

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0044602</u></p> <p>Facility Name: <u>Oak Park Healthcare Center</u></p> <p>Address: <u>625 North Harlem</u> <u>Oak Park</u> <u>60302</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 848 - 5966</u> Fax # <u>(708) 848 - 1257</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>11/01/99</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Edward N. Slack, CPA</u> Telephone Number: <u>(847) 628 - 8796</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Edward N. Slack, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>2155 Point Boulevard, Suite 200 Elgin, Illinois 60123</u> (Telephone) <u>(847) 628 - 8796</u> Fax # <u>(248) 327 - 8417</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Edward N. Slack, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>2155 Point Boulevard, Suite 200 Elgin, Illinois 60123</u> (Telephone) <u>(847) 628 - 8796</u> Fax # <u>(248) 327 - 8417</u>
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602 Report Period Beginning: 01/01/12 Ending: 12/31/12

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	204	Skilled (SNF)	204	74,664	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	204	TOTALS	204	74,664	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	41,510	520	5,359	47,389	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,510	520	5,359	47,389	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.47%

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)

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 11/01/99

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

YES Date 11/01/99 NO

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

YES NO If YES, enter number of beds certified 204 and days of care provided 4,715

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center # 0044602 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	247,070	53,738	18,845	319,653		319,653	(3,858)	315,795		1
2	Food Purchase		281,581		281,581		281,581	141	281,722		2
3	Housekeeping	294,980	50,611		345,591		345,591	472	346,063		3
4	Laundry	41,346	25,170		66,516		66,516		66,516		4
5	Heat and Other Utilities			162,162	162,162		162,162	682	162,844		5
6	Maintenance	66,867		149,217	216,084		216,084	9,013	225,097		6
7	Other (specify):* See Supplemental	30,086			30,086		30,086	1,160	31,246		7
8	TOTAL General Services	680,349	411,100	330,224	1,421,673		1,421,673	7,610	1,429,283		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	3,049,621	31,755	6,812	3,088,188		3,088,188	(96)	3,088,092		10
10a	Therapy	66,252			66,252		66,252		66,252		10a
11	Activities	101,867	28,221		130,088		130,088		130,088		11
12	Social Services	103,187	3,843		107,030		107,030		107,030		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	3,320,927	63,819	18,812	3,403,558		3,403,558	(96)	3,403,462		16
	C. General Administration										
17	Administrative	218,675			218,675		218,675	16,583	235,258		17
18	Directors Fees										18
19	Professional Services			451,799	451,799		451,799	(274,511)	177,288		19
20	Dues, Fees, Subscriptions & Promotions			16,427	16,427		16,427	(4,280)	12,147		20
21	Clerical & General Office Expenses	133,770	30,119	1,025,801	1,189,690		1,189,690	(891,608)	298,082		21
22	Employee Benefits & Payroll Taxes			938,361	938,361		938,361	(1,515)	936,846		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,470	4,470		4,470	219	4,689		24
25	Other Admin. Staff Transportation			24,517	24,517		24,517	(4,170)	20,347		25
26	Insurance-Prop.Liab.Malpractice			226,524	226,524		226,524	964	227,488		26
27	Other (specify):* See Supplemental							27,158	27,158		27
28	TOTAL General Administration	352,445	30,119	2,687,899	3,070,463		3,070,463	(1,131,160)	1,939,303		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,353,721	505,038	3,036,935	7,895,694		7,895,694	(1,123,646)	6,772,048		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

**Oak Park Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12**

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 7 Detailed			
Security	30,086		
Allocation - Extended Care Consulting: Emp. Ben.			1,160
Total	30,086	-	1,160
Line 15 Detailed			
Total	-	-	-
Line 27 Detailed			
Allocation - Extended Care Consulting: Emp. Ben.			27,158
Total	-	-	27,158

**Oak Park Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12**

Page 3 Supplemental Schedule - Other Admin. Staff Transportation

Payee	Amount	Allowable
		-
Care Consultants of Illinois	2,532	2,532
Helen Lacek	7,368	7,368
Victoria Mattera	6,411	6,411
John Coglianesi	2,854	2,854
Other	365	365
Non-Allowable	4,987	
		-
		-
Alloc. - Extended Care Consulting	817	817
	<u>25,334</u>	<u>20,347</u>

Facility Name & ID Number Oak Park Healthcare Center

#0044602

Report Period Beginning:

01/01/12

Ending:

12/31/12

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			26,488	26,488		26,488	127,422	153,910			30
31	Amortization of Pre-Op. & Org.							20,887	20,887			31
32	Interest			534,338	534,338		534,338	392,620	926,958			32
33	Real Estate Taxes			641,536	641,536		641,536	(32,175)	609,361			33
34	Rent-Facility & Grounds			1,177,901	1,177,901		1,177,901	(931,000)	246,901			34
35	Rent-Equipment & Vehicles			11,625	11,625		11,625	1,055	12,680			35
36	Other (specify):* See Supplement											36
37	TOTAL Ownership			2,391,888	2,391,888		2,391,888	(421,191)	1,970,697			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		524,747	459,828	984,575		984,575	(7,357)	977,218			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			371,088	371,088		371,088		371,088			42
43	Other (specify):* See Supplement	46,157			46,157		46,157	(46,157)				43
44	TOTAL Special Cost Centers	46,157	524,747	830,916	1,401,820		1,401,820	(53,514)	1,348,306			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,399,878	1,029,785	6,259,739	11,689,402		11,689,402	(1,598,352)	10,091,050			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**Oak Park Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12**

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
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Line 36 Detailed

Total	-	-	-
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Line 43 Detailed

Non-Allowable	46,157		
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Total	46,157	-	-
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VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(32)	21		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	(1,101)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(331)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(28,745)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(945,679)	21		24
25	Fund Raising, Advertising and Promotional	(7,857)	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 Supplemental	(234,631)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,218,376)		\$	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)	(379,976)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (379,976)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (1,598,352)		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

SEE ACCOUNTANTS' COMPILATION REPORT

Oak Park Healthcare Center

ID# 0044602

Report Period Beginning: 01/01/12

Ending: 12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Jury Duty Income	\$ (34)	10	1
2	Other Income	(200)	21	2
3	Bank Charges	(18,509)	21	3
4	Theft Loss	(3,169)	21	4
5	Collections	(900)	21	5
6	Other Expense	(2,500)	21	6
7	Non-Allowable Salary	(46,157)	43	7
8	Non-Allowable Other Staff Transportation	(4,987)	25	8
9	Non-Allowable Legal	(123,836)	19	9
10	RE Tax Refund Adjustment	(34,338)	33	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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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	(234,631)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Oak Park Healthcare Center# 0044602

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	247	0	0	(4,105)	0	0	0	0	0	(3,858)	1
2	Food Purchase	(331)	0	472	0	0	0	0	0	0	0	0	141	2
3	Housekeeping	0	0	472	0	0	0	0	0	0	0	0	472	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	682	0	0	0	0	0	0	0	0	682	5
6	Maintenance	0	0	2,701	6,312	0	0	0	0	0	0	0	9,013	6
7	Other (specify):*	0	0	0	1,160	0	0	0	0	0	0	0	1,160	7
8	TOTAL General Services	(331)	0	4,574	7,472	0	(4,105)	0	0	0	0	0	7,610	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	(34)	0	0	0	0	(62)	0	0	0	0	0	(96)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(34)	0	0	0	0	(62)	0	0	0	0	0	(96)	16
	C. General Administration													
17	Administrative	0	0	2,918	13,665	0	0	0	0	0	0	0	16,583	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(123,836)	0	(150,675)	0	0	0	0	0	0	0	0	(274,511)	19
20	Fees, Subscriptions & Promotions	(7,857)	0	3,577	0	0	0	0	0	0	0	0	(4,280)	20
21	Clerical & General Office Expenses	(999,734)	0	12,211	95,915	0	0	0	0	0	0	0	(891,608)	21
22	Employee Benefits & Payroll Taxes	0	0	0	(1,515)	0	0	0	0	0	0	0	(1,515)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	219	0	0	0	0	0	0	0	0	219	24
25	Other Admin. Staff Transportation	(4,987)	0	817	0	0	0	0	0	0	0	0	(4,170)	25
26	Insurance-Prop.Liab.Malpractice	0	0	964	0	0	0	0	0	0	0	0	964	26
27	Other (specify):*	0	0	0	27,158	0	0	0	0	0	0	0	27,158	27
28	TOTAL General Administration	(1,136,414)	0	(129,969)	135,223	0	0	0	0	0	0	0	(1,131,160)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,136,779)	0	(125,395)	142,695	0	(4,167)	0	0	0	0	0	(1,123,646)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Oak Park Healthcare Center# 0044602

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	120,564	6,858	0	0	0	0	0	0	0	0	127,422	30
31	Amortization of Pre-Op. & Org.	0	20,887	0	0	0	0	0	0	0	0	0	20,887	31
32	Interest	(1,101)	389,456	4,265	0	0	0	0	0	0	0	0	392,620	32
33	Real Estate Taxes	(34,338)	0	2,163	0	0	0	0	0	0	0	0	(32,175)	33
34	Rent-Facility & Grounds	0	(931,000)	0	0	0	0	0	0	0	0	0	(931,000)	34
35	Rent-Equipment & Vehicles	0	0	1,055	0	0	0	0	0	0	0	0	1,055	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(35,439)	(400,093)	14,341	0	0	0	0	0	0	0	0	(421,191)	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	(1,882)	(706)	(19)	(4,750)	0	0	(7,357)	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):*	(46,157)	0	0	0	0	0	0	0	0	0	0	(46,157)	43
44	TOTAL Special Cost Centers	(46,157)	0	0	0	0	(1,882)	(706)	(19)	(4,750)	0	0	(53,514)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,218,376)	(400,093)	(111,054)	142,695	0	(6,049)	(706)	(19)	(4,750)	0	0	(1,598,352)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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	34 Rent	\$ 931,000	Harlem Real Estate, LLC	100.00%	\$	\$ (931,000)	1
2	V	30 Depreciation		Harlem Real Estate, LLC	100.00%	120,564	120,564	2
3	V	31 Amortization		Harlem Real Estate, LLC	100.00%	20,887	20,887	3
4	V	32 Interest		Harlem Real Estate, LLC	100.00%	389,456	389,456	4
5	V	33 Real Estate Taxes	403,989	Harlem Real Estate, LLC	100.00%	403,989		5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,334,989			\$ 934,896	\$ * (400,093)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending:

12/31/12

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Eric Rothner	90.00%	Avenue Care Nursing and Rehab	Chicago, IL	Ext. Care Consult.	Evanston, IL	Home Office	1
2	Rothner Family Grandchildren Trust	10.00%	Beecher Manor Nursing and Rehab	Beecher, IL	Ext. Care Clinical	Evanston, IL	Administrative	2
3			Briar Place	Indian Head, IL	CC Health Systems	Des Plaines, IL	Dietary & Suppl.	3
4			Chateau Village Nursing and Rehab	Willowbrook, IL	CCS VEBA	Evanston, IL	Health Insurance	4
5			Grasmere Place	Chicago, IL	2201 Main	Evanston, IL	Bldg. Company	5
6			Lakewood Nursing and Rehab	Plainfield, IL	Rothner Vents	Evanston, IL	Vent. Rental	6
7			Lemont Nursing and Rehab	Lemont, IL	Tricare Rehab	Hillside, IL	Therapy	7
8			Prairie Manor Halth Care	Chicago Heights, IL	Reliable Medical	Des Plaines, IL	Medical Supplies	8
9			Rainbow Beach Nursing Center	Chicago, IL	Harbor Light	Glen Ellyn, IL	Hospice	9
10			Sheridan Shores	Chicago, IL				10
11			Snow Vally Nursing and Rehab	Lisle, IL	Harlem			11
12			South Suburban Rehabilitation Center	Chicago, IL	Real Estate, LLC	Oak Park, IL	Bldg. Company	12
13			Tri-State Nursing and Rehab	Lansing, IL				13
14			Wheaton Care Center	Wheaton, IL				14
15			Boulevard Care Nursing and Rehab	Chicago, IL				15
16			Countryside Nursing and Rehab	Dolton, IL				16
17			Hillcrest Nursing and Rehab	Joliet, IL				17
18			Oak Park Healthcare Center	Oak Park, IL				18
19			Park House Nursing and Rehab	Chicago, IL				19
20			Timber Point Healthcare Center	Camp Point, IL				20
21			Prairie Village Healthcare Center	Jacksonville, IL				21
22			Dyer Nursing and Rehab	Dyer, IN				22
23			Lake County Nursing and Rehab	East Chicago, IN				23
24			Sebos Nursing and Rehab	Holbart, IN				24
25			Sheffield Manor Nursing Center	Indianapolis, IN				25
26			McKinley Health Care Center	Canton, OH				26
27			Homestead Nursing and Rehab	Lincoln, NE				27
28			Lancaster Manor	Lincoln, NE				28
29			Golden Plaines	Hutchinson, KS				29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

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	01 Dietary	\$	Extended Care Consulting, LLC	100.00%	\$ 247	\$	247	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	472		472	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	472		472	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	682		682	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	2,701		2,701	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	2,918		2,918	20
21	V	19 Professional Fees	154,800	Extended Care Consulting, LLC	100.00%	4,125		(150,675)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	3,577		3,577	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	12,211		12,211	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	219		219	24
25	V	25 Other Staff Admin. Transport.		Extended Care Consulting, LLC	100.00%	817		817	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	964		964	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	6,858		6,858	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	4,265		4,265	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	2,163		2,163	29
30	V	35 Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	1,055		1,055	30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 154,800			\$ 43,746	\$ *	(111,054)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	06 Maintenance	\$	Extended Care Consulting, LLC	100.00%	\$ 6,312	\$ 6,312	15
16	V	06 Maintenance		Extended Care Consulting, LLC	100.00%			16
17	V	07 Employee Benefits		Extended Care Consulting, LLC	100.00%	1,160	1,160	17
18	V	07 Employee Benefits		Extended Care Consulting, LLC	100.00%			18
19	V	10 Nursing		Extended Care Consulting, LLC	100.00%			19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	13,665	13,665	20
21	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	95,915	95,915	21
22	V	21 Office and Clerical	19,583	Extended Care Consulting, LLC	100.00%	19,583		22
23	V	27 Employee Benefits		Extended Care Consulting, LLC	100.00%	20,133	20,133	23
24	V	27 Employee Benefits		Extended Care Consulting, LLC	100.00%	7,025	7,025	24
25	V	22 Employee Benefits	1,515	Extended Care Consulting, LLC	100.00%		(1,515)	25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 21,098			\$ 163,793	\$ * 142,695	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	22 Health Insurance	\$ 137,122	CCS VEBA	100.00%	\$ 137,122	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 137,122			\$ 137,122	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	1 Dietary	\$ 14,663	Care Centers Health Systems, Inc.	100.00%	\$ 10,558	\$	(4,105)	15
16	V	10 Nursing	221	Care Centers Health Systems, Inc.	100.00%	159		(62)	16
17	V	39 Ancillary	6,722	Care Centers Health Systems, Inc.	100.00%	4,840		(1,882)	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 21,606			\$ 15,557	\$ *	(6,049)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	39 Ancillary	\$ 405,088	Tricare Rehab	100.00%	\$ 404,382	\$	(706)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 405,088			\$ 404,382	\$ *	(706)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	39 Ancillary	\$ 2,120	Reliable Medical of the Midwest, LLC	100.00%	\$ 2,101	\$	(19)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 2,120			\$ 2,101	\$ *	(19)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	39 Ancillary	\$ 8,340	Vent Lease, LLC	100.00%	\$ 3,590	\$	(4,750)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 8,340			\$ 3,590	\$ *	(4,750)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center # 0044602 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Adam Vales	Relative	Clerical	0	See Attached	0.91	2.23%	Alloc. Sal	\$ 1,664	21 - 07	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	\$ 1,664		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 _____

Street Address _____

City / State / Zip Code _____

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					\$	\$		\$	1
2									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
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 Extended Care Consulting, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905 - 3000
 Fax Number (847) 491 - 9565

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	01	Dietary	Patient Days	1,364,178	31	\$ 7,101	\$ 47,389	\$ 247	1
2	02	Food	Patient Days	1,364,178	31	13,586	47,389	472	2
3	03	Housekeeping	Patient Days	1,364,178	31	13,573	47,389	472	3
4	05	Utilities	Patient Days	1,364,178	31	19,636	47,389	682	4
5	06	Maintenance	Patient Days	1,364,178	31	77,756	47,389	2,701	5
6	17	Administrative	Patient Days	1,364,178	31	84,000	47,389	2,918	6
7	19	Professional Fees	Patient Days	1,364,178	31	118,750	47,389	4,125	7
8	20	Dues and Subscriptions	Patient Days	1,364,178	31	102,984	47,389	3,577	8
9	21	Office and Clerical	Patient Days	1,364,178	31	351,528	47,389	12,211	9
10	24	Seminar and Travel	Patient Days	1,364,178	31	6,315	47,389	219	10
11	25	Other Staff Admin. Transpor.	Patient Days	1,364,178	31	23,506	47,389	817	11
12	26	Insurance	Patient Days	1,364,178	31	27,741	47,389	964	12
13	30	Depreciation	Patient Days	1,364,178	31	197,424	47,389	6,858	13
14	32	Interest	Patient Days	1,364,178	31	122,765	47,389	4,265	14
15	33	Real Estate Taxes	Patient Days	1,364,178	31	62,275	47,389	2,163	15
16	35	Rent - Equipment and Auto	Patient Days	1,364,178	31	30,363	47,389	1,055	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,259,303	\$	\$ 43,746	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 Extended Care Consulting, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905 - 3000
 Fax Number (847) 491 - 9565

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	06	Maintenance	Patient Days	1,364,178	31	\$ 181,713	\$ 181,713	47,389	\$ 6,312	1
2	06	Maintenance	Direct Allocation	1	1			1		2
3	07	Employee Benefits	Patient Days	1,364,178	31	33,386		47,389	1,160	3
4	07	Employee Benefits	Direct Allocation	1	1			1		4
5	17	Administrative	Patient Days	1,364,178	31	393,362	393,362	47,389	13,665	5
6	21	Office and Clerical	Patient Days	1,364,178	31	2,761,089	2,761,089	47,389	95,915	6
7	21	Office and Clerical	Direct Allocation	1	1	19,583	19,583	1	19,583	7
8	27	Employee Benefits	Patient Days	1,364,178	31	579,570		47,389	20,133	8
9	27	Employee Benefits	Direct Allocation	1	1	7,025		1	7,025	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,975,728	\$ 3,355,747		\$ 163,793	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 CCS VEBA
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905 - 3000
 Fax Number (847) 491 - 9565

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	22	Health Insurance	Direct Allocation	1	1	\$ 137,122	\$ 1	\$ 137,122	1
2									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
24									24
25	TOTALS					\$ 137,122	\$	\$ 137,122	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization Care Centers Health Systems, Inc.
 Street Address 200 Howard Avenue #246
 City / State / Zip Code Des Plaines, Illinois 60018
 Phone Number (224) 612 - 5662
 Fax Number ()

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.

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	Profit Margin %	167,706	21	\$ 120,751	\$ 14,663	\$ 10,558	1
2	10	Nursing	Profit Margin %	4,037	21	2,907	221	159	2
3	39	Ancillary	Profit Margin %	177,899	21	128,090	6,722	4,840	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
24									24
25	TOTALS					\$ 251,748	\$	\$ 15,557	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 Tricare Rehab
 Street Address 150 Fencil Lane
 City / State / Zip Code Hillside, Illinois 60162
 Phone Number (708) 449 - 9400
 Fax Number (708) 449 - 9700

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	39	Ancillary	Profit Margin %	10,092,326	17	\$ 10,074,726	\$ 405,088	\$ 404,382	1
2									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
24									24
25	TOTALS					\$ 10,074,726	\$	\$ 404,382	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 Reliable Medical of the Midwest, LLC
 Street Address 200 Howard Avenue, Suite 246
 City / State / Zip Code Des Plaines, Illinois 60018
 Phone Number (847) 566 - 0800
 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	39	Ancillary	Profit Margin %	310,589	15	\$ 307,825	\$ 2,120	\$ 2,101	1
2									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
24									24
25	TOTALS					\$ 307,825	\$	\$ 2,101	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 Vent Lease, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905 - 4000
 Fax Number (847) 905 - 4040

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	39	Ancillary	Profit Margin %	185,250	19	\$ 79,751	\$ 8,340	\$ 3,590	1
2									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
24									24
25	TOTALS					\$ 79,751	\$	\$ 3,590	25

SEE ACCOUNTANTS' COMPILATION REPORT

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Oak Park Healthcare Center COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0044602
 CONTACT PERSON REGARDING THIS REPORT Edward N. Slack
 TELEPHONE (847) 628 - 8796 FAX #: (248) 327 - 8417

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>16-07-106-004-0000</u>	<u>Long Term Care Facility</u>	\$ <u>115,297.32</u>	\$ <u>115,297.32</u>
2. <u>16-07-106-005-0000</u>	<u>Long Term Care Facility</u>	\$ <u>112,829.65</u>	\$ <u>112,829.65</u>
3. <u>16-07-106-022-0000</u>	<u>Long Term Care Facility</u>	\$ <u>348,999.23</u>	\$ <u>348,999.23</u>
4. <u>Allocation</u>	<u>Extended Care Consulting, LLC</u>	\$ <u>127,119.67</u>	\$ <u>1,718.78</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>704,245.87</u></u>	\$ <u><u>578,844.98</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

**Oak Park Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12**

Page 10 Supplemental Schedule

Vendor	Description	Amount
Appeal Costs		
Finkel, Martwick & Colson, P.C.	2008 Real Estate Taxes	13,873
Total - Line 5 Total		<u>13,873</u>
Refunds		
Cook County	2008 Real Estate Tax Refund	54,804
Total		<u>54,804</u>
Refund Adjustment		
Appeal Costs		13,873
Real Estate Tax Refund	54,804	
Appeal Costs	<u>13,873</u>	
Remainder	<u>40,931</u>	
1/2 of Remainder		20,465
Total - Line 6 Total		<u>34,338</u>

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12 Ending:

12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 52,926 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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).

N/A

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Rows include Facility, Ext. Care Consult., and TOTALS.

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Bed* FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	204	2012		\$ 3,811,654	\$ 69,229	39	\$ 69,229		\$ 69,229	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9										9
10	Harlem Real Estate, LLC - Site Improvements		2012	47,054	1,765	15	1,765		1,765	10
11										11
12	Various		1999	74,653						12
13	Various		2000	229,115						13
14	Various		2001	33,776						14
15	Various		2002	62,212						15
16	Various		2003	16,526						16
17	Various		2004	78,815						17
18	Various		2005	502,693						18
19	Various		2006	22,383						19
20	Various		2007	9,946						20
21	Elevator Power Unit, Roof Exhausts, Pipes and Kick Plates		2008	130,470						21
22	Doors, Sidelights, Electric, and Elevator Car Sill		2009	12,722						22
23	Carpeting		2010	3,197	116		116		349	23
24	Replace Water Heater		2010	8,161	297		297		866	24
25	Roto-Surcs		2010	5,665						25
26	A/C Startup Repair		2010	2,657						26
27	Annex A/C Repair		2010	3,344						27
28	Provide and Install 30 P-Tac Units for Annex Resident Rooms		2010	48,387	1,760		1,760		4,252	28
29	Replace Cable, Switchboard, Install 30 Circuits and Outlets		2010	53,000	1,927		1,927		4,658	29
30	Architect Fees - HVAC Renovations		2010	8,483	308		308		694	30
31	Architect Fees - HVAC Renovations		2010	16,500	600		600		1,350	31
32	30 Sleeves for P-Tac Units		2010	5,750						32
33	Elevator Repair		2010	2,818						33
34	New Circulating Pump for 3 A/C Split Systems		2011	5,201	1,040		1,040		1,647	34
35	New Boilers for Annex Building		2011	22,332	4,466		4,466		5,211	35
36	Install Circuits, Outlets, and Floodlights		2011	5,477	199		199		207	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
37	2012	\$ 14,203	\$ 2,130		\$ 2,130	\$	\$ 2,130	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)		\$ 5,237,194	\$ 83,837		\$ 83,837	\$ 92,358	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	\$ 5,237,194	\$ 83,837		\$ 83,837		\$ 92,358		1
2									2
3	Related Party Allocations - See Supplemental Schedules								3
4									4
5	Allocations - Extended Care Consulting	2007 160	8	20	8		48		5
6	Allocations - Extended Care Consulting	2009 96	5	20	5		19		6
7	Allocations - Extended Care Consulting	2010 937	47	20	47		141		7
8	Allocations - Extended Care Consulting	2011 337	17	20	17		34		8
9	Allocations - Extended Care Consulting	2012 111	6	20	6		6		9
10									10
11	Allocations - Extended Care Consulting / 2201 Main LLC	2002 15,279	392	39	392		4,032		11
12	Allocations - Extended Care Consulting / 2201 Main LLC	2002 12,621	1,153	10	1,153		10,392		12
13	Allocations - Extended Care Consulting / 2201 Main LLC	2003 14,674	1,359	10	1,359		12,247		13
14	Allocations - Extended Care Consulting / 2201 Main LLC	2005 739	79	10	79		502		14
15	Allocations - Extended Care Consulting / 2201 Main LLC	2009 133	7	10	7		27		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)	\$ 5,282,281	\$ 86,910		\$ 86,910		\$ 119,806		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 22,837	\$ 3,271	\$ 3,271	\$	5 - 7	\$ 8,271	71
72	Current Year Purchases	49,186	10,374	10,374		5	10,374	72
73	Fully Depreciated Assets							73
74	See Supplemental	473,962	52,278	52,278			188,786	74
75	TOTALS	\$ 545,985	\$ 65,923	\$ 65,923	\$		\$ 207,431	75

D. Vehicle Costs. (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	Alloc. - Extended Care			5,384	1,077	1,077		5	5,384	77
78										78
79										79
80	TOTALS			\$ 5,384	\$ 1,077	\$ 1,077	\$		\$ 5,384	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,187,885	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 153,910	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 153,910	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 332,621	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**Oak Park Healthcare Center
Medicaid Cost Report
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Page 13 Supplemental Schedule

Description	Cost	Depreciation	Accumulated Depreciation
Related Party 1 - Harlem Real Estate, LLC			
Prior			
Current	330,465	49,570	49,570
Total	<u>330,465</u>	<u>49,570</u>	<u>49,570</u>
Related Party 2 - Extended Care Consulting			
Prior	102,054	358	99,637
Current			
Total	<u>102,054</u>	<u>358</u>	<u>99,637</u>
Related Party 3 - Extended Care Consulting / 2201 Mail LLC			
Prior	4,231	423	4,182
Current			
Total	<u>4,231</u>	<u>423</u>	<u>4,182</u>
Related Party 4 - Extended Care Consulting - Matrix Software			
Prior	37,212	1,927	35,397
Current			
Total	<u>37,212</u>	<u>1,927</u>	<u>35,397</u>
Total	<u>473,962</u>	<u>52,278</u>	<u>188,786</u>

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Oak Park Building Partnership
 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:		204	11/01/09	\$ 246,901			3
4	Additions							4
5								5
6								6
7	TOTAL		204		\$ 246,901			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: \$ 11,945 Description: See Supplemental Schedule
 (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	Facility	Various	\$	\$ 735	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 735	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>/2013</u>	\$ _____
13.	<u>/2014</u>	\$ _____
14.	<u>/2015</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.

SEE ACCOUNTANTS' COMPILATION REPORT

**Oak Park Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12**

Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Description	Amount
		-
Total		-

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Description	Amount
GE Capital	Copier	9,075
Johnson Water Conditioning		300
Mail Finance	Postage Meter	1,515
Alloc. - Extended Care Consulting		1,055
Total		11,945

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer 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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	184,941	\$		\$	184,941	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				55,226				55,226	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				164,920				164,920	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescripts					261,902			261,902	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): See Supplemental	39 - 02						262,845			262,845	12
13	Other (specify): See Supplemental	39 - 03					54,741				54,741	13
14	TOTAL			\$			459,828	\$	524,747	\$	984,575	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**Oak Park Healthcare Center
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Page 16 Supplemental Schedule

Description	Supplies	Other
Ambulance		968
Feeding Tube and Supplements	1,760	
Food Pump	4,283	
Hospital Tests		
Laboratory		1,215
Low Pressure Mattresses	29,423	
Medical Supplies	175,692	
Other Services	5,065	14,816
Oxygen	35,481	
Radiology		456
Therapy and Rehab Supplies	5,850	
Wheelchairs and Walkers	2,689	
Medical Equipment		37,286
Prosthetics and Orthotics	1,097	
Ventilation Equipment and Supplies	1,505	
Total	262,845	54,741

Facility Name & ID Number **Oak Park Healthcare Center**# **0044602**Report Period Beginning: **01/01/12**Ending: **12/31/12****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/12**

(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	\$	\$ 14,327	1
2	Cash-Patient Deposits	58,834	58,834	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>650,000</u>)	1,750,334	1,750,334	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	69,437	69,437	6
7	Other Prepaid Expenses	56,781	56,781	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,935,386	\$ 1,949,713	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		383,148	13
14	Buildings, at Historical Cost		3,811,654	14
15	Leasehold Improvements, at Historical Cost	143,205	190,259	15
16	Equipment, at Historical Cost	113,758	444,223	16
17	Accumulated Depreciation (book methods)	(40,009)	(160,573)	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): <u>See Supplemental</u>	47,200	5,715,928	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 264,154	\$ 10,384,639	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,199,540	\$ 12,334,352	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,019,446	\$ 2,019,446	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	44,166	44,166	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	176,164	176,164	30
31	Accrued Taxes Payable (excluding real estate taxes)	9,758	9,758	31
32	Accrued Real Estate Taxes(Sch.IX-B)	605,983	605,983	32
33	Accrued Interest Payable		49,251	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental</u>	6,404,897	16,090,365	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,260,414	\$ 18,995,133	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	86,160	86,160	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 86,160	\$ 86,160	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,346,574	\$ 19,081,293	46
47	TOTAL EQUITY (page 18, line 24)	\$ (7,147,034)	\$ (6,746,941)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,199,540	\$ 12,334,352	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

**Oak Park Healthcare Center
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Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Total	-	-
Line 23 - Other Long Term Assets		
Construction in Progress	47,200	47,200
Loan Costs (Net of Amortization)		100,185
Business Enterprise Value		5,568,543
Total	47,200	5,715,928
Line 36 - Other Current Liabilities		
Due to Related Parties	6,404,897	16,090,365
Total	6,404,897	16,090,365
Line 43 - Other Long Term Liabilities		
Total	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,264,794)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,264,794)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(3,882,240)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	5,000,000	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,117,760	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (7,147,034)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,590,160	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,590,160	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	84,379	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 84,379	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		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		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,101	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,101	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	131,522	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 131,522	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,807,162	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,421,673	31
32	Health Care	3,403,558	32
33	General Administration	3,070,463	33
B. Capital Expense			
34	Ownership	2,391,888	34
C. Ancillary Expense			
35	Special Cost Centers	1,030,732	35
36	Provider Participation Fee	371,088	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,689,402	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,882,240)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,882,240)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 5,630,428	44
45	Private Pay - Net Inpatient Revenue	73,795	45
46	Medicare - Net Inpatient Revenue	1,785,215	46
47	Other-(specify) Hospice - Net Patient Service Revenue	85,076	47
48	Other-(specify) Insurance - Net Patient Service Revenue	15,646	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,590,160	49

* This must agree with page 4, line 45, column 4.
 ** Does this agree with taxable income (loss) per Federal Income Tax Return? [Not Finished](#) 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.

SEE ACCOUNTANTS' COMPILATION REPORT

**Oak Park Healthcare Center
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Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
PP Income and Expense Adjustments	131,288	
Other Income	200	200
Jury Duty Income	34	34
Total	<u>131,522</u>	<u>234</u>

Facility Name & ID Number Oak Park Healthcare Center

0044602

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,022	2,162	\$ 91,728	\$ 42.43	1
2	Assistant Director of Nursing	1,898	2,184	82,244	37.66	2
3	Registered Nurses	17,916	19,190	615,844	32.09	3
4	Licensed Practical Nurses	37,488	40,371	1,025,000	25.39	4
5	CNAs & Orderlies	92,942	103,820	1,124,205	10.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,327	4,807	66,252	13.78	8
9	Activity Director	1,922	2,092	34,511	16.50	9
10	Activity Assistants	5,995	6,561	67,356	10.27	10
11	Social Service Workers	5,160	5,512	103,187	18.72	11
12	Dietician					12
13	Food Service Supervisor	1,979	2,160	38,925	18.02	13
14	Head Cook					14
15	Cook Helpers/Assistants	7,968	8,882	92,959	10.47	15
16	Dishwashers	10,822	12,099	115,186	9.52	16
17	Maintenance Workers	3,483	3,677	66,867	18.19	17
18	Housekeepers	23,394	26,557	294,980	11.11	18
19	Laundry	3,300	3,747	41,346	11.03	19
20	Administrator	2,155	2,241	136,596	60.95	20
21	Assistant Administrator	2,084	2,217	82,079	37.02	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,375	7,805	133,770	17.14	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	4,875	5,251	74,195	14.13	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Supplemental</u>	4,318	4,569	112,648	24.65	33
34	TOTAL (lines 1 - 33)	241,423	265,904	\$ 4,399,878 *	\$ 16.55	34

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	\$ 18,845	01 - 03	35
36	Medical Director	12,000	09 - 03	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	6,812	10 - 03	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)	\$ 37,657		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

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

**Oak Park Healthcare Center
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Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Security	1,840	1,916	30,086
Nursing Staff Coordinator	1,838	2,013	36,405
Non-Allowable	640	640	46,157
Total	<u>4,318</u>	<u>4,569</u>	<u>112,648</u>

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	
Clarence Boykin	Administrator	0	\$ 13,998	Workers' Compensation Insurance	\$ 95,815	IDPH License Fee	\$ 1,990	
Helen Lacek	Administrator	0	122,598	Unemployment Compensation Insurance	229,283	Advertising: Employee Recruitment		
Richard Taylor	Asst. Admin.	0	82,079	FICA Taxes	346,872	Health Care Worker Background Check	3,881	
				Employee Health Insurance	211,247	(Indicate # of checks performed)		
				Employee Meals		<u>Patient Background Checks</u>		
				Illinois Municipal Retirement Fund (IMRF)*		<u>Dues and Subscriptions</u>	11	
				Pension	50,938	Licenses and Fees	2,688	
				Other Employee Welfare	1,024	Advertising and Promotion	7,857	
				Holiday Expense	1,667	Alloc. - Extended Care Consulting	3,577	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 218,675					
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Description	Amount	
Extended Care Consulting	Home Office		\$ 154,800			Out-of-State Travel	\$	
Krupnic, Bokar & Kagda	Accounting		4,350					
Plante & Moran, PLLC	Accounting		14,900					
Personnel Planners, Inc.	Unemployment Consultant		3,739			In-State Travel		
MDI Achieve	Data Processing		14,794					
Paycor	Data Processing		16,014					
American Data	Data Processing		4,775					
E-Health Data Solutions	Data Processing		3,075			Seminar Expense	4,470	
Extended Care Consulting	Data Processing		5,952			Alloc. - Extended Care Consulting	219	
MediFax-EDI, LLC	Data Processing		551					
National Datacare Corporation	Data Processing		3,169					
See Supplemental Schedule			225,680			Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 451,799	TOTAL	\$	(agree to Sch. V, line 24, col. 8)	\$ 4,689	
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications
 SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

**Oak Park Healthcare Center
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Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Type	Amount
Nebo Systems	Data Processing	57
Pro Payroll Solutions	Data Processing	5,940
Other	Data Processing	(278)
Care Consultants of Illinois	Computer Maintenance	14,161
Comcast Cable	Computer Maintenance	1,408
OmniCare of Northern Illinois	Computer Maintenance	540
Other	Computer Maintenance	(20)
Boyer & Associates, LLC	Other Professional	45,672
Extended Care Consulting	Other Professional	2,974
HFG	Other Professional	15,663
Other	Other Professional	7,655
Ashman & Stein	Legal	21,009
Burke, Warren, MacKay &	Legal	4,042
Chuhak & Tecson, P.C.	Legal	18,677
Extended Care Consulting	Legal	785
Finkel, Martwick & Colson	Legal	13,873
Law Offices of Michael Z	Legal	11,926
McVey & Parks, LLC	Legal	10,322
Meyer Magence	Legal	1,956
SIR Management, LLC	Legal	46,232
Williams, Montgomery & John	Legal	1,672
Wilson, Elser, Mokowitz, Ede	Legal	1,604
Law Offices of M. Margolies	Legal	(190)
Total		225,680

**Oak Park Healthcare Center
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Page 21 Supplemental Schedule - Legal Schedule

Vendor	Date	Amount	Allowable
Ap Out Of Period	12/31/12	37	-
Ashman & Stein	03/31/12	1,027	-
Ashman & Stein	06/12/12	1,027	-
Ashman & Stein	12/20/12	1,580	-
Ashman & Stein	12/20/12	553	-
Ashman & Stein	11/29/12	16,822	-
Burke, Warren, Mackay & Serritella, P.C.	01/31/12	941	-
Burke, Warren, Mackay & Serritella, P.C.	02/29/12	352	-
Burke, Warren, Mackay & Serritella, P.C.	03/30/12	107	-
Burke, Warren, Mackay & Serritella, P.C.	04/30/12	253	-
Burke, Warren, Mackay & Serritella, P.C.	05/31/12	36	-
Burke, Warren, Mackay & Serritella, P.C.	07/31/12	40	-
Burke, Warren, Mackay & Serritella, P.C.	08/31/12	280	-
Burke, Warren, Mackay & Serritella, P.C.	09/30/12	838	-
Burke, Warren, Mackay & Serritella, P.C.	10/26/12	150	-
Burke, Warren, Mackay & Serritella, P.C.	11/23/12	585	-
Burke, Warren, Mackay & Serritella, P.C.	12/20/12	462	-
Chuhak & Tesson, P.C.	01/31/12	21	-
Chuhak & Tesson, P.C.	01/31/12	180	-
Chuhak & Tesson, P.C.	01/31/12	21	-
Chuhak & Tesson, P.C.	01/31/12	148	-
Chuhak & Tesson, P.C.	07/31/12	265	-
Chuhak & Tesson, P.C.	12/31/12	592	-
Chuhak & Tesson, P.C.	09/24/12	63	-
Chuhak & Tesson, P.C.	09/24/12	5	-
Chuhak & Tesson, P.C.	08/31/12	6,734	-
Chuhak & Tesson, P.C.	09/30/12	42	-
Chuhak & Tesson, P.C.	09/30/12	1,611	-
Chuhak & Tesson, P.C.	10/29/12	2,010	-
Chuhak & Tesson, P.C.	11/30/12	4,682	-
Chuhak & Tesson, P.C.	12/24/12	2,265	-
Extended Care Consulting	09/30/12	256	-
Extended Care Consulting	11/27/12	19	-
Extended Care Consulting	12/20/12	469	-
Extended Care Consulting	04/30/12	42	-
Finkel, Martwick & Colson	07/19/12	5,370	-
Finkel, Martwick & Colson	07/19/12	6,622	-
Finkel, Martwick & Colson	07/19/12	1,881	-
Law Offices Of Michael Z. Margolies	02/29/12	560	-
Law Offices Of Michael Z. Margolies	04/06/12	140	-
Law Offices Of Michael Z. Margolies	04/30/12	9,896	-
Law Offices Of Michael Z. Margolies	06/12/12	1,330	-
Law Offices Of Michael Z. Margolies	11/30/12	(190)	-
Movey & Parsky, LLC	03/30/12	222	-
Movey & Parsky, LLC	03/30/12	74	-
Movey & Parsky, LLC	03/31/12	1,827	-
Movey & Parsky, LLC	03/30/12	639	639
Movey & Parsky, LLC	03/31/12	1,823	1,823
Movey & Parsky, LLC	03/31/12	133	133
Movey & Parsky, LLC	04/30/12	709	709
Movey & Parsky, LLC	05/25/12	1,231	1,231
Movey & Parsky, LLC	06/30/12	935	-
Movey & Parsky, LLC	07/31/12	1,315	-
Movey & Parsky, LLC	08/27/12	608	-
Movey & Parsky, LLC	09/30/12	164	164
Movey & Parsky, LLC	11/23/12	387	-
Movey & Parsky, LLC	11/30/12	32	-
Movey & Parsky, LLC	12/31/12	224	-
Meyer Magence	01/31/12	1,206	1,206
Meyer Magence	03/28/12	500	500
Meyer Magence	01/31/12	63	63
Meyer Magence	01/31/12	188	-
S.I.R. Management, Inc.	01/01/12	3,853	-
S.I.R. Management, Inc.	02/01/12	3,853	-
S.I.R. Management, Inc.	03/01/12	3,853	-
S.I.R. Management, Inc.	04/01/12	3,853	-
S.I.R. Management, Inc.	05/01/12	3,853	-
S.I.R. Management, Inc.	06/01/12	3,853	-
S.I.R. Management, Inc.	07/01/12	3,853	-
S.I.R. Management, Inc.	08/01/12	3,853	-
S.I.R. Management, Inc.	09/01/12	3,853	-
S.I.R. Management, Inc.	10/01/12	3,853	-
S.I.R. Management, Inc.	11/01/12	3,853	-
S.I.R. Management, Inc.	12/03/12	3,853	-
Williams Montgomery & John, Ltd.	01/31/12	1,367	-
Williams Montgomery & John, Ltd.	01/31/12	291	-
Williams Montgomery & John, Ltd.	02/22/12	14	-
Wilson, Elser, Mokowitz, Edelman & Dicker, LLP	03/30/12	1,604	1,604
Total		<u>131,908</u>	<u>8,072</u>
Non-Allowable			<u>123,836</u>

**Oak Park Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12**

Page 21 Supplemental Schedule - Seminar

Vendor	Invoice Date	Amount	Allowable
Illinois Council On Long Term Care	01/10/12	825	825
Illinois Council On Long Term Care	02/08/12	1,950	1,950
Sububan Law Enforcement	03/08/12	75	75
Illinois Council On Long Term Care	03/31/12	(650)	(650)
Helen Lacek	05/31/12	620	620
Victoria Mattera	05/31/12	185	185
Professional Training Inservice	08/31/12	640	640
Illinois Council On Long Term Care	12/31/12	750	750
Eula Marshall	02/16/12	75	75
Alloc. - Extended Care Consulting		219	219
		4,689	4,689
		9,378	9,378

Page 5 Adjustments

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oak Park Healthcare Center# 0044602

Report Period Beginning:

01/01/12

Ending:

12/31/12**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (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? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ _____ Line Ln 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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 371,088
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. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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? Ln 14
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? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
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

SEE ACCOUNTANTS' COMPILATION REPORT