

Facility Name & ID Number Villa Scalabrini Nursing & Rehab

0044792 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	154	Skilled (SNF)	154	56,210	1
2		Skilled Pediatric (SNF/PED)			2
3	82	Intermediate (ICF)	82	29,930	3
4		Intermediate/DD			4
5	17	Sheltered Care (SC)	17	6,205	5
6		ICF/DD 16 or Less			6
7	253	TOTALS	253	92,345	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	
		Medicaid Recipient	Private Pay	Other		
8	SNF	18,569	6,751	16,015	41,335	8
9	SNF/PED					9
10	ICF	22,518	15,446		37,964	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,087	22,197	16,015	79,299	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.87%

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 03/01/2000

J. Was the facility purchased or leased after January 1, 1978?
YES Date 03/01/2000 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 34 and days of care provided 16,015

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: 06/30/07 Fiscal Year: 06/30/07

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

STATE OF ILLINOIS

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Facility Name & ID Number Villa Scalabrini Nursing & Rehab # 0044792 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	550,765	73,575	2,342	626,682		626,682		626,682		1
2	Food Purchase		431,720		431,720		431,720	(9,170)	422,550		2
3	Housekeeping	253,040	45,107	885	299,032		299,032		299,032		3
4	Laundry	156,333	49,793		206,126		206,126		206,126		4
5	Heat and Other Utilities			396,141	396,141		396,141		396,141		5
6	Maintenance	168,811	16,903	326,858	512,572		512,572		512,572		6
7	Other (specify):*										7
8	TOTAL General Services	1,128,949	617,098	726,226	2,472,273		2,472,273	(9,170)	2,463,103		8
	B. Health Care and Programs										
9	Medical Director			13,200	13,200		13,200		13,200		9
10	Nursing and Medical Records	5,011,712	287,419	55,161	5,354,292		5,354,292		5,354,292		10
10a	Therapy	383,452	15,580	61,396	460,428		460,428		460,428		10a
11	Activities	201,632	17,574	1,762	220,968		220,968		220,968		11
12	Social Services	78,535	324	286	79,145		79,145		79,145		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,675,331	320,897	131,805	6,128,033		6,128,033		6,128,033		16
	C. General Administration										
17	Administrative	141,076		1,070,501	1,211,577		1,211,577	(1,070,501)	141,076		17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotion			13,364	13,364		13,364		13,364		20
21	Clerical & General Office Expense	372,411	43,094	34,782	450,287		450,287	767,811	1,218,098		21
22	Employee Benefits & Payroll Tax			2,457,439	2,457,439		2,457,439	289,844	2,747,283		22
23	Inservice Training & Education										23
24	Travel and Semina			2,515	2,515		2,515		2,515		24
25	Other Admin. Staff Transportatior			5,161	5,161		5,161		5,161		25
26	Insurance-Prop.Liab.Malpractice			205,984	205,984		205,984		205,984		26
27	Other (specify):*										27
28	TOTAL General Administration	513,487	43,094	3,789,746	4,346,327		4,346,327	(12,846)	4,333,481		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,317,767	981,089	4,647,777	12,946,633		12,946,633	(22,016)	12,924,617		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

Villa Scalabrini Nursing & Rehab

#0044792

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			449,406	449,406		449,406	66,206	515,612			30
31	Amortization of Pre-Op. & Org											31
32	Interest							11,099	11,099			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicle:			28,635	28,635		28,635		28,635			35
36	Other (specify): ³											36
37	TOTAL Ownership			478,041	478,041		478,041	77,305	555,346			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatior											38
39	Ancillary Service Center:		1,484,662		1,484,662		1,484,662		1,484,662			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			129,210	129,210		129,210		129,210			42
43	Other (specify): ³ Non-allowable Cos			2,452	2,452		2,452	(2,452)				43
44	TOTAL Special Cost Centers		1,484,662	131,662	1,616,324		1,616,324	(2,452)	1,613,872			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,317,767	2,465,751	5,257,480	15,040,998		15,040,998	52,837	15,093,835			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

Facility Name & ID Number Villa Scalabrini Nursing & Rehab

0044792

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

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	(9,170)	2		4
5	Telephone, TV & Radio in Resident Room	164	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(38,745)	30		9
10	Interest and Other Investment Income	(4,291)	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	(8,401)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (60,443)		\$	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)	113,280		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 113,280		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ 52,837		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

Villa Scalabrini Nursing & Rehab

ID# 0044792

Report Period Beginning: 07/01/2006

Ending: 06/30/2007

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Allowable Marketing expense	\$ (2,452)	43	1
2	Offset Admin supply revenue against expense	(5,949)	21	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(8,401)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Villa Scalabrini Nursing & Rehab

0044792

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	(9,170)	0	0	0	0	0	0	0	0	0	0	(9,170)	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	(9,170)	0	0	0	0	0	0	0	0	0	0	(9,170)	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	(1,070,501)	0	0	0	0	0	0	0	0	0	(1,070,501)	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	(5,785)	773,596	0	0	0	0	0	0	0	0	0	767,811	21
22	Employee Benefits & Payroll Taxes	0	289,844	0	0	0	0	0	0	0	0	0	289,844	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	(5,785)	(7,061)	0	(12,846)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(14,955)	(7,061)	0	(22,016)	29								

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%	\$ 773,596	\$ 773,596	1
2	V	22 Employee benefits		Resurrection Health Care	100.00%	289,844	289,844	2
3	V	30 Depreciation		Resurrection Health Care	100.00%	104,951	104,951	3
4	V	32 Interest		Resurrection Health Care	100.00%	15,390	15,390	4
5	V							5
6	V							6
7	V	17 Intercompany expense	1,070,501	Resurrection Health Care	100.00%		(1,070,501)	7
8	V	39 Intercompany pharmace	1,484,662	Resurrection Health Care	100.00%	1,484,662		8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 2,555,163			\$ 2,668,443	\$ * 113,280	14

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

Facility Name & ID Number Villa Scalabrini Nursing & Rehab # 0044792 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 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	See attached pg. 7A							\$		1	
2										2	
3										3	
4	Sister Elizabeth Trembczynsk	Director	Board of Directors	0.00	93,368	<1 hour	<1%	N/A	N/A	N/A	4
5										5	
6										6	
7										7	
8	Note: Sister Trembczynski was the administrator of Holy Family Nursing & Rehabilitation Center, a related facility from July 1, 2006 to April 30, 2007.										
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 Villa Scalabrini Nursing & Rehab # 0044792 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			\$	\$		773,596	1
2	22	Employee benefits						289,844	2
3	30	Depreciation						104,951	3
4	32	Interest						15,390	4
5									5
6									6
7	39	Intercompany Pharmaci						1,484,662	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				\$	\$		2,668,443	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Villa Scalabrini Nursing & Rehab # 0044792 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							Allocated from Home Office				15,390	12
13							Offset Interest Income				(4,291)	13
14	TOTAL Non-Facility Related						\$	\$			\$ 11,099	14
15	TOTALS (line 9+line14)						\$	\$			\$ 11,099	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 Villa Scalabrini Nursing & Rehab COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0044792

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. _____	_____	\$ _____	\$ _____
2. _____	N/A _____	\$ _____	\$ _____
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.

Facility Name & ID Number Villa Scalabrini Nursing & Rehat

0044792 Report Period Beginning:

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 195,174 B. General Construction Type: Exterior Brick Frame Steel/Concrete Number of Stories 1

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>696,960</u>	<u>2000</u>	<u>\$ 1,500,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	<u>696,960</u>		<u>\$ 1,500,000</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Villa Scalabrini Nursing & Rehal

0044792

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		
Bed* 259	FOR BHF USE ONLY	Year Acquired 2000	Year Constructed	Cost \$ 7,510,695	Current Book Depreciation \$ 250,712	Life in Years 35	Straight Line Depreciation \$ 214,591	Adjustments \$ (36,121)	Accumulated Depreciation \$ 1,781,639	
4									4	
5									5	
6									6	
7									7	
8									8	
Improvement Type**										
9	Illuminated display sign	2000		9,374	937	20	469	(468)	3,283	9
10	Redecorating	2001		6,181	618	10	618		2,783	10
11	Sign	2001		6,805	681	20	340	(341)	2,380	11
12	Roof repair	2001		4,246	425	20	212	(213)	1,484	12
13	Condensor	2000		2,185	312	20	109	(203)	763	13
14	Monitoring system	2000		1,592	227	20	80	(147)	560	14
15	Refrigeration service	2001		1,650	236	20	83	(153)	579	15
16	Air conditioning repair	2001		576	82	20	29	(53)	174	16
17	Display	2001		1,629	233	20	81	(152)	486	17
18	Kitchen floor	2002		625	89	20	31	(58)	186	18
19	Air conditioning repair	2002		744	106	20	37	(69)	222	19
20	Electrical wiring	2002		1,000	143	20	50	(93)	300	20
21	Roof repair	2001		614	61	20	31	(30)	186	21
22	Illuminated display	2001		4,199	420	20	210	(210)	1,260	22
23	Renovations	2002		2,385	238	20	119	(119)	714	23
24	Canopy	2002		2,100	210	20	105	(105)	630	24
25	Sewer line	2002		4,200	420	20	210	(210)	1,260	25
26										26
27										27
28	Reclass from moveable equipment:									28
29	Replace 20-ton Trane compressor	2002		7,791	779	10	779		3,506	29
30	Rewiring of emergency nurse call	2003		6,995	700	10	700		3,150	30
31	Patch foundation wall at handicap ramp	2003		19,850	1,323	15	1,323		5,954	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 Villa Scalabrini Nursing & Rehal

0044792

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	Door openers	2003	\$ 7,876	\$ 788	10	\$ 788		\$ 2,758	37
38	Replacement-Expansion joint	2003	14,347	1,435	10	1,435		5,022	38
39	Fiber optic system upgrade	2003	9,343	1,869	5	1,869		6,539	39
40	South wing renovation	2004	23,112	1,156	20	1,156		4,046	40
41	Replace drain pipes	2004	5,092	339	15	339		1,187	41
42	Corridor carpet	2004	2,128	142	15	142		497	42
43	Pressure gauges (4)	2004	8,851	1,770	5	1,770		6,195	43
44	Bumper guards	2004	2,392	239	10	239		838	44
45	Network closet - Dietary	2004	5,761	230	25	230		805	45
46	Nurses call station	2004	56,946	5,695	10	5,695		19,932	46
47									47
48	Sealcoat, crack fill & repair parking lo	2005	6,784	678	10	678		1,695	48
49	Carpet & installation	2005	2,128	426	5	426		1,065	49
50	Remodel Central Supply room	2005	1,928	241	8	241		602	50
51	Replacement of broken roof & barrel tile	2005	17,026	1,703	10	1,703		4,257	51
52	Alternating Low Air Loss system	2005	26,120	1,741	15	1,741		4,353	52
53	Category 5E cable run for central supply room	2005	1,190	119	10	119		297	53
54	Ceramic tile & installation in smoking are	2005	3,950	263	15	263		658	54
55	Duct work for air conditioner run in laundr	2005	2,800	280	10	280		700	55
56	Fire protection system addition	2005	1,735	116	15	116		290	56
57	Roller latched for Units A & B	2005	7,828	783	10	783		1,957	57
58	Reflective tempered insulator	2005	2,929	366	8	366		915	58
59	Trane Compressors (2)	2005	862	172	5	172		358	59
60	Trane air conditioners (2)	2005	8,620	862	10	862		1,796	60
61	Entry door system	2005	4,260	852	5	852		1,775	61
62	Emergency lighting, phones system for elevator	2005	6,312	789	8	789		1,644	62
63									63
64	Signage installatior	2006	2,516	504	5	504		756	64
65	Install amp circuits	2006	8,444	563	15	563		844	65
66	Replacement Pumps	2006	2,843	284	10	284		426	66
67	Install four voice cables	2006	4,154	593	7	593		890	67
68	Connect new storm line	2006	7,500	750	10	750		1,125	68
69	Install guardrails	2006	15,120	1,008	15	1,008		1,512	69
70	TOTAL (lines 4 thru 69)		\$ 7,866,333	\$ 285,708		\$ 246,963	\$ (38,745)	\$ 1,887,233	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Villa Scalabrini Nursing & Rehal

0044792

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	\$ 7,866,333	\$ 285,708		\$ 246,963	\$ (38,745)	\$ 1,887,233		1
2	Knee walls improvement	2006 4,900	327	15	327		490		2
3	Oak Door	2006 1,644	110	15	110		165		3
4	Water softener system	2006 7,157	895	8	895		1,342		4
5	Replace baffle tile and refractory	2006 5,513	551	10	551		827		5
6	Drain pans	2006 7,510	751	10	751		1,127		6
7	Generator repair	2006 4,705	471	10	471		706		7
8	Boiler repairs	2006 9,950	995	10	995		1,493		8
9	Asbestos removal - Steam Pipe	2006 2,725	182	15	182		273		9
10	Modify High Pressure Piping	2006 7,680	768	10	768		1,152		10
11	S. wing carpentry, drvwall, plumbing, electrical, HVAC, floors, ceiling	2006 1,572,607	68,772	20-25	68,772		103,158		11
12	Survey & Removal of Asbestos	2006 133,728	5,349	25	5,349		8,076		12
13	Geotechnical Investigator	2006 3,071	123	25	123		184		13
14	Borger Responder IV Nurse Call System	2006 48,550	1,942	25	1,942		2,912		14
15	Paint & wallpaper for Units A & G	2006 17,500	1,167	15	1,167		1,692		15
16	Modify Exhaust Fan System	2006 2,085	209	10	209		313		16
17	Tile and floor base for Unit D	2006 1,600	107	15	107		160		17
18	Battery Powered Emergency Light	2006 6,620	662	10	662		993		18
19	Repipe water lines for new control	2006 1,951	130	15	130		195		19
20	Private office renovator	2006 1,443	206	7	206		309		20
21	Remove door guards from all doors in Units B,C,D	2006 2,700	270	10	270		405		21
22	Spence Valve thermostat	2006 2,650	265	10	265		398		22
23	Carpet & Vinyl base for Unit A corridor	2006 18,550	1,855	10	1,855		2,782		23
24	2 Steam bundles for hot storage tank	2006 10,700	1,070	10	1,070		1,605		24
25	Furnish & Install north & south dock doors in Dietary	2006 5,808	387	15	387		581		25
26	Locate leak in underground piping	2006 1,531	306	5	306		459		26
27	2 - 25mpc100, heavy duty self priming	2006 16,877	1,125	15	1,125		1,688		27
28	Install 2 steam bucket traps in tunnel for heating	2006 1,773	118	15	118		177		28
29	Doors & frames for receiving area	2006 9,356	624	15	624		935		29
30	Faucets	2006 6,560	656	10	656		984		30
31	Install new modified Bitumen	2006 2,300	230	10	230		345		31
32	Universal 25-27" TV wall mount	2006 969	97	10	97		145		32
33	Fire Alarm	2006 1,650	83	20	83		124		33
34	TOTAL (lines 1 thru 33)	\$ 9,788,696	\$ 376,511		\$ 337,766	\$ (38,745)	\$ 2,023,428		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Villa Scalabrini Nursing & Rehal

0044792

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		\$ 9,788,696	\$ 376,511		\$ 337,766	\$ (38,745)	\$ 2,023,428	1
2									2
3	Test, inspect & lubricate 626 fire dampers & install access pane	2006	20,894	1,045	10	1,045		1,045	3
4	Replace garden storage room ceiling	2006	5,400	540	5	540		540	4
5	Replace 4 sets of sliding doors	2006	7,545	377	10	377		377	5
6	Tie in 6 gal. Kiddie Hood System to main fire alarm control pane	2006	4,615	231	10	231		231	6
7	Install (2) 20amp circuits for sign, install photo cell trenchin	2006	5,791	362	8	362		362	7
8	Install double face interior illuminated lightin	2006	24,966	1,783	7	1,783		1,783	8
9	Install motors, thermostats & transmitter	2006	13,578	849	8	849		849	9
10	Remove and replace tiles and baseboard	2006	13,500	844	8	844		844	10
11	Prepare and paint ceiling & walls in all residential room	2006	8,950	895	5	895		895	11
12	Tear off existing carpet in all resident room	2006	11,700	731	8	731		731	12
13	Baton Draperies for Units A, B, C, D, E & F resident rooms	2006	31,983	1,874	8-10	1,874		1,874	13
14	Furnish & Install 32 Push/Pull Latch sets - 1st & 2nd floors	2006	5,685	355	8	355		355	14
15	Remove and replace compressor for G Soutl	2006	8,906	472	8-10	472		472	15
16	Start & check all A/C units	2006	10,404	1,040	5	1,040		1,040	16
17	Remove and replace high pressure & relief valves on boile	2006	13,038	1,304	5	1,304		1,304	17
18	Conservation/Restoration of ICON	2007	4,950	247	10	247		247	18
19	South Wing Renovation -Architecture Fee	2007	51,390	5,139	5	5,139		5,139	19
20	Cleaning & masonry repair - West elevation of the fron entr	2007	36,001	901	20	901		901	20
21	Replacement Draperies for Unit B, C, D & E	2007	3,113	195	8	195		195	21
22	Boiler repairs	2007	20,535	2,053	5	2,053		2,053	22
23	Renovate existing wing - Project Submission - IDPH	2007	10,849	775	7	775		775	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Home Office Allocation					104,951	104,951		33
34	TOTAL (lines 1 thru 33)		\$ 10,102,489	\$ 398,523		\$ 464,729	\$ 66,206	\$ 2,045,440	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number: Villa Scalabrini Nursing & Reha # 0044792 Report Period Beginning: 07/01/2006 Ending: 06/30/2007
 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	\$ 498,694	\$ 43,167	\$ 43,167	\$	5-15	\$ 115,144	71
72	Current Year Purchases	158,786	7,716	7,716		5-20	7,716	72
73	Fully Depreciated Assets	1,853,924					1,853,924	73
74								74
75	TOTALS	\$ 2,511,404	\$ 50,883	\$ 50,883	\$		\$ 1,976,784	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				\$	\$	\$	\$		\$	76
77	N/A									77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Asset

	1	2	
	Reference	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)	\$ 14,113,893	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 449,406	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 515,612	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 66,206	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,022,224	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	N/A		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: \$ \$ 28,635 Description: See Sch 14A
 (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.

Villa Scalabrini Nursing and Rehab

Facility ID#: 0044792

07/01/06 - 06/30/07

Schedule 14A

XII. RENTAL COSTS

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

Rental Amount - Moveable Equipment Description & Amount

<u>Description</u>	<u>Amount</u>
Copiers	13,361
Postage Meter	582
Medical Equipment	2,624
Specialty Beds	11,003
Therapy Equipment	910
Miscellaneous Equipment	155
	<u>28,635</u>

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. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	10A (1,2)	1496	hrs	\$ 59,187			\$ 4,986	1,496	\$ 64,173	1	
2	Licensed Speech and Language Development Therapist	10A (1,2)	706	hrs	27,581			2,337	706	29,918	2	
3	Licensed Recreational Therapist			hrs							3	
4	Licensed Physical Therapist	10A (1,2,3)	2361	hrs	100,293	1,426	61,396	8,257	3,787	169,946	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				1,484,662		1,484,662	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				\$ 187,061	1,426	\$ 61,396	\$ 1,500,242	5,989	\$ 1,748,699	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	\$ 1,407,470	\$ 1,407,470	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 880,629)	1,705,799	1,705,799	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	8,523	8,523	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,121,792	\$ 3,121,792	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,500,000	1,500,000	13
14	Buildings, at Historical Cost	9,766,164	9,459,832	14
15	Leasehold Improvements, at Historical Cost	23,837	642,657	15
16	Equipment, at Historical Cost	2,829,533	2,511,404	16
17	Accumulated Depreciation (book methods)	(4,099,715)	(4,022,224)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	78,000	78,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(75,400)	(75,400)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Brosato Museum	297,647	297,647	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,320,066	\$ 10,391,916	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,441,858	\$ 13,513,708	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 200,587	\$ 200,587	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	<u>Due to Related Parties</u>	3,404,053	3,404,053	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,604,640	\$ 3,604,640	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)	\$ 3,604,640	\$ 3,604,640	46
47	TOTAL EQUITY(page 18, line 24)	\$ 9,837,218	\$ 9,909,068	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 13,441,858	\$ 13,513,708	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 9,704,903	1
2	Restatements (describe):		2
3			3
4	Prior Period Adjustment	(94,806)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 9,610,097	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	227,121	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)	\$ 227,121	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)	\$ 9,837,218	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Villa Scalabrini Nursing & Rehab

0044792

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	\$ 17,242,427	1
2	Discounts and Allowances for all Level	(5,754,326)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,488,101	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,342,686	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,342,686	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	9,170	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	15,998	16
17	Sale of Drugs	1,737,281	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	596,119	21
22	Laundry	67,599	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,426,167	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**	4,291	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,291	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Schedule 19A</u>	6,874	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,874	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,268,119	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,472,273	31
32	Health Care	6,128,033	32
33	General Administrator	4,346,327	33
B. Capital Expense			
34	Ownership	478,041	34
C. Ancillary Expense			
35	Special Cost Centers	1,487,114	35
36	Provider Participation Fee	129,210	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,040,998	40
41	Income before Income Taxes (line 30 minus line 40)**	227,121	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 227,121	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.

Villa Scalabrini Nursing and Rehab

Facility ID#: 0044792

07/01/06 - 06/30/07

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

Vending Commission	5,949
Miscellaneous	<u>925</u>
	<u><u>6,874</u></u>

Facility Name & ID Number Villa Scalabrini Nursing & Rehal

0044792

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	1,728	2,080	\$ 95,281	\$ 45.81	1
2	Assistant Director of Nursing	1,896	2,080	75,688	36.39	2
3	Registered Nurses	62,945	71,126	2,268,296	31.89	3
4	Licensed Practical Nurses	12,609	14,275	340,153	23.83	4
5	CNAs & Orderlies	139,024	156,000	2,075,061	13.30	5
6	CNA Trainees					6
7	Licensed Therapist	4,564	5,035	187,061	37.15	7
8	Rehab/Therapy Aides	10,693	11,982	196,391	16.39	8
9	Activity Director	1,563	1,592	34,027	21.37	9
10	Activity Assistants	10,364	11,883	124,810	10.50	10
11	Social Service Worker	2,703	3,160	78,535	24.85	11
12	Dietician	3,200	3,478	73,186	21.04	12
13	Food Service Supervisor	1,564	1,976	46,415	23.49	13
14	Head Cook	9,259	10,384	139,204	13.41	14
15	Cook Helpers/Assistants	27,518	30,276	291,960	9.64	15
16	Dishwashers					16
17	Maintenance Worker	8,338	9,418	168,811	17.92	17
18	Housekeepers	21,960	24,629	253,040	10.27	18
19	Laundry	12,989	14,673	156,333	10.65	19
20	Administrator	1,888	2,112	141,076	66.80	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,947	22,481	372,411	16.57	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	5,696	6,155	157,233	25.55	32
33	Other(specify) <u>Chaplain</u>	1,717	2,045	42,795	20.93	33
34	TOTAL (lines 1 - 33)	362,165	406,840	\$ 7,317,767 *	\$ 17.99	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	\$		35	
36	Medical Director	Monthly	13,200	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)	\$	13,200		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

Villa Scalabrini Nursing and Rehab
Provider # 0044792
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 Coordinator	3,952	4,392	139,944	31.86
Resident Assistants	1,744	1,763	17,289	9.81
TOTAL	5,696	6,155	157,233	25.55

A. Administrative Salaries:	Name	Function	Ownership %	Amount
	Demetrios Kouzios	Administrator	0	\$ 141,076
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				
				\$ 141,076

B. Administrative - Other	Description	Amount
	Management Fees	\$ 1,070,501
(Eliminated on Sch. V, Line 17, Col. 7)		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)		
		\$ 1,070,501

C. Professional Services	Vendor/Payee	Type	Amount
	None		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			
			\$

D. Employee Benefits and Payroll Taxes	Description	Amount
	Workers' Compensation Insurance	\$ 95,045
	Unemployment Compensation Insurance	15,714
	FICA Taxes	529,072
	Employee Health Insurance	1,215,845
	Employee Meals	
	Illinois Municipal Retirement Fund (IMRF)*	
	Employee Life Insurance	29,721
	Employee Dental Insurance	39,743
	Employee Group Disability	36,183
	Employee Retirement Plan	469,709
	Employee Morale & Other Benefits	26,407
	Home Office Allocation	289,844
TOTAL (agree to Schedule V, line 22, col.8)		\$ 2,747,283

E. Schedule of Non-Cash Compensation Paid to Owners or Employees	Description	Line #	Amount
	N/A		
TOTAL			\$

F. Dues, Fees, Subscriptions and Promotions	Description	Amount
	IDPH License Fee	\$
	Advertising: Employee Recruitment	
	Health Care Worker Background Check (Indicate # of checks performed 16)	853
	Patient Background Checks	4,272
	Life Services Network of Illinois dues	5,167
	ACHCA membership dues	449
	Miscellaneous dues & subscriptions	2,623
Less: Public Relations Expense		()
Non-allowable advertising		()
Yellow page advertising		()
TOTAL (agree to Sch. V, line 20, col. 8)		\$ 13,364

G. Schedule of Travel and Seminar**	Description	Amount
	Out-of-State Travel	\$
	In-State Travel	
	Seminar Expense	
	See Attached Schedule	2,515
Entertainment Expense		()
(agree to Sch. V, line 24, col. 8)		
TOTAL		\$ 2,515

* Attach copy of IMRF notifications
 SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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													
3								N/A					
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 LSN - \$5167; ACHCA - \$449
- (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? 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? 12.5yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 22,484 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. 129,210
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 benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount \$
- (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? 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? No
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 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

Villa Scalabrini Nursing

12:08 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	52,837	equal to	52,837	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	11,099	equal to	11,099	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	515,612	equal to	515,612	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	28,635	equal to	28,635	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	187,061	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	264,037	equal to	460,428	-196,391	FAILED	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8:2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	1,500,242	equal to	1,500,242	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39.10a	2
Income Stat. General Serv.	2,472,273	equal to	2,472,273	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	6,128,033	equal to	6,128,033	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	4,346,327	equal to	4,346,327	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	478,041	equal to	478,041	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	1,487,114	equal to	1,487,114	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	129,210	equal to	129,210	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	4,854,479	equal to	5,011,712	-157,233	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	187,061	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	158,837	equal to	201,632	-42,795	FAILED	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	78,535	equal to	78,535	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	550,765	equal to	550,765	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	168,811	equal to	168,811	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	253,040	equal to	253,040	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	156,333	equal to	156,333	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	141,076	equal to	141,076	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	372,411	equal to	372,411	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	7,317,767	equal to	7,317,767	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	2,342	-2,342	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	13,200	< or = to	13,200	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	0	< or = to	55,161	-55,161	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	1,762	-1,762	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to	286	-286	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched. - Admin. Salar.	141,076	equal to	141,076	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched. - Admin. Other	1,070,501	equal to	1,070,501	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	2,747,283	equal to	2,747,283	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched. - Sched of dues..	13,364	equal to	13,364	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched. - Sched. of trav	2,515	equal to	2,515	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	129,210	equal to	129,210	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	289,844	-289,844	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	16,015	equal to	16,015	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	113,280	equal to	113,280	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	1,500,000	equal to	1,500,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	10,102,489	equal to	10,102,489	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	2,511,404	equal to	2,511,404	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	4,022,224	equal to	4,022,224	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	9,837,218	equal to	9,837,218	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	227,121	equal to	227,121	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	13,441,858	equal to	13,441,858	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	550,765	73,575	2,342	626,682	0	626,682	0	626,682
2. Food Purchase	0	431,720	0	431,720	0	431,720	-9,170	422,550
3. Housekeeping	253,040	45,107	885	299,032	0	299,032	0	299,032
4. Laundry	156,333	49,793	0	206,126	0	206,126	0	206,126
5. Heat and Other Utilities	0	0	396,141	396,141	0	396,141	0	396,141
6. Maintenance	168,811	16,903	326,858	512,572	0	512,572	0	512,572
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,128,949	617,098	726,226	2,472,273	0	2,472,273	-9,170	2,463,103
9. Medical Director	0	0	13,200	13,200	0	13,200	0	13,200
10. Nursing & Medical Records	5,011,712	287,419	55,161	5,354,292	0	5,354,292	0	5,354,292
10a. Therapy	383,452	15,580	61,396	460,428	0	460,428	0	460,428
11. Activities	201,632	17,574	1,762	220,968	0	220,968	0	220,968
12. Social Services	78,535	324	286	79,145	0	79,145	0	79,145
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	5,675,331	320,897	131,805	6,128,033	0	6,128,033	0	6,128,033
17. Administrative	141,076	0	1,070,501	1,211,577	0	1,211,577	-1,070,501	141,076
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	13,364	13,364	0	13,364	0	13,364
21. Clerical & General Office	372,411	43,094	34,782	450,287	0	450,287	767,811	1,218,098
22. Employee Benefits & Payroll	0	0	2,457,439	2,457,439	0	2,457,439	289,844	2,747,283
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	2,515	2,515	0	2,515	0	2,515
25. Other Admin. Staff Trans	0	0	5,161	5,161	0	5,161	0	5,161
26. Insurance-Prop.Liab.Malpractice	0	0	205,984	205,984	0	205,984	0	205,984
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	513,487	43,094	3,789,746	4,346,327	0	4,346,327	-12,846	4,333,481
29. Total General Administrative	7,317,767	981,089	4,647,777	12,946,633	0	12,946,633	-22,016	12,924,617
30. Depreciation	0	0	449,406	449,406	0	449,406	66,206	515,612
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	11,099	11,099
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	28,635	28,635	0	28,635	0	28,635
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	478,041	478,041	0	478,041	77,305	555,346
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	1,484,662	0	1,484,662	0	1,484,662	0	1,484,662
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	129,210	129,210	0	129,210	0	129,210
43. Other (specify):*	0	0	2,452	2,452	0	2,452	-2,452	0
44. Total Special Cost Ce	0	1,484,662	131,662	1,616,324	0	1,616,324	-2,452	1,613,872
45. Grand Total	7,317,767	2,465,751	5,257,480	15,040,998	0	15,040,998	52,837	15,093,835

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	1,407,470	1,407,470
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	1,705,799	1,705,799
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	8,523	8,523
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	3,121,792	3,121,792
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	1,500,000	1,500,000
14. Buildings, at Historical Cost	9,766,164	9,459,832
15. Leasehold Improvements, Historical Cost	23,837	642,657
16. Equipment, at Historical Cost	2,829,533	2,511,404
17. Accumulated Depreciation (book methods)	-4,099,715	-4,022,224
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	78,000	78,000
20. Accum Amort - Org/Pre-Op Costs	-75,400	-75,400
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	297,647	297,647
24. Total Long-Term Assets	10,320,066	10,391,916
25. Total Assets	13,441,858	13,513,708
CURRENT LIABILITIES		
26. Accounts Payable	200,587	200,587
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):	3,404,053	3,404,053
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	3,604,640	3,604,640
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	3,604,640	3,604,640
47. Total Equity	9,837,218	9,909,068
48. Total Liabilities and Equity	13,441,858	13,513,708

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	17,242,427
2. Discounts and Allowances for all Levels	-5,754,326
Subtotal - Inpatient Care	11,488,101
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,342,686
7. Oxygen	0
Subtotal - Ancillary Revenue	1,342,686
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	9,170
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	15,998
17. Sale of Drugs	1,737,281
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	596,119
22. Laundry	67,599
Subtotal - Other Operating Revenue	2,426,167
24. Contributions	0
25. Interest and Other Investments Income	4,291
Subtotal - Non-Operating Revenue	4,291
27. Other Revenue (specify):	6,874
28. Other Revenue (specify):	0
Subtotal - Other Revenue	6,874
30. Total Revenue	15,268,119
31. General Services	2,472,273
32. Health Care	6,128,033
33. General Administration	4,346,327
34. Ownership	478,041
35. Special Cost Centers	1,487,114
35. Provider Participation Fee	129,210
37. Other	0
40. Total Expenses	15,040,998
41. Income Before Income Taxes	227,121
42. Income Taxes	0
43. Net Income or Loss for the Year	227,121

Villa Scalabrini Nursing & Rehab
 IDPA Comparative Data - Per Resident Day Cost
 Year Ending

Cost Report Line	Description	Your Facility	2006 Average Median Cost Per Day	
			State	HSA
1	Dietary	7.90	-	#N/A
2	Food Purchase	5.33	-	#N/A
3	Housekeeping	3.77	-	#N/A
4	Laundry	2.60	-	#N/A
5	Heat & Other Utilities	5.00	-	#N/A
6	Maintenance	6.46	-	#N/A
8	Total General Services	31.06	-	#N/A
10	Nursing & Medical Records	67.52	-	#N/A
10A	Therapy	5.81	-	#N/A
11	Activities	2.79	-	#N/A
12	Social Services	1.00	-	#N/A
16	Total Health Care & Programs	77.28	-	#N/A
17	Administration	1.78	-	#N/A
19	Professional Services	-	-	#N/A
21	Clerical & Gen. Office Expense	15.36	-	#N/A
22	Employee Benefits & PR Taxes	38.64	-	#N/A
24	Travel & Seminar	0.03	-	#N/A
26	Insurance-Property, Liability & Malpractice	2.60	-	#N/A
28	Total General Administrative	54.65	-	#N/A
29	Total Operating Expenses	162.99	-	#N/A
30	Depreciation	6.50	-	#N/A
32	Interest	0.14	-	#N/A
33	Real Estate Taxes	-	-	#N/A
37	Total Ownership	7.00	-	#N/A
	Total Operating and Ownership Cost	169.99	-	#N/A

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

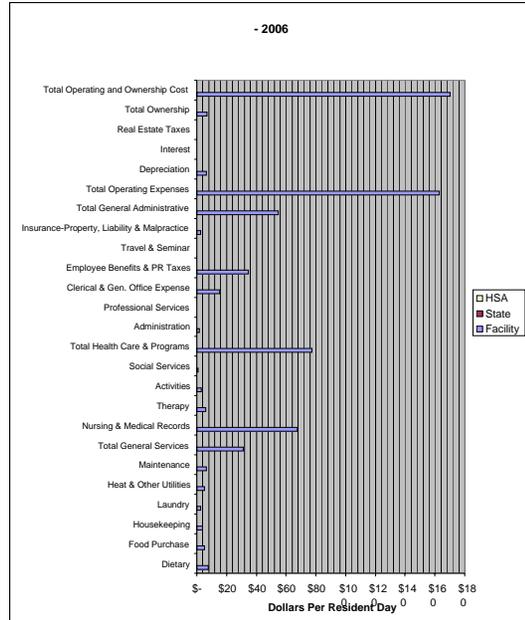
The Average Median Cost Per Day for the State and your HSA is taken from the most recent data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.

Enter your HSA # in next column =====
 Census (Pulls from Page 2) 79,299

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															



Villa Healthcare Nursing & Rehab
HSA Comparative Data - Per Resident Day Cost
Year Ending

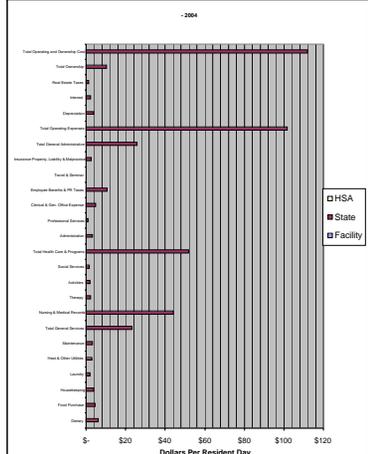
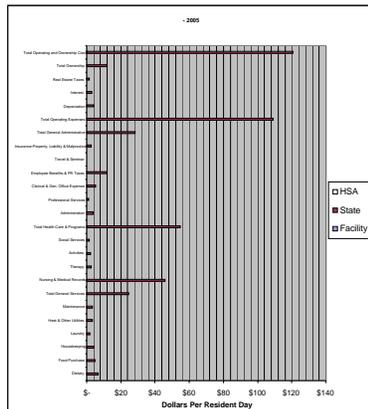
Enter your HSA # in row column
 Column (HSA) from Page 2

752706

Cost Report Line	Description	2007		2006 Median		2006		2006 Median		2005		2005 Median	
		Per Diem	Cost Per Day	Rate	HSA	Per Diem	Cost Per Day	Rate	HSA	Per Diem	Cost Per Day	Rate	HSA
1	Dietary	7.92777	6.52	ANA	PFALLER	6.52	ANA	HEVVO	6.23	ANA			
2	Food Purchase	5.22666	4.68	ANA	PFALLER	4.68	ANA	HEVVO	4.53	ANA			
3	Housekeeping	3.77829	4.02	ANA	PFALLER	4.02	ANA	HEVVO	3.77	ANA			
4	Laundry	2.59318	1.96	ANA	PFALLER	1.96	ANA	HEVVO	1.86	ANA			
5	House & Office Utilities	4.99589	3.31	ANA	PFALLER	3.31	ANA	HEVVO	3.02	ANA			
6	Maintenance	6.63789	3.51	ANA	PFALLER	3.51	ANA	HEVVO	3.23	ANA			
8	Total General Services	31.60299	24.43	ANA	PFALLER	24.43	ANA	HEVVO	23.12	ANA			
10	Nursing & Medical Materials	67.52297	49.97	ANA	PFALLER	49.97	ANA	HEVVO	48.05	ANA			
10A	Therapy	5.86273	2.45	ANA	PFALLER	2.45	ANA	HEVVO	2.16	ANA			
11	Activities	3.78249	2.06	ANA	PFALLER	2.06	ANA	HEVVO	1.95	ANA			
12	Social Services	0.99828	1.58	ANA	PFALLER	1.58	ANA	HEVVO	1.48	ANA			
16	Total Health Care & Programs	72.27587	54.45	ANA	PFALLER	54.45	ANA	HEVVO	53.90	ANA			
17	Administration	1.77038	3.90	ANA	PFALLER	3.90	ANA	HEVVO	3.24	ANA			
19	Professional Services	0	1.01	ANA	PFALLER	1.01	ANA	HEVVO	0.87	ANA			
21	Medical & Gas Office Equipment	15.56824	3.65	ANA	PFALLER	3.65	ANA	HEVVO	4.89	ANA			
22	Employee Benefits & Pay Taxes	16.64612	11.77	ANA	PFALLER	11.77	ANA	HEVVO	10.66	ANA			
24	Taxes & Sundry	0.037154	0.09	ANA	PFALLER	0.09	ANA	HEVVO	0.09	ANA			
26	Insurance (Property, Liability & Miscellaneous)	2.09761	2.69	ANA	PFALLER	2.69	ANA	HEVVO	2.67	ANA			
28	Total General Administration	54.64736	28.30	ANA	PFALLER	28.30	ANA	HEVVO	25.82	ANA			
29	Total Operating Expenses	162.9496	109.93	ANA	PFALLER	109.93	ANA	HEVVO	108.59	ANA			
30	Depreciation	6.502109	3.95	ANA	PFALLER	3.95	ANA	HEVVO	3.78	ANA			
32	Interest	0.02309	2.87	ANA	PFALLER	2.87	ANA	HEVVO	2.22	ANA			
33	Rent State Taxes	0.199409	1.51	ANA	PFALLER	1.51	ANA	HEVVO	1.48	ANA			
37	Total Ownership	7.803495	11.75	ANA	PFALLER	11.75	ANA	HEVVO	10.42	ANA			
	Total Operating and Ownership Cost	169.99	120.68	ANA	PFALLER	120.68	ANA	HEVVO	112.01	ANA			

Notes:
 Year Facility data is from page 3, column 6 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005-2006 Villa Health Care Facility, for the State 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	
[Empty Data Table]												

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
[Empty Data Table]											

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
[Empty Data Table]											

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	4.27	10.11
2	Food Purchase	3.48	6.23
3	Housekeeping	2.59	5.78
4	Laundry	1.00	3.16
5	Heat & Other Utilities	2.10	4.39
6	Maintenance	2.02	5.28
8	TOTAL GENERAL SERVICES	18.27	32.52
10	Nursing & Medical Records	28.00	68.18
10A	Therapy	-	12.21
11	Activities	1.07	3.52
12	Social Services	0.62	3.10
16	TOTAL HEALTH CARE & PROGRAMS	33.59	81.45
17	Administration	1.75	8.15
19	Professional Services	0.05	2.58
21	Clerical & Gen. Office Expense	2.35	10.74
22	Employee Benefits & PR Taxes	6.89	20.31
24	Travel & Seminar	-	0.34
26	Insurance-Property, liability & Malpractice	0.85	4.36
28	TOTAL GENERAL ADMINISTRATIVE	17.40	40.90
29	TOTAL OPERATING EXPENSES	71.40	151.58
30	Depreciation	1.00	8.58
32	Interest	-	10.11
33	Real Estate Taxes	-	5.54
37	TOTAL OWNERSHIP	3.61	22.83
	TOTAL OPERATING & OWNERSHIP COST	75.01	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	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%