

Facility Name & ID Number Heartland of Canton

0049296 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	90	Skilled (SNF)	90	32,850	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	90	TOTALS	90	32,850	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	9,263	9,531	7,331	26,125	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	9,263	9,531	7,331	26,125	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.53%

D. How many bed-hold days during this year were paid by the Department? _____

4 (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)

N/A

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 09/26/1988

J. Was the facility purchased or leased after January 1, 1978?

YES Date 01/01/1983 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 90 and days of care provided 4,369

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 Fiscal Year: 12/31

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

Facility Name & ID Number Heartland of Canton # 0049296 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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
	A. General Services										
1	Dietary	190,391	14,995	11,979	217,365	4,765	222,130		222,130		1
2	Food Purchase		177,569		177,569		177,569	(66)	177,503		2
3	Housekeeping	102,953	15,204	5,441	123,598		123,598		123,598		3
4	Laundry	33,849	15,116	2,422	51,387		51,387		51,387		4
5	Heat and Other Utilities			132,094	132,094	1,285	133,379		133,379		5
6	Maintenance	42,861	10,376	75,934	129,171		129,171		129,171		6
7	Other (specify):* Medical Waste			592	592		592		592		7
8	TOTAL General Services	370,054	233,260	228,462	831,776	6,050	837,826	(66)	837,760		8
	B. Health Care and Programs										
9	Medical Director			10,200	10,200		10,200		10,200		9
10	Nursing and Medical Records	1,631,026	153,451	56,722	1,841,199	5,654	1,846,853		1,846,853		10
10a	Therapy	490,706	6,989	18,351	516,046		516,046		516,046		10a
11	Activities	84,505	5,349	3,506	93,360		93,360	(8)	93,352		11
12	Social Services	78,584	21	2,604	81,209		81,209		81,209		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,284,821	165,810	91,383	2,542,014	5,654	2,547,668	(8)	2,547,660		16
	C. General Administration										
17	Administrative	72,373		247,907	320,280	(44,616)	275,664		275,664		17
18	Directors Fees										18
19	Professional Services			4,603	4,603		4,603	(2,597)	2,006		19
20	Dues, Fees, Subscriptions & Promotions			79,218	79,218		79,218	(52,731)	26,487		20
21	Clerical & General Office Expenses	229,170	37,041	65,091	331,302		331,302	(10,726)	320,576		21
22	Employee Benefits & Payroll Taxes			564,346	564,346	21,712	586,058		586,058		22
23	Inservice Training & Education			2,324	2,324		2,324		2,324		23
24	Travel and Seminar			16,783	16,783		16,783		16,783		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			266,667	266,667		266,667		266,667		26
27	Other (specify):*							(150)	(150)		27
28	TOTAL General Administration	301,543	37,041	1,246,939	1,585,523	(22,904)	1,562,619	(66,204)	1,496,415		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,956,418	436,111	1,566,784	4,959,313	(11,200)	4,948,113	(66,278)	4,881,835		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 Heartland of Canton

#0049296

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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			341,806	341,806	7,528	349,334		349,334			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(755)	(755)	3,672	2,917		2,917			32
33	Real Estate Taxes			73,662	73,662		73,662		73,662			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			51,618	51,618		51,618		51,618			35
36	Other (specify):*											36
37	TOTAL Ownership			466,331	466,331	11,200	477,531		477,531			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			12,302	12,302		12,302		12,302			38
39	Ancillary Service Centers		175,917		175,917		175,917		175,917			39
40	Barber and Beauty Shops		28	14,846	14,874		14,874		14,874			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			49,275	49,275		49,275		49,275			42
43	Other (specify):* IV, X-ray, Lab		15,085	44,442	59,527		59,527		59,527			43
44	TOTAL Special Cost Centers		191,030	120,865	311,895		311,895		311,895			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,956,418	627,141	2,153,980	5,737,539		5,737,539	(66,278)	5,671,261			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	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(66)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients		4		8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(10)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(321)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(150)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties		21		18
19	Entertainment				19
20	Contributions	(1,000)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,597)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(9,075)	21		24
25	Fund Raising, Advertising and Promotional	(52,731)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Pg 5A	(328)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (66,278)		\$	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	
		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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (66,278)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

Heartland of Canton

ID# 0049296

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Vending Income	\$ (320)	21	1
2	Activity Income	(8)	11	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
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25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(328)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heartland of Canton# 0049296

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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

	Operating Expenses	PAGES	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	(66)	0	0	0	0	0	0	0	0	0	0	(66)	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	(66)	0	(66)	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	(8)	0	0	0	0	0	0	0	0	0	0	(8)	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	(8)	0	(8)	16									
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,597)	0	0	0	0	0	0	0	0	0	0	(2,597)	19
20	Fees, Subscriptions & Promotions	(52,731)	0	0	0	0	0	0	0	0	0	0	(52,731)	20
21	Clerical & General Office Expenses	(10,726)	0	0	0	0	0	0	0	0	0	0	(10,726)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(150)	0	0	0	0	0	0	0	0	0	0	(150)	27
28	TOTAL General Administration	(66,204)	0	(66,204)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(66,278)	0	(66,278)	29									

STATE OF ILLINOIS

Facility Name & ID Number Heartland of Canton# 0049296

Report Period Beginning:

01/01/2010 Ending:

Summary B

12/31/2010

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(66,278)	0	0	0	0	0	0	0	0	0	0	(66,278)	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
HCR Manor Care, Inc	100	Health Care & Retirement Corporation of America (see H.O. Cost Report)	Toledo, OH			

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	See						
2	V	Page						
3	V	8						
4	V							
5	V							
6	V	10a						
		Therapy Management	10,325	Heartland Rehab Services, LLC	100.00%	10,325		
7	V							
8	V							
9	V							
10	V							
11	V							
12	V							
13	V							
14	Total		\$ 258,232			\$ 258,232	\$ *	

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

Facility Name & ID Number Heartland of Canton # 0049296 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/2010

Ending: 2/31/2010

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

HCR Manor Care, Inc.

Street Address

333 North Summit Street

City / State / Zip Code

Toledo, OH 43604-2617

Phone Number

(419 252-5500

Fax Number

(419 254-5495

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	\$ 2,652,139	\$ 1,448,591	5,242,340	\$ 4,765	1
2	1	Dietary - Direct to Central Div SN	Accumulated Cost	692,663,974	92 NFs				0	2
3	1	Dietary - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Rehab			5,242,340	0	3
4	5	Utilities - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs			5,242,340	0	4
5	5	Utilities - Direct to Central Div SN	Accumulated Cost	692,663,974	92 NFs			5,242,340	0	5
6	5	Utilities - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	817,551		5,242,340	1,285	6
7	10	Nursing - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	2,699,818	1,331,445	5,242,340	4,852	7
8	10	Nursing - Direct to Central Div SN	Accumulated Cost	692,663,974	92 NFs			5,242,340	0	8
9	10	Nursing - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	510,057	376,446	5,242,340	802	9
10	17	Gen & Admin - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	24,740,566	19,625,790	5,242,340	44,459	10
11	17	Gen & Admin - Direct to Central	Accumulated Cost	692,663,974	92 NFs	1,871,124	5,027,701	5,242,340	14,161	11
12	17	Gen & Admin - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	92,052,254	34,999,867	5,242,340	144,671	12
13	22	Emp Benefits- Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	7,290,309		5,242,340	13,101	13
14	22	Emp Benefits - Direct to Central D	Accumulated Cost	692,663,974	92 NFs			5,242,340	0	14
15	22	Emp Benefits - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	5,479,146		5,242,340	8,611	15
16	30	Depreciation - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	285,954		5,242,340	514	16
17	30	Depreciation - Direct to Central D	Accumulated Cost	692,663,974	92 NFs			5,242,340	0	17
18	30	Depreciation - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	4,462,801		5,242,340	7,014	18
19										19
20	32	Interest				12,736,052			3,672	20
21		Non Central Div Nsg Hm Allocations				29,513,406				21
22										22
23										23
24										24
25	TOTALS					\$ 185,111,177	\$ 62,809,840		\$ 247,907	25

Facility Name & ID Number

Heartland of Canton

0049296

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	7	8	9	10										
										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			
A. Directly Facility Related																			
Long-Term																			
1	Conv. Sub Debentures		X	Facility				\$ 81,675	\$ 81,675		4.4955	\$ 3,672	1						
2													2						
3													3						
4													4						
5													5						
Working Capital																			
6													6						
7													7						
8	Interest Income Other											(755)	8						
9	TOTAL Facility Related						\$ 81,675	\$ 81,675				\$ 2,917	9						
B. Non-Facility Related*																			
10													10						
11													11						
12													12						
13													13						
14	TOTAL Non-Facility Related						\$	\$				\$	14						
15	TOTALS (line 9+line14)						\$ 81,675	\$ 81,675				\$ 2,917	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2009 report.		\$	66,134		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	69,898		2
3. Under or (over) accrual (line 2 minus line 1).		\$	3,764		3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	69,898		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	73,662		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2005	62,972		8	
	2006	61,062		9	
	2007	59,581		10	
	2008	66,134		11	
	2009	66,134		12	
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2009	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,361 B. General Construction Type: Exterior Brick Frame Wood 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).

None

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

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

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1988</u>	\$ <u>55,973</u>	<u>1</u>
2			<u>2006 & 2008</u>	<u>2,153</u>	<u>2</u>
3	TOTALS			\$ 58,126	3

Facility Name & ID Number Heartland of Canton

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Report Period Beginning:

01/01/2010 Ending:

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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	90	1988	1988	\$ 1,936,360	\$ 77,861		\$ 77,861	\$	\$ 1,518,060	4
5	Audit adj 7/1/03 (#1)		1988	(1,508)						5
6			1994	8,975						6
7			2006	364,683						7
8			2008	248,896						8
Improvement Type**										
9	Land Improvements (Current Year Depreciation)				178,573		178,573		1,337,097	9
10	Site Work		1988	125,431						10
11	Sewer & Water Lines		1988	85,093						11
12	Paving		1988	82,940						12
13	Yew Trees		1991	4,440						13
14	Landscaping - Stone Wall		1992	3,812						14
15	Drain Tiles and Catch Basins		1992	7,550						15
16	AUDIT ADJ 7/1/03 (#2) - Drain Tiles		1992	(45)						16
17	AUDIT ADJ 7/1/03 (#2) - Reverse Adjustment		1992	45						17
18	Credit on Land Imp-CNCLD Retainer		1992	(755)						18
19	Fire Rated Door - Staff Development		1992	2,444						19
20	Plumbing - Mixing Valve		1992	676						20
21	Carpeting		1992	5,804						21
22	AUDIT ADJ 7/1/03 (#3) - Carpeting		1992	(5,804)						22
23	Carpet Vestibule Lounge - AUDIT ADJ 7/1/03 (#4) - CHG YEAR		1992	5,804						23
24	Renovation (Moved from CIP in 1995)		1993	5,360						24
25	Electrical (Moved from CIP in 1995)		1993	1,748						25
26	Aluminum Awning		1993	1,376						26
27	Wood Fence for Courtyard		1993	1,785						27
28	Replace Sod		1993	2,575						28
29	Seal & Stripe Parking Lot		1994	7,564						29
30	Painting		1994	994						30
31	Interior DR Remodel, Carpentry		1994	8,650						31
32	Elec, Plumb, DR Remodel		1994	5,130						32
33	Sprinkler Sys		1994	1,193						33
34	Carpet Lobby, Offices, Nurses Station		1994	13,908						34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heartland of Canton

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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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Concrete Sidewalk	1995	\$ 4,440	\$		\$	\$	\$	37
38	Fencing	1995	1,732						38
39	Vinyl Flooring	1995	949						39
40	Electrical	1995	1,154						40
41	Cabinets in Alzheimers Unit	1995	1,394						41
42	Counter Top	1995	244						42
43	Doors	1995	7,346						43
44	Architectural Fees A/L Lounge Renovation	1995	2,231						44
45	Electrical Engineering and Architectural Service Fees-CHG YR	1995	9,766						45
46	Carpet	1996	181						46
47	Painting	1996	1,750						47
48	Painting	1996	1,806						48
49	Labor, Material, Permits to Renovate A/L Lounge	1996	5,615						49
50	Carpeting	1996	1,060						50
51	(51) Doors	1996	8,278						51
52	Grilles for Sliding Glass Door for A/L Lounge	1996	181						52
53	Credit on BLD IMP- CNCLD Retainer	1996	(18)						53
54	Ceramic Tile	1996	3,511						54
55	Painting	1997	148						55
56	Architectural Services	1997	375						56
57	Architectural Services -Alzheimers Unit	1997	2,075						57
58	Additional Architectural Services	1997	500						58
59	Architectural Services - Alzheimer's Unit	1997	575						59
60	Add'l HVAC Cost	1997	232						60
61	Architectural Services - AUDIT ADJ 7/1/03 (#7) CHG YEAR	1997	3,725						61
62	Engineering Services - AUDIT ADJ 7/1/03 (#7) CHG YEAR	1997	250						62
63	Construction Overhead and Interest-AUDIT ADJ 7/1/03 (#7) CHG	1997	18,034						63
64	HVAC - AUDIT A.JD 7/1/03 (#7) CHG YEAR	1997	194,747						64
65	Lift Station - AUDIT ADJ 7/1/03 (#7) CHG YEAR	1997	25,000						65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,222,406	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	70

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

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01/01/2010 Ending: 12/31/2010

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		\$ 3,222,406	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	1
2	HVAC	1998	35,458						2
3	A/C DESIGN & INSTALLATION	1998	36,185						3
4	AA ON ROOFTOP UNIT	1998	7,360						4
5	ROOF TOP UNIT	1998	11,100						5
6	FACIA BOARD & GUTTERS	1998	13,000						6
7	Asphalt Paving	1998	17,441						7
8	INSTALL HVAC-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1998	1,475						8
9	INSTALL DAMPER HVAC-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1998	643						9
10	INSTALL RTU HVAC-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1998	1,200						10
11	WALLCOVERINGS	1999	5,319						11
12	CONSTRUCTION OVERHEAD	1999	11,221						12
13	AUDIT ADJ 7/1/03 (#8) - OVERHEAD	1999	(11,221)						13
14	WALLCOVERINGS	1999	4,097						14
15	AUDIT ADJ 7/1/03 (#9) - WALLCOVERINGS	1999	(225)						15
16	SECURE CARE LOCKING SYSTEM	1999	5,101						16
17	PARTITIONS	1999	738						17
18	WALLCOVERINGS-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	1,233						18
19	CORNER GUARDS-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	251						19
20	COVE BASE-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	539						20
21	LOREN COOK ROOF EXHAUST-AUDIT ADJ 7/1/03 (#10) CHG YEAR	1999	1,325						21
22	WALL VINYL COVERING	1999	1,936						22
23	CABINETS & TOPS	1999	5,247						23
24	PAINTING	1999	1,450						24
25	PAINTING	1999	17,000						25
26	AUDIT ADJ 7/1/03 (#11) - PAINTING	1999	(17,000)						26
27	FLOORING - COVE BASE	1999	1,258						27
28	CUSTOM CABINETS	1999	5,820						28
29	PAINTING	1999	15,000						29
30	CEILING INSTALLATION-AUDIT ADJ 7/1/03 (#12) CHG YEAR	1999	10,367						30
31	AUDIT ADJ 7/1/03 (#13) - CEILING INSULATION	1999	(10,367)						31
32	DESIGN FEES FOR ALZHEIMERS UNIT	1999	1,050						32
33	DESIGN FEES FOR ALZHEIMERS UNIT	1999	(1,050)						33
34	TOTAL (lines 1 thru 33)		\$ 3,395,358	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	34

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

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Report Period Beginning:

01/01/2010

Ending:

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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	Totals from Page 12B, Carried Forward		\$ 3,395,358	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	1
2	WALLCOVERING	1999	132						2
3	WALLCOVERING	1999	116						3
4	WALLCOVERING	1999	496						4
5	COOLER	1999	1,245						5
6	AUDIT ADJ 7/1/03 (#14) - COOLER	1999	(1,245)						6
7	WALLCOVERING	1999	744						7
8	AUDIT ADJ 7/1/03 (#15) - WALLCOVERING	1999	(744)						8
9	PAINTING	1999	33,450						9
10	AUDIT ADJ 7/1/03 (#16) - PAINTING	1999	(33,450)						10
11	CABINETRY & COUNTERTOPS	1999	11,067						11
12	AUDIT ADJ 7/1/03 (#17) - CABINETRY	1999	(11,067)						12
13	CARPETING & FLOORING	1999	1,258						13
14	AUDIT ADJ 7/1/03 (#18) - CARPETING	1999	(1,258)						14
15	HVAC	1999	3,318						15
16	AUDIT ADJ 7/1/03 (#19) - HVAC	1999	(3,318)						16
17	CEILING INSTALLATION	1999	10,367						17
18	AUDIT ADJ 7/1/03 (#20) - CEILING INSTALLATION	1999	(10,367)						18
19									19
20	FLOORING	2000	24,374						20
21	CONSTRUCTION OVERHEAD AND INTEREST	2000	31,653						21
22	AUDIT ADJ 7/1/03 (#21) - CONSTRUCTION	2000	(31,653)						22
23	DOOR HOLDERS	2000	1,623						23
24	FLOOR COVERING	2000	1,495						24
25	DRY SPRINKLER SYSTEM	2000	1,381						25
26	DRYWALL	2000	6,160						26
27	FREIGHT ON FABRIC	2001	534						27
28	FURNISH & INSTALL HANDRAILS	2001	943						28
29	DOORS	2001	4,200						29
30	ROOF	2001	13,000						30
31	COVE BASE	2001	5,885						31
32	AUDIT ADJ 7/1/03 (# 26) - COVE BASE	2001	(5,885)						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,449,813	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	34

**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	Totals from Page 12C, Carried Forward		\$ 3,449,813	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	1
2	RESIDENT ROOM PAINTING	2002	4,484						2
3	AUDIT ADJ 7/1/03 (# 27) - RESIDENT ROOM PAINTING	2002	(4,484)						3
4	RESIDENT ROOM PAINTING	2002	38,492						4
5	AUDIT ADJ 7/1/03 (#22) - PAINTING	2002	(2,814)						5
6	DOORS	2002	3,225						6
7	GENERAL CONSTRUCTION	2002	9,542						7
8	RENOVATION ELECTRICAL-AUDIT ADJ 7/1/03 (#24) CHG Y	2002	61,600						8
9	AUDIT ADJ 7/1/03 (#23) - RENOVATION ELECTRICAL	2002	(2,284)						9
10	STAINLESS STEEL VWC	2002	9,059						10
11	STAINLESS STEEL VWC	2002	1,007						11
12	ROOF	2003	17,781						12
13	ROOF	2003	970						13
14	7/1/06 CAPITAL RATE ADJUST #1	2003	(970)						14
15	ROOFING & SHEET METAL	2003	53,562						15
16	GENERAL CONSTRUCTION	2003	3,994						16
17	AUDIT ADJ 7/1/03 (#25) - GENERAL CONSTRUCTION	2003	(3,994)						17
18	CARPET AND INSTALL	2003	22,469						18
19	PAVING	2003	72,546						19
20	OVERHEAD & INTEREST	2003	8,586						20
21	AUDIT ADJ 12/03 (#1) OVERHEAD & INT	2003	(8,586)						21
22	AUDIT ADJ 7/1/03 (#5) - PG 12A LINE 47 + PG 12A LINE 55	2003	(2)						22
23	AUDIT ADJ 7/1/03 (#5) - REVERSAL	2003	2						23
24	CEILING	2004	1,817						24
25	WINDOW	2004	3,078						25
26	DOOR	2004	1,600						26
27	SHEET VINYL FLOORING	2004	7,250						27
28	CUSTOM CABINETS	2004	2,354						28
29	VCT AND COVE BASE	2004	2,250						29
30	ARCH & ENGINEERING COSTS	2005	2,420						30
31	ARCH & ENGINEERING COSTS	2005	423						31
32	HANDRAIL AND BACKER	2005	27,820						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,783,011	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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 12D, Carried Forward		\$ 3,783,011	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	1
2	MAGNETIC DOOR	2005	2,515						2
3	METAL DOORS	2005	2,485						3
4	DOOR FRAMES	2005	24,900						4
5	ARCHITECT & ENGINEERING COSTS	2005	10,281						5
6	OVERHEAD & INTEREST	2005	10,238						6
7	7/1/06 CAPITAL RATE ADJUST #2	2005	(10,238)						7
8	INTEREST ON CONSTRUCTION	2005	735						8
9	7/1/06 CAPITAL RATE ADJUST #3	2005	(735)						9
10	WALLCOVERING	2005	1,452						10
11	7/1/06 CAPITAL RATE ADJUST #4	2005	(1,452)						11
12	PLAN REVIEWS	2005	2,400						12
13	BASIC ELECTRICAL	2005	71,574						13
14	INSTALLATION OF 10 PTAC UNITS	2005	616						14
15	GENERATOR	2006	7,415						15
16	GENERATOR	2006	5,493						16
17	INSTALLATION OF 5 PTAC UNITS	2006	3,275						17
18	ARCHITECT & ENGINEERING COSTS	2006	36,887						18
19	ARCHITECT & ENGINEERING COSTS	2006	6,472						19
20	ENGINEERING - CIVIL	2006	8,600						20
21	GENERAL OVERHEAD	2006	20,273						21
22	PLAN REVIEWS	2006	7,286						22
23	INTEREST ON CONSTRUCTION	2006	3,433						23
24	CARPETING & PADS	2006	1,615						24
25	WALLCOVERING	2006	1,845						25
26	SPRINKLERS	2006	1,075						26
27	HVAC	2006	3,417						27
28	VINYL WALL COVERING	2006	1,022						28
29	VINYL WALL COVERING	2006	130						29
30	CARPET	2006	1,085						30
31	CARPENTRY	2006	15,800						31
32	GENERAL CONTRACTOR - PT ADDITION	2006	98,220						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,121,122	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	34

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

Facility Name & ID Number Heartland of Canton

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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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 4,121,122	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	1
2	SOIL TESTING	2006	4,866						2
3	CONCRETE TESTING	2006	188						3
4	CONCRETE PAD AND RAMP	2007	13,712						4
5	1006 NURSE CALL SYSTEM	2007	8,691						5
6	1006 NURSE CALL SYSTEM	2007	1,133						6
7	window glass	2007	1,089						7
8	RETAINAGE FOR WIRING	2007	1,164						8
9	WIRING	2007	10,476						9
10	FIRE ALARM MOTHERBOARD	2007	1,620						10
11	CARPENTRY	2007	23,900						11
12	SIDEWALK	2007	23,500						12
13	SIDEWALK	2007	3,750						13
14	SIDEWALK INSTALLATION	2008	3,980						14
15	SIDEWALK	2008	1,070						15
16	ENG COSTS FOR SIDEWALK DESIGN	2007	5,447						16
17	CARPET - PT ADDITION	2008	3,337						17
18	CANTON PT ADT'N-GEN'L CNTR SITE WORK	2008	9,654						18
19	CANTON PT ADT'N-ARCH & ENGR COSTS	2008	55,263						19
20	CANTON PT ADT'N-GEN'L O-H CAPITAL	2008	83,955						20
21	CANTON PT ADT'N-PLAN REVIEWS	2008	6,000						21
22	CANTON PT ADT'N-INT ON COSTS	2008	12,978						22
23	CANTON PT ADT'N-MILLWORK	2008	131						23
24	CANTON PT ADT'N-RESILIENT FLOORING	2008	2,940						24
25	CANTON PT ADT'N-CARPETING & PADS	2008	3,347						25
26	CANTON PT ADT'N-WALL COVERING	2008	4,099						26
27	CANTON PT ADT'N-CORNER GUARDS	2008	195						27
28	DOOR OPENERS	2008	6,085						28
29	garage electrical	2008	318						29
30	garage electrical	2008	2,862						30
31	SPRINKLER PIPING	2008	20,000						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,436,871	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	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	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		\$ 4,436,871	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	1
2	2009	7,200						2
3	2007	(1,620)						3
4	2008	3,350						4
5	2007	(1,620)						5
6	2009	25,430						6
7	2009	151						7
8	2009	76,290						8
9								9
10	2010	3,225						10
11	2010	7,445						11
12	2010	7,445						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		\$ 4,564,167	\$ 256,434		\$ 256,434	\$	\$ 2,855,157	34

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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	\$ 1,505,675	\$ 85,372	\$ 85,372	\$		\$ 1,247,190	71
72	Current Year Purchases	74,280						72
73	Fully Depreciated Assets							73
74	Home Office			7,528	7,528			74
75	TOTALS	\$ 1,579,955	\$ 85,372	\$ 92,900	\$ 7,528		\$ 1,247,190	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										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,202,248	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 341,806	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 349,334	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 7,528	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,102,347	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

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

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?

YES NO

16. Rental Amount for movable equipment: \$ 32,827 Description: 02 Concentrators, wheelchairs, gerichairs, electric beds, etc.

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Patient Transportation</u>	<u>2006 Ford E350 Van</u>	\$ <u>varies</u>	\$ <u>18,791</u>	17
18					18
19					19
20					20
21	TOTAL		\$	\$ <u>18,791</u>	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>/2011</u>	\$ _____
13.	<u>/2012</u>	\$ _____
14.	<u>/2013</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 type="checkbox"/> YES <input checked="" 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 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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	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	1596	hrs	\$ 62,217	83	\$ 4,980	\$ 771	1,679	\$ 67,968	1
2	Licensed Speech and Language Development Therapist	10a	1046	hrs	40,801			455	1,046	41,256	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	3641	hrs	141,980			5,763	3,641	147,743	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39,2		# of prescrpts				175,917		175,917	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>IV Therapy</u>	43, 2						15,085		15,085	12
13	Other (specify): <u>X-ray & lab</u>	43, 3					34,448			34,448	13
14	TOTAL				\$ 244,998	83	\$ 39,428	\$ 197,991	6,366	\$ 482,417	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 Heartland of Canton# 0049296Report Period Beginning: 01/01/2010Ending: 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ (10,019)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>101,660</u>)	533,669		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	900		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 524,550	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	58,126		13
14	Buildings, at Historical Cost	4,564,165		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,579,955		16
17	Accumulated Depreciation (book methods)	(4,102,347)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,099,899	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,624,449	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 72,413	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	185,076		30
31	Accrued Taxes Payable (excluding real estate taxes)	19,262		31
32	Accrued Real Estate Taxes(Sch.IX-B)	69,898		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accrued Payable</u>	23,534		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 370,183	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	(1)		42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ (1)	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 370,182	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,254,267	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,624,449	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,649,017	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,649,017	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	224,781	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)	\$ 224,781	17
	B. Transfers (Itemize):		
18	Change in interdivision	(619,531)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (619,531)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,254,267	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Heartland of Canton# 0049296Report Period Beginning: 01/01/2010Ending: 12/31/2010

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,795,465	1
2	Discounts and Allowances for all Levels	(1,207,897)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,587,568	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,074,564	6
7	Oxygen	16	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,074,580	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	470	12
13	Barber and Beauty Care	19,420	13
14	Non-Patient Meals	66	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	188,541	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	37,970	19
20	Radiology and X-Ray	14,351	20
21	Other Medical Services	39,190	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 300,008	23
D. Non-Operating Revenue			
24	Contributions	154	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 154	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Purchase Discounts</u>	10	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,962,320	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	831,776	31
32	Health Care	2,542,014	32
33	General Administration	1,585,523	33
B. Capital Expense			
34	Ownership	466,331	34
C. Ancillary Expense			
35	Special Cost Centers	262,620	35
36	Provider Participation Fee	49,275	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,737,539	40
41	Income before Income Taxes (line 30 minus line 40)**	224,781	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 224,781	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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 Heartland of Canton

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Report Period Beginning:

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Ending:

12/31/2010

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	1,748	1,916	\$ 54,229	\$ 28.30	1
2	Assistant Director of Nursing	2,541	2,786	73,074	26.23	2
3	Registered Nurses	8,707	9,546	233,118	24.42	3
4	Licensed Practical Nurses	25,361	27,805	589,653	21.21	4
5	CNAs & Orderlies	53,226	58,356	649,517	11.13	5
6	CNA Trainees	40	52	494	9.50	6
7	Licensed Therapist	6,283	6,904	269,187	38.99	7
8	Rehab/Therapy Aides	6,990	7,681	221,519	28.84	8
9	Activity Director	6,565	7,196	84,505	11.74	9
10	Activity Assistants					10
11	Social Service Workers	3,669	4,018	78,584	19.56	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,322	18,987	190,391	10.03	15
16	Dishwashers					16
17	Maintenance Workers	1,747	1,914	42,861	22.39	17
18	Housekeepers	9,267	10,156	102,953	10.14	18
19	Laundry	3,520	3,862	33,849	8.76	19
20	Administrator	2,080	2,080	72,373	34.79	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,650	13,747	232,253	16.89	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	1,898	2,081	27,858	13.39	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	163,614	179,087	\$ 2,956,418 *	\$ 16.51	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 10,200	9, 3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly (61)	10, 3	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 10,139		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			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Becky J. Woiwode (January)	Administrator	0	\$ 3,765	Workers' Compensation Insurance	\$ 41,762	IDPH License Fee	\$ (65)	
Martha K. Jones (Feb-Dec)	Administrator	0	68,608	Unemployment Compensation Insurance	35,054	Advertising: Employee Recruitment	3,567	
				FICA Taxes	207,611	Health Care Worker Background Check	1,756	
				Employee Health Insurance	243,195	(Indicate # of checks performed <u>76</u>)		
				Employee Meals		Patient Background Checks	267	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	4,000	
						Association Dues	13,867	
						Advertising (non-allowable)	7,748	
TOTAL (agree to Schedule V, line 17, col. 1)				401K	15,248	Advertising (allowable)	17,316	
(List each licensed administrator separately.)			\$ 72,373	Other Employee Benefits	4,478	Less non-allowable Association Dues	(4,386)	
				Tuition Program	9,977	Less: Public Relations Expense	(31,029)	
B. Administrative - Other				SMSP Match & RSU	17	Non-allowable advertising	(17,316)	
Description			Amount	Employee Uniforms	7,004	Yellow page advertising	()	
Management Fees			\$ 247,907	Home Office Allocation	21,712			
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 26,487	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 586,058			
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 247,907	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services							Out-of-State Travel	\$
Vendor/Payee	Type		Amount					
City of Peoria	Legal Fees		\$ 35					
Claudon, Kost, Barnhart, Beal & W	Legal Fees		531					
Elvidge Kelley Attorney at Law	Legal Fees		1,036					
Illinois Dept of Public Health	Legal Fees		995				In-State Travel	16,783
United Collection Bureau Inc.	Collection Services		2,006					
(All the above legal are adjusted off via Page 5, Line 22, therefore no invoices are attached.)								
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	Entertainment Expense	()
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 4,603				(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 16,783

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heartland of Canton

0049296

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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 \$3362
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes \$3534 If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,296 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. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 49,275
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 66
- (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. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (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? No
Attach invoices and a summary of services for all architect and appraisal fees.