001	985		20	49	49	345	42
43	BOILER SYSTEM REPAIR	2001	886		20	44	44	310	43
44	CODE ALERT SYSTEM / INSTALLATION	2001	3,000		20	150	150	1,050	44
45	CODE ALERT BANDS	2001	1,263		20	61	61	435	45
46	LANDSCAPE UPGRADE	2001	3,525		20	176	176	1,234	46
47	WALLPAPERING	2001	930		20	47	47	329	47
48	SHOWER BASES REPAIR	2001	16,283		20	814	814	5,700	48
49	TUBING IN CHILLER R&M	2001	2,681		20	134	134	938	49
50	DEFROST CLOCK IN COOLER R&M	2001	1,532		20	77	77	539	50
51	ALARM SYSTEM R&M	2001	579		20	29	29	203	51
52	PIPE REPAIR R&M	2001	650		20	33	33	198	52
53	REPLACE TILE R&M	2002	535		20	27	27	162	53
54	BOILER REPAIR R&M	2002	2,394		20	120	120	720	54
55	Water pipe	2002	1,300		20	65	65	390	55
56	Hot water tank	2002	17,950		20	898	898	5,388	56
57	Groundcover	2002	2,850		20	143	143	858	57
58	Window treatment	2002	1,209		20	60	60	360	58
59	Freezer door	2002	6,900		20	345	345	2,070	59
60	Mixing valve	2002	5,480		20	274	274	1,644	60
61	Flooring & carpeting	2002	29,982		20	1,499	1,499	8,994	61
62	Boiler	2002	17,218		20	861	861	5,166	62
63	Hot water pumping	2002	3,740		20	187	187	1,122	63
64	Disposal replacement	2002	3,251		20	163	163	978	64
65	SEWAGE EJECTOR & PUMP	2002	4,454		20	223	223	1,003	65
66	SIGNS REPLACEMENT	2002	2,703		20	135	135	608	66
67	SIDEWALKS	2002	12,901		20	645	645	2,903	67
68	WATER PRESSURE CONTROL	2002	2,852		20	143	143	643	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,440,710	\$ 209,278		\$ 271,261	\$ 61,983	\$ 10,504,268	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	
1	Totals from Page 12A, Carried Forward		\$ 11,440,710	\$ 209,278		\$ 271,261	\$ 61,983	\$ 10,504,268	1
2	AUTOMATIC DOORS KEYPAD	2002	722		20	36	36	162	2
3	REPLACE TILES	2002	694		20	35	35	157	3
4	3 GALLON SYSTEM MICRO SW	2003	2,946		20	147	147	662	4
5	STEAMER MAINT.	2003	1,886		20	94	94	423	5
6	WATER SOFTENER	2003	1,042		20	52	52	234	6
7	REPL EMERG GENERATOR	2003	12,800		20	640	640	2,880	7
8	REPL EMERG GENERATOR	2003	52,200		20	2,610	2,610	11,745	8
9	VALVE IN BOILER ROOM	2003	2,518		20	126	126	567	9
10	GRAB BARS FOR 3RD FLOOR	2003	1,148		20	57	57	257	10
11	CEILING REPAIR	2003	6,735		20	337	337	1,516	11
12	INSTALL COUNTER TOPS	2003	24,000		20	1,200	1,200	5,400	12
13	KRONOS TIME KEEPER	2003	24,765		20	1,238	1,238	5,571	13
14	LIGHTING DESIGN - PT ROOMS	2003	975		20	49	49	220	14
15	REPL EMERG GENERATOR	2003	54,750		20	2,738	2,738	12,321	15
16	POWER BRUSH CHILLER	2003	675		20	34	34	153	16
17									17
18	Disposer In-Sinkerator sinkmoun	2003	1,672	167	10	167		585	18
19	Wall carpet for 1,2,3 FL. Nurse Stations	2003	9,783	1,956	5	1,956		6,846	19
20	Serv Work - install disposa	2003	431	44	10	44		154	20
21	Furnish & install half door - 2nd FL	2003	650	44	15	44		154	21
22	Furnish & install dutch door - 3rd FL	2003	900	60	15	60		210	22
23	Repair hot water line under floor	2003	1,745	116	15	116		406	23
24	Final pmt for 2nd & 3rd FL nurses stations	2003	16,735	1,116	15	1,116		3,906	24
25	Evaporator coil & capillary assembly	2003	1,453	290	5	290		1,015	25
26	Repairs on 10 lb. washer	2003	2,850	570	5	570		1,995	26
27	5 hp motor, 7.5 hp motor sleeve kits & hardware	2004	4,109	822	5	822		2,877	27
28	Base 3/4 water valve and install labor charg	2004	1,300	86	15	86		301	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,670,194	\$ 214,549		\$ 285,925	\$ 71,376	\$ 10,564,985	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362

Report Period Beginning:

07/01/2006 Ending: 06/30/2007

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	
1	Totals from Page 12B, Carried Forward		\$ 11,670,194	\$ 214,549		\$ 285,925	\$ 71,376	\$ 10,564,985	1
2	Seal coating, restriping, pot holes	2005	5,580	698	8	698		1,745	2
3	Diamond Tread plate floor, install/cutting	2005	2,200	220	10	220		550	3
4	Generator	2005	9,227	1,154	8	1,154		2,885	4
5	Automatic Doors	2005	7,072	168	7	168		420	5
6	Skilled wing renovatio	2005	1,877	20	15	20		50	6
7	Flooring on elevator	2005	4,480	74	10	74		185	7
8	Skilled wing renovatio	2005	995	16	10	16		40	8
9	Water Booster	2005	2,509	52	8	52		130	9
10	Makeup air svstem-west hallwa	2005	13,122	274	8	274		685	10
11									11
12	Replace concrete sidewalk and curb section	2006	3,650	243	15	243		365	12
13	Remove & Resurface pavemen	2006	29,745	1,487	20	1,487		2,231	13
14	Analog line card - 16 port	2006	2,250	450	5	450		675	14
15	New boiler controls	2006	12,140	1,214	10	1,214		1,821	15
16	3 exterior doors & frames	2006	5,196	260	20	260		390	16
17	Electric strike and camera in vestibul	2006	2,770	396	7	396		594	17
18	44" Packer compactor replacemen	2006	18,873	1,887	10	1,887		2,830	18
19	Oxygen Concentrator	2006	36,570	3,657	10	3,657		5,485	19
20	Rebuild 3" self prime ejector pump & reinstal	2006	3,477	348	10	348		522	20
21	Replace 2 3/4 meters & 11 1/2 meters piping	2006	2,400	300	8	300		450	21
22									22
23	Tile restoration in Kitchen and Dish Room	2006	15,904	994	8	994		994	23
24	Electrical Engineering	2007	2,959	99	15	99		99	24
25	Window Treatments	2007	67,000	4,188	8	4,188		4,188	25
26	Removal and Installation of Fresh Air Dampe	2007	3,365	210	8	210		210	26
27	Removal and Installation of Exhaust Fai	2007	4,465	279	8	279		279	27
28	Install Plastic laminate wall & base cabinet w/plastic laminate coun	2007	4,590	229	10	229		229	28
29	Direct Sale Card Access System	2007	3,995	250	8	250		250	29
30									30
31									31
32	Home Office Allocation	2007				133,908	133,908		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,936,605	\$ 233,716		\$ 439,000	\$ 205,284	\$ 10,593,287	34

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	\$ 2,429,260	\$ 332,369	\$ 197,370	\$ (134,999)	3-25	\$ 1,359,686	71
72	Current Year Purchases	127,963	8,297	8,297		5-15	8,297	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 2,557,223	\$ 340,666	\$ 205,667	\$ (134,999)		\$ 1,367,983	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	Maintenance	Ford Truck	2002	\$ 26,878	\$ 1,029	\$ 1,029		5	\$ 5,145	76
77	Resident Use	Ford Starcraft	2007	53,983	5,398	5,398			5,398	77
78										78
79										79
80	TOTALS			\$ 80,861	\$ 6,427	\$ 6,427			\$ 10,543	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)	\$ 15,154,982	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 580,809	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 651,094	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 70,285	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,971,813	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	Chapel - Various - 2002	\$ 18,534	\$	\$ 18,534	86
87	Sinks for beauty shop 2002	8,659	433	2,601	87
88	Prov Serv Asst Living - 2002	897	90	450	88
89	Prov Serv Asst Living - 2003	478	32	160	89
90					90
91	TOTALS	\$ 28,568	\$ 555	\$ 21,745	91

G. Construction-in-Progres

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

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

** This must agree with Schedule V line 30, column 1

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:			\$ <u>N/A</u>			3
4	Additions						4
5							5
6							6
7	TOTAL			\$			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.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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 N/A N/A

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: \$ \$ 24,401 Description: Copiers - \$15,380; Security Carts/Consoles - \$3,625; Dietary Equipment - \$5,396
 (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			<u>N/A</u>		18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	10A (1,2,3)	5367	hrs	\$ 187,331	1,322	\$ 79,311	\$ 3,977	6,689	\$ 270,619	1
2	Licensed Speech and Language Development Therapist	10A (1,2,3)	1216	hrs	45,860	11	673	1,053	1,227	47,586	2
3	Licensed Recreational Therapist	10A (1,2,3)	8370	hrs	308,286	946	56,772	6,668	9,316	371,726	3
4	Licensed Physical Therapist			hrs							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				2,210,470		2,210,470	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Exceptional Care Program										12
13	Other (specify):										13
14	TOTAL				\$ 541,477	2,279	\$ 136,756	\$ 2,222,168	17,232	\$ 2,900,401	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

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,080,561	\$ 1,080,561	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,059,809)	2,717,829	2,717,829	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,567	6,567	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interest Receivable	291,450	291,450	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,096,407	\$ 4,096,407	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	34,290,309	34,290,309	12
13	Land	580,293	580,293	13
14	Buildings, at Historical Cost	10,221,172	8,093,228	14
15	Leasehold Improvements, at Historical Cost	306,463	3,843,377	15
16	Equipment, at Historical Cost	5,326,253	2,638,084	16
17	Accumulated Depreciation (book methods)	(12,407,549)	(11,971,813)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 38,316,941	\$ 37,473,478	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 42,413,348	\$ 41,569,885	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 171,645	\$ 171,645	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Due to Related Parties	372,231	372,231	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 543,876	\$ 543,876	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 543,876	\$ 543,876	46
47	TOTAL EQUITY(page 18, line 24)	\$ 41,869,472	\$ 41,026,009	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 42,413,348	\$ 41,569,885	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 40,641,939	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(166,270)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 40,475,669	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,393,803	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,393,803	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 41,869,472	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,403,301	1
2	Discounts and Allowances for all Level	(7,402,162)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,001,139	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,042,465	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,042,465	8
C. Other Operating Revenue			
9	Payments for Educator		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	6,167	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,580,337	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	305,157	21
22	Laundry	24,977	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,916,638	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**	1,840,677	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,840,677	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Schedule 19A</u>	3,912	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,912	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,804,831	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,900,216	31
32	Health Care	8,336,259	32
33	General Administration	6,139,974	33
B. Capital Expense			
34	Ownership	652,133	34
C. Ancillary Expense			
35	Special Cost Centers	2,219,291	35
36	Provider Participation Fee	163,155	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,411,028	40
41	Income before Income Taxes (line 30 minus line 40)**	1,393,803	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,393,803	43

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

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

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

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

Resurrection Nursing & Rehabilitation Center
Provider #0044362
7/1/2006 - 6/30/2007

Schedule 19A

XVII - Income Statement: Line 22 - Laundry

NOTE: Laundry revenue is generated from charges to private pay residents located in the facility, therefore it has not been offset against related expenses.

XVII - Income Statement: Line 28 - Other Revenue	<u>Amount</u>
Admin - Other Revenue	2,218
Vending Income	<u>1,694</u>
	<u><u>3,912</u></u>

Facility Name & ID Number Resurrection Nursing & Rehab Center

0044362

Report Period Beginning: 07/01/2006

Ending:

06/30/2007

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,760	2,026	\$ 90,665	\$ 44.75	1
2	Assistant Director of Nursing	1,888	2,120	77,761	36.68	2
3	Registered Nurses	84,041	95,884	3,028,707	31.59	3
4	Licensed Practical Nurses	7,295	8,904	199,315	22.38	4
5	CNAs & Orderlies	175,441	198,474	2,533,325	12.76	5
6	CNA Trainees					6
7	Licensed Therapist	13,214	14,953	541,476	36.21	7
8	Rehab/Therapy Aides	20,443	23,324	394,817	16.93	8
9	Activity Director	1,840	1,996	48,278	24.19	9
10	Activity Assistants	10,305	11,339	109,707	9.68	10
11	Social Service Worker	8,444	9,143	170,968	18.70	11
12	Dietician	3,530	3,958	72,227	18.25	12
13	Food Service Supervisor	3,087	3,587	81,171	22.63	13
14	Head Cook	7,590	8,625	120,910	14.02	14
15	Cook Helpers/Assistants	31,466	35,332	330,577	9.36	15
16	Dishwashers					16
17	Maintenance Worker	7,013	8,279	168,624	20.37	17
18	Housekeepers	26,195	29,449	321,421	10.91	18
19	Laundry	19,937	22,049	232,145	10.53	19
20	Administrator	1,888	2,392	140,110	58.57	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	21,286	23,999	453,982	18.92	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 C: See Sch 20A	8,513	9,319	299,887	32.18	32
33	Other(specify) See Sch 20A	4,375	5,050	131,334	26.01	33
34	TOTAL (lines 1 - 33)	459,551	520,202	\$ 9,547,407 *	\$ 18.35	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant			35	
36	Medical Director	Monthly	18,876	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 18,876		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	TOTAL (lines 50 - 52)		\$	53

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Nursing & Rehabilitation Center

Provider # 0044362

07/01/06 - 06/30/07

Staffing & Salary Costs

Schedule 20A

Other Health Care Wages - Line 32:

	Hours	Hours	Salary or	Ave. Hrly.
	<u>Worked</u>	<u>Paid</u>	<u>Wages</u>	<u>Wages</u>
MDS Care Plan Coordinator	6,665	7,239	221,354	30.58
MDS Manager	1,848	2,080	78,533	37.76
TOTAL	8,513	9,319	299,887	32.18

Other Wages - Line 33:

	Hours	Hours	Salary or	Ave. Hrly.
	<u>Worked</u>	<u>Paid</u>	<u>Wages</u>	<u>Wages</u>
Chaplain	4,149	4,790	122,501	25.57
Group Coordinator Spiritual Services	226	260	8,833	33.97
	4,375	5,050	131,334	26.01

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 FY2004	6 FY2005	7 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011	13 FY2012
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

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 Life Services Network - \$5,167
- (3) Did the nursing home make political contributions or payments to a political 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? N/A
- (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 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 26,695 Line 10(2)
- (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. 163,155
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 \$ 6,167
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? N/A
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? N/A
- 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? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KPMG LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain Audit is not yet completed.
- (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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

RECONCILIATION REPORT

Resurrection Nursing &

12:04 PM 12/27/2007

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	-53,356	equal to	-53,356	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	651,094	equal to	651,094	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	24,401	equal to	24,401	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	541,477	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	689,931	equal to	1,084,748	-394,817	FAILED	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	2,222,168	equal to	2,222,168	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39.10a	2
Income Stat. General Serv.	2,900,216	equal to	2,900,216	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	8,336,259	equal to	8,336,259	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	6,139,974	equal to	6,139,974	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	652,133	equal to	652,133	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	2,219,291	equal to	2,219,291	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	163,155	equal to	163,155	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	5,929,773	equal to	6,229,660	-299,887	FAILED	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	541,476	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	157,985	equal to	289,319	-131,334	FAILED	Pg20 K19+K20	A.	9-10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	170,968	equal to	170,968	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	604,885	equal to	604,885	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	168,624	equal to	168,624	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	321,421	equal to	321,421	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	232,145	equal to	232,145	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	140,110	equal to	140,110	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	453,982	equal to	453,982	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	9,547,407	equal to	9,547,407	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	24,942	-24,942	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	18,876	< or = to	18,876	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	0	< or = to	141,395	-141,395	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	7,886	-7,886	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to	0	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	140,110	equal to	140,110	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	1,423,101	equal to	1,423,101	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	0	equal to	0	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	3,494,850	equal to	3,494,850	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	22,390	equal to	22,390	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	8,174	equal to	8,174	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particp. Fees	163,155	equal to	163,155	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	376,552	-376,552	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	25,750	equal to	25,750	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	94,033	equal to	94,033	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	580,293	equal to	580,293	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	11,936,605	equal to	11,936,605	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	2,638,084	equal to	2,638,084	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	11,971,813	equal to	11,971,813	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	41,869,472	equal to	41,869,472	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	1,393,803	equal to	1,393,803	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	42,413,348	equal to	42,413,348	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	604,885	54,405	24,942	684,232	0	684,232	0	684,232
2. Food Purchase	0	655,323	0	655,323	0	655,323	-6,167	649,156
3. Housekeeping	321,421	59,426	493	381,340	0	381,340	0	381,340
4. Laundry	232,145	87,018	0	319,163	0	319,163	0	319,163
5. Heat and Other Utilities	0	0	446,654	446,654	0	446,654	0	446,654
6. Maintenance	168,624	7,443	237,437	413,504	0	413,504	0	413,504
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,327,075	863,615	709,526	2,900,216	0	2,900,216	-6,167	2,894,049
9. Medical Director	0	0	18,876	18,876	0	18,876	0	18,876
10. Nursing & Medical Records	6,229,660	384,187	141,395	6,755,242	0	6,755,242	0	6,755,242
10a. Therapy	936,293	11,698	136,757	1,084,748	0	1,084,748	0	1,084,748
11. Activities	289,319	8,931	7,886	306,136	0	306,136	0	306,136
12. Social Services	170,968	289	0	171,257	0	171,257	0	171,257
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	7,626,240	405,105	304,914	8,336,259	0	8,336,259	0	8,336,259
17. Administrative	140,110	0	1,423,101	1,563,211	0	1,563,211	-1,423,101	140,110
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	0	0	0	0	0	0
20. Fees, Subscriptions & Promotion	0	0	22,390	22,390	0	22,390	0	22,390
21. Clerical & General Office	453,982	96,431	133,761	684,174	0	684,174	984,819	1,668,993
22. Employee Benefits & Payroll	0	0	3,118,298	3,118,298	0	3,118,298	376,552	3,494,850
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	8,174	8,174	0	8,174	0	8,174
25. Other Admin. Staff Trans	0	0	4,531	4,531	0	4,531	0	4,531
26. Insurance-Prop.Liab.Malpractice	0	0	739,196	739,196	0	739,196	0	739,196
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	594,092	96,431	5,449,451	6,139,974	0	6,139,974	-61,730	6,078,244
29. Total General Administrative	9,547,407	1,365,151	6,463,891	17,376,449	0	17,376,449	-67,897	17,308,552
30. Depreciation	0	0	580,809	580,809	0	580,809	70,285	651,094
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	46,923	46,923	0	46,923	-46,923	0
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	24,401	24,401	0	24,401	0	24,401
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	652,133	652,133	0	652,133	23,362	675,495
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	2,210,470	0	2,210,470	0	2,210,470	0	2,210,470
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	163,155	163,155	0	163,155	0	163,155
43. Other (specify):*	0	0	8,821	8,821	0	8,821	-8,821	0
44. Total Special Cost Ce	0	2,210,470	171,976	2,382,446	0	2,382,446	-8,821	2,373,625
45. Grand Total	9,547,407	3,575,621	7,288,000	20,411,028	0	20,411,028	-53,356	20,357,672

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	1,080,561	1,080,561
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	2,717,829	2,717,829
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	6,567	6,567
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	291,450	291,450
10. Total current assets	4,096,407	4,096,407
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	34,290,309	34,290,309
13. Land	580,293	580,293
14. Buildings, at Historical Cost	10,221,172	8,093,228
15. Leasehold Improvements, Historical Cost	306,463	3,843,377
16. Equipment, at Historical Cost	5,326,253	2,638,084
17. Accumulated Depreciation (book methods)	-12,407,549	-11,971,813
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):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	38,316,941	37,473,478
25. Total Assets	42,413,348	41,569,885
CURRENT LIABILITIES		
26. Accounts Payable	171,645	171,645
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	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	372,231	372,231
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	543,876	543,876
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
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	0	0
46. Total Liabilities	543,876	543,876
47. Total Equity	41,869,472	41,026,009
48. Total Liabilities and Equity	42,413,348	41,569,885

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	21,403,301
2. Discounts and Allowances for all Levels	-7,402,162
Subtotal - Inpatient Care	14,001,139
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	3,042,465
7. Oxygen	0
Subtotal - Ancillary Revenue	3,042,465
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	6,167
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	2,580,337
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	305,157
22. Laundry	24,977
Subtotal - Other Operating Revenue	2,916,638
24. Contributions	0
25. Interest and Other Investments Income	1,840,677
Subtotal - Non-Operating Revenue	1,840,677
27. Other Revenue (specify):	3,912
28. Other Revenue (specify):	0
Subtotal - Other Revenue	3,912
30. Total Revenue	21,804,831
31. General Services	2,900,216
32. Health Care	8,336,259
33. General Administration	6,139,974
34. Ownership	652,133
35. Special Cost Centers	2,219,291
35. Provider Participation Fee	163,155
37. Other	0
40. Total Expenses	20,411,028
41. Income Before Income Taxes	1,393,803
42. Income Taxes	0
43. Net Income or Loss for the Year	1,393,803

Resurrection Nursing & Rehab Center
IDPA Comparative Data - Per Resident Day Cost
Year Ending

Enter your HSA # in next column =====
 Census (Pulls from Page 2) 94,539

Cost Report Line	Description	Your Facility	2006 Average Median Cost Per Day	
			State	HSA
1	Dietary	7.24	-	#N/A
2	Food Purchase	6.87	-	#N/A
3	Housekeeping	4.03	-	#N/A
4	Laundry	3.38	-	#N/A
5	Heat & Other Utilities	4.72	-	#N/A
6	Maintenance	4.37	-	#N/A
8	Total General Services	30.61	-	#N/A
10	Nursing & Medical Records	71.45	-	#N/A
10A	Therapy	11.47	-	#N/A
11	Activities	3.24	-	#N/A
12	Social Services	1.81	-	#N/A
16	Total Health Care & Programs	88.18	-	#N/A
17	Administration	1.48	-	#N/A
19	Professional Services	-	-	#N/A
21	Clerical & Gen. Office Expense	17.65	-	#N/A
22	Employee Benefits & PR Taxes	36.97	-	#N/A
24	Travel & Seminar	0.09	-	#N/A
26	Insurance-Property, Liability & Malpractice	7.82	-	#N/A
28	Total General Administrative	64.29	-	#N/A
29	Total Operating Expenses	183.08	-	#N/A
30	Depreciation	6.89	-	#N/A
32	Interest	-	-	#N/A
33	Real Estate Taxes	-	-	#N/A
37	Total Ownership	7.15	-	#N/A
	Total Operating and Ownership Cost	190.23	-	#N/A

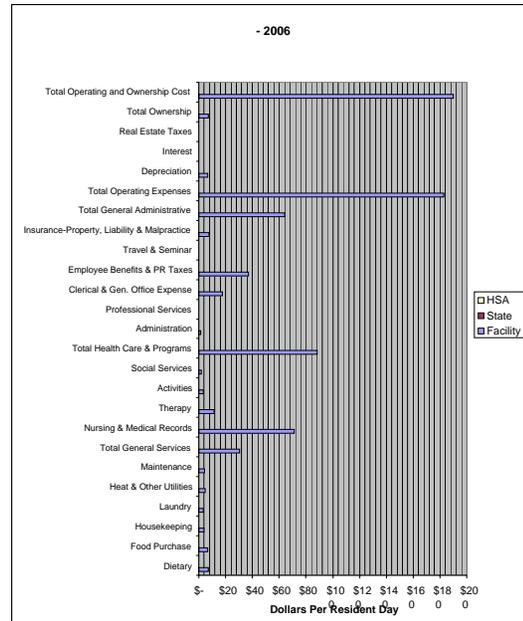
Notes:
 Your Facility data is from page 3, column 8 of your 2007 Medicaid cost report, divided by your annual census.

The Average Median Cost Per Day for the State and your HSA is taken from the most recent data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2005 Cost Reports
2005 (Run August 15, 2006)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA											10th %	90th %	
			1	2	3	4	5	6	7	8	9	10	11			
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															



Intermediate Nursing & Rehab Center
HSA Comparative Data - Per Resident Day Cost
Year Ending

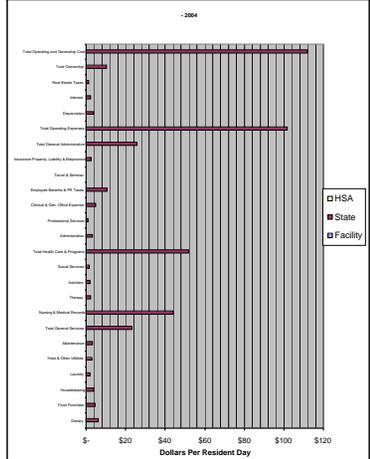
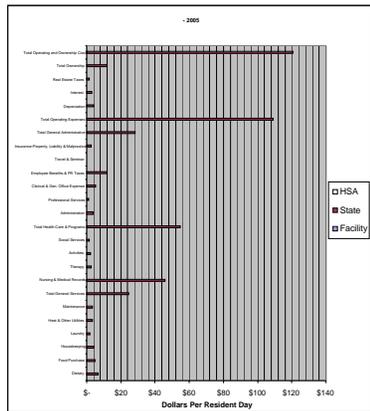
Enter your HSA # in row column
 Column (P)H from Page 2

01/27/2016

Cost Report Line	Description	2007		2008 Median		2006		2006 Median		2005		2005 Median	
		Per Facility	Cost Per Day	Rate	HSA	Per Facility	Cost Per Day	Rate	HSA	Per Facility	Cost Per Day	Rate	HSA
1	Dietary	2,275637	6.52	ANA	PFALL12	6.52	ANA	HEV07	6.23	ANA			
2	Food Purchase	6,866419	4.68	ANA	PFALL12	4.68	ANA	HEV07	4.53	ANA			
3	Housekeeping	4,038792	4.02	ANA	PFALL12	4.02	ANA	HEV07	3.77	ANA			
4	Laundry	3,770993	1.96	ANA	PFALL12	1.96	ANA	HEV07	1.86	ANA			
5	House & Office Utilities	4,726975	3.31	ANA	PFALL12	3.31	ANA	HEV07	3.02	ANA			
6	Maintenance	4,778986	3.51	ANA	PFALL12	3.51	ANA	HEV07	3.21	ANA			
8	Total General Services	30,62224	24.43	ANA	PFALL12	24.43	ANA	HEV07	23.12	ANA			
10	Nursing & Medical Supplies	71,445151	49.97	ANA	PFALL12	49.97	ANA	HEV07	48.05	ANA			
10A	Therapy	11,474079	2.45	ANA	PFALL12	2.45	ANA	HEV07	2.16	ANA			
11	Activities	3,238196	2.06	ANA	PFALL12	2.06	ANA	HEV07	1.95	ANA			
12	Social Services	1,811498	1.58	ANA	PFALL12	1.58	ANA	HEV07	1.48	ANA			
16	Total Health Care & Programs	86,17799	54.45	ANA	PFALL12	54.45	ANA	HEV07	53.90	ANA			
17	Administration	1,482039	3.90	ANA	PFALL12	3.90	ANA	HEV07	3.24	ANA			
19	Professional Services	0	1.01	ANA	PFALL12	1.01	ANA	HEV07	0.87	ANA			
21	Chemical & Gas, Office Equipment	17,61456	3.65	ANA	PFALL12	3.65	ANA	HEV07	4.89	ANA			
22	Employee Benefits & Pay Taxes	36,967263	11.77	ANA	PFALL12	11.77	ANA	HEV07	10.66	ANA			
24	Tenat & Supplies	0,926467	0.09	ANA	PFALL12	0.09	ANA	HEV07	0.09	ANA			
26	Insurance-Premium, Liability & Malpractice	7,839972	2.49	ANA	PFALL12	2.49	ANA	HEV07	2.67	ANA			
28	Total General Administration	64,29708	26.30	ANA	PFALL12	26.30	ANA	HEV07	25.82	ANA			
29	Insurance-Premium, Property, Liability & Malpractice	181,89272	189.93	ANA	PFALL12	189.93	ANA	HEV07	189.59	ANA			
30	Total Operating Expenses	6,870413	5.95	ANA	PFALL12	5.95	ANA	HEV07	5.78	ANA			
32	Interest	0	2.87	ANA	PFALL12	2.87	ANA	HEV07	2.22	ANA			
33	Real Estate Taxes	0	1.51	ANA	PFALL12	1.51	ANA	HEV07	1.48	ANA			
37	Total Ownership	3,163,444	11.75	ANA	PFALL12	11.75	ANA	HEV07	10.42	ANA			
	Total Operating and Ownership Cost	191,21	120.68	ANA	PFALL12	120.68	ANA	HEV07	121.01	ANA			

Notes:
 Year Facility data from page 1, column K of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005, 2006, 2007 HSA Data Cost Facility, for the Rate and your HSA is taken from data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.



IDPA LTC Profiles
 LTC Median Per Diem Cost by HSA - 2006 Cost Reports
 2006

UN-INFLATED

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	2	3	4	5	6	7	8	9	10	11	

10th % 90th %

2006 Costs

2006 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

2006 - Average Wage Data Table

Total staff hours including contract nursing per diem
 Nursing hours including contract nurses per diem
 RN
 LPN
 CNA
 DON
 ADON

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11

2006 - Staffing and Occupancy Data

Average Occupancy
 Medicaid Utilization
 Medicare Utilization

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11

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

UN-INFLATED

Cost Report	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	6.23	7.09	6.81	5.63	6.81	5.56	6.37	6.37	6.37	6.12	7.09	5.94	4.27	10.11
2	Food Purchase	4.53	4.79	4.73	4.56	4.73	4.33	4.48	4.48	4.48	4.40	4.79	4.27	3.48	6.23
3	Housekeeping	3.77	3.68	3.76	3.10	3.76	3.37	4.12	4.12	4.12	3.93	3.68	3.66	2.59	5.78
4	Laundry	1.86	2.27	1.99	1.79	1.99	1.97	1.64	1.64	1.64	1.62	2.27	2.16	1.00	3.16
5	Heat & Other Utilities	3.02	3.13	3.07	3.04	3.07	2.71	3.06	3.06	3.06	2.87	3.13	2.86	2.10	4.39
6	Maintenance	3.21	3.63	3.33	3.22	3.33	2.45	3.35	3.35	3.35	3.25	3.63	2.88	2.02	5.28
8	TOTAL GENERAL SERVICES	23.12	25.66	23.97	21.71	23.97	21.28	23.50	23.50	23.50	23.47	25.66	21.76	18.27	32.52
10	Nursing & Medical Records	44.05	43.48	45.03	40.84	45.03	35.79	47.50	47.50	47.50	47.81	43.48	44.17	28.00	68.18
10A	Therapy	2.16	2.01	3.55	4.52	3.55	2.05	1.47	1.47	1.47	2.21	2.01	3.40	-	12.21
11	Activities	1.95	2.28	1.95	1.58	1.95	1.34	2.21	2.21	2.21	2.16	2.28	1.54	1.07	3.52
12	Social Services	1.48	1.44	1.63	1.10	1.63	1.27	1.64	1.64	1.64	1.34	1.44	1.37	0.62	3.10
16	TOTAL HEALTH CARE & PROGRAMS	51.90	52.55	53.10	49.97	53.10	43.69	53.78	53.78	53.78	56.90	52.55	53.31	33.59	81.45
17	Administration	3.24	3.47	3.24	3.08	3.24	3.65	3.19	3.19	3.19	3.24	3.47	2.99	1.75	8.15
19	Professional Services	0.97	1.19	0.70	0.68	0.70	0.77	1.09	1.09	1.09	1.34	1.19	0.70	0.05	2.58
21	Clerical & Gen. Office Expense	4.89	4.21	5.22	4.23	5.22	4.03	5.31	5.31	5.31	5.13	4.21	4.41	2.35	10.74
22	Employee Benefits & PR Taxes	10.66	10.98	12.14	9.56	12.14	8.62	11.17	11.17	11.17	11.21	10.98	9.81	6.89	20.31
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.15	0.08	0.08	0.08	0.04	0.12	0.09	-	0.34
26	Insurance-Property, liability & Malpractice	2.67	2.38	2.53	2.36	2.53	2.33	3.03	3.03	3.03	2.47	2.38	2.16	0.85	4.36
28	TOTAL GENERAL ADMINISTRATIVE	25.82	26.66	27.48	23.91	27.48	22.08	26.27	26.27	26.27	27.23	26.66	22.86	17.40	40.90
29	TOTAL OPERATING EXPENSES	101.59	104.24	105.69	96.02	105.69	89.62	103.51	103.51	103.51	106.84	104.24	100.77	71.40	151.58
30	Depreciation	3.74	3.67	3.95	3.52	3.95	2.64	4.23	4.23	4.23	3.72	3.67	3.20	1.00	8.58
32	Interest	2.22	2.43	1.42	1.72	1.42	0.55	3.91	3.91	3.91	2.22	2.43	0.94	-	10.11
33	Real Estate Taxes	1.40	1.04	1.00	0.84	1.00	0.87	3.21	3.21	3.21	1.30	1.04	1.14	-	5.54
37	TOTAL OWNERSHIP	10.42	8.95	9.03	7.51	9.03	6.11	14.54	14.54	14.54	10.03	8.95	9.17	3.61	22.83
	TOTAL OPERATING & OWNERSHIP COST	112.01	113.19	114.72	103.53	114.72	95.73	118.05	118.05	118.05	116.87	113.19	109.94	75.01	174.41

Cost Report	Description	2004 Costs	2004 Census
1	Dietary	3.48	6.23
2	Food Purchase	2.59	5.78
3	Housekeeping	1.00	3.16
4	Laundry	2.10	4.39
5	Heat & Other Utilities	2.02	5.28
6	Maintenance	18.27	32.52
8	TOTAL GENERAL SERVICES	68.18	68.18
10	Nursing & Medical Records	-	12.21
10A	Therapy	1.07	3.52
11	Activities	0.62	3.10
12	Social Services	-	-
16	TOTAL HEALTH CARE & PROGRAMS	81.45	81.45
17	Administration	0.05	2.58
19	Professional Services	2.35	10.74
21	Clerical & Gen. Office Expense	6.89	20.31
22	Employee Benefits & PR Taxes	-	0.34
24	Travel & Seminar	0.85	4.36
26	Insurance-Property, liability & Malpractice	17.40	40.90
28	TOTAL GENERAL ADMINISTRATIVE	40.90	40.90
29	TOTAL OPERATING EXPENSES	151.58	151.58
30	Depreciation	1.00	8.58
32	Interest	-	10.11
33	Real Estate Taxes	-	5.54
37	TOTAL OWNERSHIP	22.83	22.83
	TOTAL OPERATING & OWNERSHIP COST	174.41	174.41

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	5.10	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	3.10	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	20.42
LPN	18.4	18.02	17.23	15.4	17.23	13.82	21.06	21.06	21.06	19.09	17.13
CNA	10.02	10.13	10.03	9.32	10.03	8.4	10.52	10.52	10.52	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	25.97
ADON	25.23	23.95	21.85	19.41	21.85	19.13	28.74	28.74	28.74	26.68	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%