



Facility Name & ID Number Aviston Countryside Manor

# 0033407 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>34</u>	Skilled (SNF)	<u>34</u>	<u>12,410</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>63</u>	Intermediate (ICF)	<u>63</u>	<u>22,995</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>97</u>	TOTALS	<u>97</u>	<u>35,405</u>	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	<u>1,032</u>	<u>195</u>	<u>5,000</u>	<u>6,227</u>	8
9	SNF/PED					9
10	ICF	<u>14,071</u>	<u>11,698</u>		<u>25,769</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>15,103</u>	<u>11,893</u>	<u>5,000</u>	<u>31,996</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.37%

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

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 2/23/1988

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 22 and days of care provided 5,000

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: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	145,342	11,561	5,942	162,845	446	163,291		163,291		1
2	Food Purchase		167,135		167,135		167,135	(8,764)	158,371		2
3	Housekeeping	97,214	16,687		113,901		113,901	949	114,850		3
4	Laundry	100,357	19,581		119,938		119,938		119,938		4
5	Heat and Other Utilities			183,508	183,508		183,508	890	184,398		5
6	Maintenance	32,150	101,870	1,020	135,040		135,040	49,380	184,420		6
7	Other (specify):* <b>Sanitation</b>			10,092	10,092		10,092		10,092		7
8	<b>TOTAL General Services</b>	375,063	316,834	200,562	892,459	446	892,905	42,455	935,360		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			2,400	2,400		2,400		2,400		9
10	Nursing and Medical Records	1,342,619	90,197	8,579	1,441,395		1,441,395	(884)	1,440,511		10
10a	Therapy			994,265	994,265		994,265		994,265		10a
11	Activities	53,451	6,322	2,957	62,730	(446)	62,284		62,284		11
12	Social Services	29,595			29,595		29,595		29,595		12
13	CNA Training					1,274	1,274		1,274		13
14	Program Transportation		1,526		1,526		1,526		1,526		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,425,665	98,045	1,008,201	2,531,911	828	2,532,739	(884)	2,531,855		16
	<b>C. General Administration</b>										
17	Administrative	227,986	35,035	860,610	1,123,631	(4,371)	1,119,260	(697,057)	422,203		17
18	Directors Fees										18
19	Professional Services			39,484	39,484		39,484	5,912	45,396		19
20	Dues, Fees, Subscriptions & Promotions			14,065	14,065	4,371	18,436	(8,753)	9,683		20
21	Clerical & General Office Expenses	22,396	18,519	24,234	65,149		65,149	38,230	103,379		21
22	Employee Benefits & Payroll Taxes			264,413	264,413		264,413	16,050	280,463		22
23	Inservice Training & Education			3,685	3,685	(1,274)	2,411		2,411		23
24	Travel and Seminar			10,944	10,944		10,944	(2,012)	8,932		24
25	Other Admin. Staff Transportation			3,046	3,046		3,046	2,746	5,792		25
26	Insurance-Prop.Liab.Malpractice			50,721	50,721		50,721	2,386	53,107		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	250,382	53,554	1,271,202	1,575,138	(1,274)	1,573,864	(642,498)	931,366		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,051,110	468,433	2,479,965	4,999,508		4,999,508	(600,927)	4,398,581		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Aviston Countryside Manor #0033407 Report Period Beginning: 1/1/09 Ending: 12/31/09

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			144,588	144,588		144,588	10,587	155,175			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			24,006	24,006		24,006	973	24,979			33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			174,594	174,594		174,594	5,560	180,154			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		142,921	30,260	173,181		173,181		173,181			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,108	53,108		53,108		53,108			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		142,921	83,368	226,289		226,289		226,289			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,051,110	611,354	2,737,927	5,400,391		5,400,391	(595,367)	4,805,024			45

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

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(884)	10		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,466)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(1,172)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(14,495)	17		19
20	Contributions	(1,566)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(6,948)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(12,341)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(10,604)	VAR		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (50,476)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	(544,891)	VAR	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (544,891)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (595,367)		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
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
38	Medically Necessary Transport.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44					44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule		X		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

<b>BHF USE ONLY</b>							
48		49		50		51	52

Aviston Countryside Manor

ID# 0033407

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Eliminate Vending Machine Cost	\$ (5,900)	2	1
2	Straight Line Depr. On Items Req'd To Be Capitalized	(421)	30	2
3	Record 2009 IDPH License Paid in 2008	995	20	3
4	Offset Voided Checks & Bank Reimbursements	(802)	17	4
5	Offset Food Purchase Reimbursements	(398)	2	5
6	Offset Miscellaneous Refunds & Reimbursements	(170)	17	6
7	Eliminate Lobbying Portion of 2009 IHCA Dues	(1,463)	20	7
8	Eliminate Out-of-State Travel and Seminar	(2,445)	24	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(10,604)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Aviston Countryside Manor# 0033407

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(8,764)	0	0	0	0	0	0	0	0	0	0	(8,764)	2
3	Housekeeping	0	949	0	0	0	0	0	0	0	0	0	949	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	890	0	0	0	0	0	0	0	0	0	890	5
6	Maintenance	0	49,380	0	0	0	0	0	0	0	0	0	49,380	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(8,764)</b>	<b>51,219</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42,455</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(884)	0	0	0	0	0	0	0	0	0	0	(884)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(884)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(884)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(15,467)	100,170	(781,760)	0	0	0	0	0	0	0	0	(697,057)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	5,654	258	0	0	0	0	0	0	0	0	5,912	19
20	Fees, Subscriptions & Promotions	(8,982)	183	46	0	0	0	0	0	0	0	0	(8,753)	20
21	Clerical & General Office Expenses	(12,341)	50,571	0	0	0	0	0	0	0	0	0	38,230	21
22	Employee Benefits & Payroll Taxes	0	12,587	3,463	0	0	0	0	0	0	0	0	16,050	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(2,445)	359	74	0	0	0	0	0	0	0	0	(2,012)	24
25	Other Admin. Staff Transportation	0	2,746	0	0	0	0	0	0	0	0	0	2,746	25
26	Insurance-Prop.Liab.Malpractice	0	2,386	0	0	0	0	0	0	0	0	0	2,386	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(39,235)</b>	<b>174,656</b>	<b>(777,919)</b>	<b>0</b>	<b>(642,498)</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(48,883)</b>	<b>225,875</b>	<b>(777,919)</b>	<b>0</b>	<b>(600,927)</b>	<b>29</b>							

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Aviston Countryside Manor# 0033407

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(1,593)	12,180	0	0	0	0	0	0	0	0	0	10,587	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	973	0	0	0	0	0	0	0	0	0	973	33
34	Rent-Facility & Grounds	0	0	(6,000)	0	0	0	0	0	0	0	0	(6,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(1,593)</b>	<b>13,153</b>	<b>(6,000)</b>	<b>0</b>	<b>5,560</b>	<b>37</b>							
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(50,476)	239,028	(783,919)	0	0	0	0	0	0	0	0	(595,367)	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
Jerry & Marilyn King	100.00	Mt. Vernon Countryside Manor, Inc.	Mt. Vernon	King Management	Nashville	Home Office
				King Management	Bonita Springs, FL	Management Co.
Jerry & Marily King	100.00	Taylorville Care Center, Inc.	Taylorville	of SW Florida		
				Residential Living Ctr.	Mt. Vernon	Assisted Living
				Taylorville Estates	Taylorville	Assisted Living
				Trenton Village	Trenton	Assisted Living

**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:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	3 See Schedule VIII	\$	King Management Co.	100.00%	\$ 949	\$ 949	1	
2	V	5 See Schedule VIII		King Management Co.	100.00%	890	890	2	
3	V	6 See Schedule VIII		King Management Co.	100.00%	49,380	49,380	3	
4	V	17 See Schedule VIII		King Management Co.	100.00%	100,170	100,170	4	
5	V	19 See Schedule VIII		King Management Co.	100.00%	5,654	5,654	5	
6	V	20 See Schedule VIII		King Management Co.	100.00%	183	183	6	
7	V	21 See Schedule VIII		King Management Co.	100.00%	50,571	50,571	7	
8	V	22 See Schedule VIII		King Management Co.	100.00%	12,587	12,587	8	
9	V	24 See Schedule VIII		King Management Co.	100.00%	359	359	9	
10	V	25 See Schedule VIII		King Management Co.	100.00%	2,746	2,746	10	
11	V	26 See Schedule VIII		King Management Co.	100.00%	2,386	2,386	11	
12	V	30 See Schedule VIII		King Management Co.	100.00%	12,180	12,180	12	
13	V	33 See Schedule VIII		King Management Co.	100.00%	973	973	13	
14	Total		\$			\$ 239,028	\$ *	239,028	14

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

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 1/1/09

Ending: 12/31/09

**VII. RELATED PARTIES (continued)**

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  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:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	34 Land Lease	\$ 6,000	Jerry King		\$	\$ (6,000)
16	V						
17	V	17 See Schedule VIII	860,610	King Management of SW Florida	100.00%	78,850	(781,760)
18	V	19 See Schedule VIII		King Management of SW Florida	100.00%	258	258
19	V	20 See Schedule VIII		King Management of SW Florida	100.00%	46	46
20	V	22 See Schedule VIII		King Management of SW Florida	100.00%	3,463	3,463
21	V	24 See Schedule VIII		King Management of SW Florida	100.00%	74	74
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 866,610			\$ 82,691	\$ * (783,919)

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

Facility Name &amp; ID Number

Aviston Countryside Manor

# 0033407

Report Period Beginning:

1/1/09

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## 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	Jerry King	Owner	Mgmt/Consultant	100.00	150,513	15	30.34	Salary	\$ 77,029	17,8	1
2	Denise King	Regional Director	Administrative	0.00	188,945	18	30.34	Salary	96,698	17,8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	59,500	15	30.34	Salary	30,451	6,8	3
4	Leslie Pedtke	Administrator	Administrative	0.00	0	50	100.00	Salary	217,591	17,1	4
5	Marilyn King	Owner	Mgmt/Consultant	100.00	3,557	1	30.34	Salary	1,821	17,8	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 423,590		13

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

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

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

1/1/09

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VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization King Management Company  
 Street Address 935 South Mill Street  
 City / State / Zip Code Nashville, IL  
 Phone Number ( 618 ) 327-3064  
 Fax Number ( 618 ) 327-3083

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	3	Housekeeping	Accumulated Costs	14,961,763	6	\$ 3,129	\$ 4,539,781	\$ 949	1	
2	5	Utilities	Accumulated Costs	14,961,763	6	2,933	4,539,781	890	2	
3	6	Maintenance	Accumulated Costs	14,961,763	6	162,741	100,357	4,539,781	49,380	3
4	17	Administrative	Accumulated Costs	14,961,763	6	330,130	318,687	4,539,781	100,170	4
5	19	Professional Fees	Accumulated Costs	14,961,763	6	18,634		4,539,781	5,654	5
6	20	Dues, Fees, & Subscriptions	Accumulated Costs	14,961,763	6	602		4,539,781	183	6
7	21	Clerical and Office Expense	Accumulated Costs	14,961,763	6	166,668	146,886	4,539,781	50,571	7
8	22	Employee Benefits	Accumulated Costs	14,961,763	6	41,482		4,539,781	12,587	8
9	24	Seminars	Accumulated Costs	14,961,763	6	1,182		4,539,781	359	9
10	25	Other Admin Staff Transport	Accumulated Costs	14,961,763	6	9,049		4,539,781	2,746	10
11	26	Insurance	Accumulated Costs	14,961,763	6	7,863		4,539,781	2,386	11
12	30	Depreciation - Other	Accumulated Costs	14,961,763	6	15,985		4,539,781	4,850	12
13	30	Depreciation - Vehicles	Accumulated Costs	14,961,763	6	24,159		4,539,781	7,330	13
14	33	Property Taxes	Accumulated Costs	14,961,763	6	3,207		4,539,781	973	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 787,764	\$ 565,930	\$ 239,028		25

Facility Name & ID Number Aviston Countryside Manor

# 0033407

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1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization King Management of SW Florida  
 Street Address 3440 Riviera Lakes Ct.  
 City / State / Zip Code Bonita Springs, FL 34134  
 Phone Number ( )  
 Fax Number ( )

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	17	Administrative	Accumulated Costs	14,961,763	6	\$ 259,866	\$ 4,539,781	\$ 78,850	1
2	19	Professional Fees	Accumulated Costs	14,961,763	6	850	4,539,781	258	2
3	20	Dues, Fees, & Subscriptions	Accumulated Costs	14,961,763	6	150	4,539,781	46	3
4	22	Employee Benefits	Accumulated Costs	14,961,763	6	11,414	4,539,781	3,463	4
5	24	Travel & Seminar	Accumulated Costs	14,961,763	6	245	4,539,781	74	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 272,525	\$ 259,866	\$ 82,691	25

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Aviston Countryside Manor

# 0033407

Report Period Beginning:

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**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Schedule Not Applicable																	
2																		
3																		
4																		
5																		
<b>Working Capital</b>																		
6																		
7																		
8																		
9	<b>TOTAL Facility Related</b>					\$	\$		\$									
<b>B. Non-Facility Related*</b>																		
10																		
11																		
12																		
13																		
14	<b>TOTAL Non-Facility Related</b>					\$	\$		\$									
15	<b>TOTALS (line 9+line14)</b>					\$	\$		\$									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

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

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





Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

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**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 28,618 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ 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 grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

Section Not Applicable

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:

(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>Building &amp; Parking Lot</u>	<u>108,900</u>	<u>1986</u>	<u>\$ 44,774</u>	<u>1</u>
2	<u>Home Office</u>			<u>1,909</u>	<u>2</u>
3	<b>TOTALS</b>	<b>108,900</b>		<b>\$ 46,683</b>	<b>3</b>

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# 0033407

Report Period Beginning:

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**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	70	1988	1988	\$ 1,472,741	\$ 48,046	30	\$ 49,091	\$ 1,045	\$ 1,071,827	4
5		1988	1988	66,310	2,210	30	2,210		54,520	5
6	27	1990	1990	352,911	13,097	30	11,764	(1,333)	230,373	6
7		1990	1990	6,649	228	30	222	(6)	4,350	7
8										8
	<b>Improvement Type**</b>									
9	Level and Remove Dirt		1988	1,428		10			1,428	9
10	Landscaping & Sod		1988	4,046		10			4,046	10
11	Shrubs		1988	1,219		10			1,219	11
12	Patio		1988	20,500		20			20,500	12
13	Parking Lot		1988	37,691		20			37,691	13
14	Landscaping & Sod		1988	1,900		10			1,900	14
15	Sidewalk & Patio		1988	1,161		20			1,161	15
16	Landscaping		1988	1,020		20			1,020	16
17	Door/Door Frames		1988	16,064		20			16,064	17
18	Finishing Work on Additions		1990	918		15			918	18
19	Storage Building		1993	3,900		15			3,900	19
20	Water Heater		1994	3,164	140	15	140		3,164	20
21	Electrical Work		1994	2,293		10			2,293	21
22	Flooring		1995	9,255		10			9,255	22
23	Asphalt Parking Lot		1995	8,288		10			8,288	23
24	Double Decker Check Valve		1995	1,750		10			1,750	24
25	HVAC - Kitchen/Laundry		1996	14,577	857	17	857		11,502	25
26	Water Heater		1996	3,312	221	15	221		3,092	26
27	Hot Water Heater		1997	3,802	253	15	253		3,147	27
28	Landscaping & Sod		1997	3,499		10			3,499	28
29	Vinyl Flooring		1997	2,570		10			2,570	29
30	Floor Tiles		1997	3,525		10			3,525	30
31	Water Heater		1999	3,468	318	15	231	(87)	2,350	31
32	Wallcovering/Flooring		1999	1,774	163	10	163		1,774	32
33	Carpet		1999	12,873	1,287	10	1,180	(107)	12,873	33
34	Window Treatments		1999	7,734	194	5		(194)	7,734	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

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# 0033407

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## 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	Renovation C-Wing	2000	\$ 6,749	\$ 450	15	\$ 450		\$ 4,312	37
38	Wallpaper	2000	7,178		5			7,178	38
39	Paint	2000	1,745		5			1,745	39
40	Dressers & Installation	2000	3,870	258	15	258		2,537	40
41	Countertops & Installation	2000	4,008	200	20	200		1,970	41
42	Tile	2000	1,857	186	10	186		1,687	42
43	Window Treatment	2000	3,049		5			3,049	43
44	Wanderguard Systems	2000	2,102	210	10	210		2,014	44
45	Room Doors	2000	2,699	270	10	270		2,542	45
46	Tile	2000	2,515	252	10	252		2,265	46
47	Gravel Parking Lot	2000	2,698		5			2,698	47
48	Air Conditioner Units (3)	2000	1,770		10			1,770	48
49	Tile	2000	2,602		10	260	260	2,363	49
50	Diamond Retaining Wall	2001	1,980	198	10	198		1,716	50
51	Cabinets	2001	23,546	2,354	10	2,354		20,601	51
52	Addition to Fire Alarm System	2001	4,368	437	10	437		3,786	52
53	Electrical Repairs to Service Entrance	2001	6,725	672	10	672		5,941	53
54	Carpet	2001	3,051	305	10	305		2,746	54
55	Door Security Systems	2001	10,589	1,059	10	1,059		8,647	55
56	Water Heater	2002	4,552	303	15	303		2,326	56
57	Rooftop A/C Units (3)	2002	14,243	1,424	10	1,424		10,207	57
58	Phone System	2002	7,344	734	10	734		5,201	58
59	Dining Room Additions	2003	8,600	215	40	215		1,397	59
60	Parking Lot	2003	5,446	544	10	544		3,449	60
61	Landscaping	2003	3,040	304	10	304		1,925	61
62	Concrete Pad	2004	4,000	266	15	266		1,422	62
63	Landscaping	2004	6,711	671	10	671		3,523	63
64	Flooring	2004	5,650	565	10	565		3,155	64
65	Carpet	2004	1,694	141	5	141		1,694	65
66	Window Treatment	2004	1,935	323	5	323		1,935	66
67	Dining Room Additions	2004	159,328	11,381	14	11,381		60,697	67
68	Landscaping	2004	8,297	830	10	830		4,218	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,394,283	\$ 91,566		\$ 91,144	\$ (422)	\$ 1,708,449	70

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

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## 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	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,394,283	\$ 91,566		\$ 91,144	\$ (422)	\$ 1,708,449	1
2									2
3	Floodlights	2006	3,314	331	10	331		1,076	3
4	Concrete Sidewalk	2006	18,000	1,200	15	1,200		3,800	4
5	Water Heater	2006	5,052	505	10	505		1,810	5
6	Flooring	2006	1,900	190	10	190		618	6
7	Heat/Cool Unit	2006	1,066	107	10	107		365	7
8	Cast Iron Piping	2006	11,826	473	25	473		1,695	8
9	Sprinkler System	2006	6,820	682	10	682		2,253	9
10	Sprinkler System	2007	41,900	1,676	25	1,676		4,469	10
11	New Roofing	2007	6,455	646	10	646		1,669	11
12	Gazebo	2007	5,659	377	15	377		974	12
13	Paint	2007	2,868	574	5	574		1,387	13
14	Wall Covering Installation	2007	5,600	1,120	5	1,120		2,707	14
15	New Roofing	2007	15,900	1,590	10	1,590		3,710	15
16	Wall Guards	2007	4,154	277	15	277		577	16
17	Floor Covering	2007	5,855	586	10	586		1,221	17
18	Landscaping & Electrical Work	2008	3,285	328	10	328		520	18
19	Landscaping	2008	4,754	475	10	475		633	19
20	Flooring	2008	3,039	304	10	304		329	20
21	Water Heater	2009	6,108	204	10	204		204	21
22	Water Softener System	2009	11,812	886	10	886		886	22
23	Oak Doors	2009	2,274	38	15	38		38	23
24	Carpet	2009	1,200		5				24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,563,124	\$ 104,135		\$ 103,713	\$ (422)	\$ 1,739,390	34

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

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		\$ 2,563,124	\$ 104,135		\$ 103,713	\$ (422)	\$ 1,739,390	1
2									2
3	Home Office Parking Lot	1989	600					600	3
4	Home Office Building	1995	29,745		25	1,190	1,190	16,855	4
5	Home Office Interior Finishes Lower Level	1996	1,845		15	123	123	1,660	5
6	Home Office Carpet	1996	645		5			645	6
7	Home Office Cabinets	1996	1,021		20	51	51	689	7
8	Home Office Electrical	1996	353		15	24	24	318	8
9	Home Office Front Door	2002	485		10	49	49	352	9
10	Home Office Wallpaper	2007	277		5	28	28	60	10
11	Home Office Wallpaper	2008	2,277		5	455	455	911	11
12	Home Office Carpet	2008	2,805		5	561	561	1,122	12
13	Home Office Tile Flooring	2009	194		10	19	19	19	13
14	Home Office Wallpaper	2009	435		5	87	87	87	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,603,806	\$ 104,135		\$ 106,300	\$ 2,165	\$ 1,762,708	34

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

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XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 227,746	\$ 19,745	\$ 21,861	\$ 2,116	5-15 yrs	\$ 136,140	71
72	Current Year Purchases	15,072	902	1,049	147	5-15 yrs	1,049	72
73	Fully Depreciated Assets	519,050					519,050	73
74								74
75	TOTALS	\$ 761,868	\$ 20,647	\$ 22,910	\$ 2,263		\$ 656,239	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	Resident Transportation	2006 W/C Passenger Bus	2006	\$ 48,400	\$ 4,840	\$ 4,840		10	\$ 16,940	76
77	Resident Transportation	2007 Chevy Odyssey Bus	2007	55,176	13,794	13,794		4	31,036	77
78	Home Office Vehicles	various	various	29,322		7,331	7,331	4	17,715	78
79										79
80	TOTALS			\$ 132,898	\$ 18,634	\$ 25,965	\$ 7,331		\$ 65,691	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,545,255	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 143,416	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 155,175	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 11,759	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,484,638	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	Outbuilding	\$ 17,573	\$ 1,172	\$ 15,719	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 17,573	\$ 1,172	\$ 15,719	91

G. Construction-in-Progress

	Description	Cost	
92	Section Not Applicable	\$	92
93			93
94			94
95		\$	95

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

\*\* This must agree with Schedule V line 30, column 8.

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: Section Not Applicable

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?  N/A YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_  
(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Section Not Applicable		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</u>	\$ _____

\* 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
--	--	---

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 1,274	\$	\$ 1,274
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$ 1,274	\$	\$ 1,274
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$	1,274		

**C. CONTRACTUAL INCOME**

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

\$ None

**D. NUMBER OF CNAs TRAINED**

COMPLETED	
1. From this facility	<u>2</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>2</b>

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

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

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

	Service	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, 3	hrs	\$	20,544	\$ 437,950	\$	20,544	\$ 437,950	1
2	Licensed Speech and Language Development Therapist	10a, 3	hrs		2,816	135,279		2,816	135,279	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a, 3	hrs		20,622	421,036		20,622	421,036	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				142,921		142,921	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): <u>Lab, X-Ray, Ambul.</u>	39, 3				30,260			30,260	13
14	<b>TOTAL</b>			\$	43,982	\$ 1,024,525	\$ 142,921	43,982	\$ 1,167,446	14

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

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 1/1/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 450,485	\$	1
2	Cash-Patient Deposits	4,060		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	549,400		3
4	Supply Inventory (priced at <u>Cost</u> )	6,250		4
5	Short-Term Investments			5
6	Prepaid Insurance	24,428		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Investment in LTC Insurance</u>	19,885		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,054,508	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	2,581,514		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	808,469		16
17	Accumulated Depreciation (book methods)	(2,402,525)		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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 987,458	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,041,966	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 332,921	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,060		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	172,141		30
31	Accrued Taxes Payable (excluding real estate taxes)	39,083		31
32	Accrued Real Estate Taxes(Sch.IX-B)	24,300		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Deferred Revenue</u>	11,068		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 598,573	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 598,573	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,443,393	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,041,966	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,860,729</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,860,729</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>483,862</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(901,198)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(417,336)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,443,393</b>	<b>24</b> *

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

Facility Name & ID Number Aviston Countryside Manor# 0033407Report Period Beginning: 1/1/09Ending: 12/31/09

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,037,716	1
2	Discounts and Allowances for all Levels	(501,314)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 4,536,402</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,293,274	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,293,274</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,856	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 40,856</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,511	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 2,511</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Miscellaneous	2,254	28
28a	Vending Machine	8,956	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 11,210</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 5,884,253</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	892,459	31
32	Health Care	2,531,911	32
33	General Administration	1,575,138	33
<b>B. Capital Expense</b>			
34	Ownership	174,594	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	173,181	35
36	Provider Participation Fee	53,108	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 5,400,391</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>483,862</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 483,862</b>	<b>43</b>

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

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

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

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

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

1/1/09

Ending:

12/31/09

**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	1,825	2,137	\$ 56,721	\$ 26.54	1
2	Assistant Director of Nursing	1,796	2,130	46,493	21.83	2
3	Registered Nurses	15,665	17,520	350,971	20.03	3
4	Licensed Practical Nurses	11,849	12,615	214,073	16.97	4
5	CNAs & Orderlies	65,273	66,485	647,233	9.74	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,436	5,923	53,450	9.02	10
11	Social Service Workers	2,931	3,139	29,595	9.43	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,076	16,951	145,342	8.57	15
16	Dishwashers					16
17	Maintenance Workers	1,822	1,958	32,150	16.42	17
18	Housekeepers	11,011	11,733	97,214	8.29	18
19	Laundry	11,050	11,836	100,357	8.48	19
20	Administrator	2,032	2,096	227,986	108.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,819	2,070	22,396	10.82	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,574	2,797	27,129	9.70	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	151,159	159,390	\$ 2,051,110 *	\$ 12.87	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	125	\$ 5,756	1,3	35
36	Medical Director	Contract	2,400	9,3	36
37	Medical Records Consultant	17	908	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,073	10,3	39
40	Physical Therapy Consultant	Contract	3,873	10,3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	42	2,512	11,3	44
45	Social Service Consultant				45
46	Other(specify) <u>Urology Consultant</u>	Contract	2,725	10,3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	184	\$ 19,247		49

**C. CONTRACT NURSES**

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





Facility Name &amp; ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 1/1/09

Ending: 12/31/09

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA Dues \$3,623
- (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? 5-15 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,507 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 53,108  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? None
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? No Indicate the amount. \$ None
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 20%
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (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? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

AVISTON COUNTRYSIDE MANOR, INC.  
 IDPH #0033407  
 RECLASSIFICATION  
 ATTACHMENT TO SCHEDULE V  
 12/31/2009

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
FEES & SUBSCRIPTIONS	20	\$ 4,371
ADMINISTRATIVE	17	(4,371)
TO RECLASS THE FOLLOWING		
EXPENSES RECORDED IN MISC.		
EXPENSE TO THE CORRECT LINES:		
BACKGROUND CHECKS	\$ 2,000	
SUBSCRIPTIONS	684	
DUES	210	
LICENSES & FEES	1,477	
	<u>\$ 4,371</u>	
INSERVICE TRAINING & EDUCATION	23	(1,274)
NURSE AIDE TRAINING	13	1,274
TO RECLASS CNA TRAINING		
DIETARY	1	446
ACTIVITIES	11	(446)
TO RECLASS DIETARY CONSULTANT EXPENSE		
TO CORRECT LINE		

AVISTON COUNTRYSIDE MANOR, INC.  
IDPH ID #0033407  
ATTACHMENT TO SCHEDULE XVII  
12/31/2009

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	\$ 483,862
DEPRECIATION ADJUSTMENT	5,942
TRAVEL & ENTERTAINMENT ADJUSTMENT	6,681
ILLINOIS REPLACEMENT TAXES	12,341
CONVERSION TO CASH BASIS ADJUSTMENTS	300,640
TAX NET INCOME	<u>\$ 809,466</u>

AVISTON COUNTRYSIDE MANOR, INC.  
IDPH #0033407  
ATTACHMENT TO SCHEDULE XVII, LINE 28  
12/31/2009

Miscellaneous Income:

Nursing & Medical Records Reimbursements	\$	884
Bank-Related Reimbursements		802
Food Reimbursements		398
Miscellaneous Reimbursements & Refunds		170
	\$	<u>2,254</u>

AVISTON COUNTRYSIDE MANOR, INC.  
IDPH ID #0033407  
ATTACHMENT TO SCHEDULE XIII, PART A  
12/31/2009

The following facility trained our aides:

Kaskaskia College

Centralia, IL \$637 per aide

AVISTON COUNTRYSIDE MANOR  
ATTACHMENT TO SCHEDULE XIX, SECTION G  
12/31/2009

NAME OF EMPLOYEE						TRAVEL/ SEMINAR	LODGING
ATTENDING SEMINAR	JOB TITLE	DATE	LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	COST	COST
Leslie Pedtke	Administrator	1/26/2009	Springfield	Preparing Grant Applications	IHCA	55	
Leslie Pedtke	Administrator	3/18/09 - 3/19/09	Bloomington	INHAA Conference	INHAA	95	117
Denise King	Vice President of Operations	3/18/09 - 3/19/09	Bloomington	INHAA Conference	INHAA	95	117
Leslie Pedtke	Administrator	3/19/2009	Telecourse	Life Services Network		149	
Billie Albers	D.O.N.	4/29/09 - 4/30/09		Resources for Success	IHCA	167	
Jennifer Jansen	A.D.O.N.	4/29/09 - 4/30/09		Resources for Success	IHCA	167	
Tammy Hanke	L.P.N.	4/29/09 - 4/30/09		Resources for Success	IHCA	167	
Leslie Pedtke	Administrator	5/14/2009			Alzheimer's Association	99	
Leslie Pedtke	Administrator	5/20/2009		Pioneer Network Conference		89	
Leslie Pedtke	Administrator	6/16/2009	In House	Psychotropic Medication	Psychiatric Nurse Services	300	
Leslie Pedtke	Administrator	10/13/09 - 10/14/09	Springfield	Culture Change: Leading the Way	IL Pioneer Coalition	168	44
Barbara Warren	Activity Director	10/13/09 - 10/14/09	Springfield	Culture Change: Leading the Way	IL Pioneer Coalition	168	44
Becky Kenow	Medicare Coordinator	10/13/09 - 10/14/09	Springfield	Culture Change: Leading the Way	IL Pioneer Coalition	168	44
Billie Albers	D.O.N.	10/13/09 - 10/14/09	Springfield	Culture Change: Leading the Way	IL Pioneer Coalition	168	44
Barbara Haar	Dietary Manager	10/13/09 - 10/14/09	Springfield	Culture Change: Leading the Way	IL Pioneer Coalition	168	44
Natalie Mueller	Office Manager	10/13/09 - 10/14/09	Springfield	Culture Change: Leading the Way	IL Pioneer Coalition	168	44
Connie Diekman	Nurse's Secretary	10/13/09 - 10/14/09	Springfield	Culture Change: Leading the Way	IL Pioneer Coalition	168	44
Denise King	Vice President of Operations	10/4/09 - 10/7/09	Chicago	AHCA Convention	AHCA	595	1,305
Denise King	Vice President of Operations	6/18/2009		Making Choices & Adapting	IL Pioneer Coalition	479	
Leslie Pedtke	Administrator	9/14/09 - 9/17/09	Peoria	IHCA Convention	IHCA	159	222
Billie Albers	D.O.N.	9/14/09 - 9/17/09	Peoria	IHCA Convention	IHCA	159	222
Jennifer Jansen	A.D.O.N.	9/14/09 - 9/17/09	Peoria	IHCA Convention	IHCA	159	222
Barbara Warren	Activity Director	9/14/09 - 9/17/09	Peoria	IHCA Convention	IHCA	159	223
Barbara Haar	Dietary Manager	9/14/09 - 9/17/09	Peoria	IHCA Convention	IHCA	159	223
Shana Kozuszek	Care Plan Coordinator	11/11/2009	Springfield	MDS Hero	IHCA	100	
Becky Kenow	Medicare Coordinator	11/11/2009	Springfield	MDS Hero	IHCA	100	
Leah Schmidt	C.N.A.	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Erica Summers	C.N.A.	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Rhonda Frederking	C.N.A.	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Penny Willman	C.N.A.	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Linda Gonzales	Laundry Aide	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Becky Heitman	Housekeeping Aide	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Amy Therrian	L.P.N.	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Larissa Melton	R.N.	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Jane Peters	C.N.A.	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Lori Diekman	Nurse's Secretary	11/11/2009	Springfield	Tale of Transformation	IL Pioneer Coalition	25	
Leslie Pedtke	Administrator	11/11/2009	Effingham	MDS Hero	IHCA	100	
Billie Albers	D.O.N.	11/11/2009	Springfield	MDS Hero	IHCA	100	
Rachel Promenchenkel	Social Services	11/11/2009	Springfield	MDS Hero	IHCA	100	
Tammy Hanke	L.P.N.	11/11/2009	Springfield	MDS Hero	IHCA	100	
Leslie Pedtke	Administrator	11/12/2009	Carlyle	More Than Fun & Games	Outcome Services	65	
Leslie Pedtke	Administrator	2/2/2009	Aviston	Person-Centered Care Cert. Program	Alzheimer's Association	200	
						5,542	2,957
				Home Office Allocation		359	
				Management Co. Allocation		74	
						8,932	