



Facility Name & ID Number Prairie Village Healthcare Center

# 0042671 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	74	Skilled (SNF)	74	27,084	1
2		Skilled Pediatric (SNF/PED)			2
3	52	Intermediate (ICF)	52	19,032	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	126	TOTALS	126	46,116	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	11,402	784	4,199	16,385	8
9	SNF/PED					9
10	ICF	8,013	22	862	8,897	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,415	806	5,061	25,282	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.82%

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 05/01/97

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

YES  Date 05/01/97 NO

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

YES  NO  If YES, enter number of beds certified 53 and days of care provided 2,366

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 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
	<b>A. General Services</b>										
1	Dietary	148,745	11,832	6,618	167,195		167,195	132	167,327		1
2	Food Purchase		133,607		133,607		133,607	252	133,859		2
3	Housekeeping	101,377	16,775		118,152		118,152	252	118,404		3
4	Laundry	36,597	10,700		47,297		47,297		47,297		4
5	Heat and Other Utilities			99,617	99,617		99,617	364	99,981		5
6	Maintenance	71,228		62,385	133,613		133,613	4,809	138,422		6
7	Other (specify):* <a href="#">See Supplemental</a>			99	99		99	619	718		7
8	<b>TOTAL General Services</b>	357,947	172,914	168,719	699,580		699,580	6,428	706,008		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	1,071,986	48,343	3,782	1,124,111		1,124,111		1,124,111		10
10a	Therapy	21,521			21,521		21,521		21,521		10a
11	Activities	41,861	1,493		43,354		43,354	(69)	43,285		11
12	Social Services	36,761	7	3,616	40,384		40,384		40,384		12
13	CNA Training										13
14	Program Transportation			60	60		60		60		14
15	Other (specify):* <a href="#">See Supplemental</a>										15
16	<b>TOTAL Health Care and Programs</b>	1,172,129	49,843	25,458	1,247,430		1,247,430	(69)	1,247,361		16
	<b>C. General Administration</b>										
17	Administrative	91,364			91,364		91,364	8,847	100,211		17
18	Directors Fees										18
19	Professional Services			197,289	197,289		197,289	(124,631)	72,658		19
20	Dues, Fees, Subscriptions & Promotions			21,434	21,434		21,434	(10,194)	11,240		20
21	Clerical & General Office Expenses	88,990	10,823	38,032	137,845		137,845	38,005	175,850		21
22	Employee Benefits & Payroll Taxes			286,878	286,878		286,878	(5,984)	280,894		22
23	Inservice Training & Education			209	209		209		209		23
24	Travel and Seminar			3,760	3,760		3,760	117	3,877		24
25	Other Admin. Staff Transportation			25,805	25,805		25,805	436	26,241		25
26	Insurance-Prop.Liab.Malpractice			187,670	187,670		187,670	6,370	194,040		26
27	Other (specify):* <a href="#">See Supplemental</a>							12,456	12,456		27
28	<b>TOTAL General Administration</b>	180,354	10,823	761,077	952,254		952,254	(74,578)	877,676		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,710,430	233,580	955,254	2,899,264		2,899,264	(68,219)	2,831,045		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.

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 3 Supplemental Schedule**

Description	Salaries	Supplies	Other
<b>Line 7 Detailed</b>			
Security			99
Allocation - Extended Care Consulting: Emp. Ben.			619
Total	-	-	718
<b>Line 15 Detailed</b>			
Total	-	-	-
<b>Line 27 Detailed</b>			
Allocation - Extended Care Consulting: Emp. Ben.			12,456
Total	-	-	12,456

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 3 Supplemental Schedule - Other Admin. Staff Transportation**

<b>Payee</b>	<b>Amount</b>	<b>Allowable</b>
Abby Ala	397	397
Care Consultants of Illinois	6,652	6,652
Cindy Wardle	4,529	4,529
Cummins Crosspoint	806	806
Enterprise Fleet Management	847	847
Kelly Rothering	3,129	3,129
Kiel Peregrin	2,613	2,613
Laura Sepessy	625	625
Melissa Newingham	485	485
Pamela Stege	32	32
Extended Care Consulting	3,637	3,637
Tom Finch Automotive	1,486	1,486
West Central Mass Transit	567	567
Alloc. - Extended Care Consulting	436	436
	<hr/> <hr/> 26,241	<hr/> <hr/> 26,241

Facility Name & ID Number Prairie Village Healthcare Center

#0042671

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	
	<b>D. Ownership</b>											
30	Depreciation			4,571	4,571		4,571	59,633	64,204			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			28,163	28,163		28,163	129,044	157,207			32
33	Real Estate Taxes							23,941	23,941			33
34	Rent-Facility & Grounds			285,783	285,783		285,783	(285,148)	635			34
35	Rent-Equipment & Vehicles			17,650	17,650		17,650	563	18,213			35
36	Other (specify):* <b>See Supplement</b>							12,132	12,132			36
37	<b>TOTAL Ownership</b>			336,167	336,167		336,167	(59,835)	276,332			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		218,085	556,436	774,521		774,521		774,521			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			198,094	198,094		198,094		198,094			42
43	Other (specify):* <b>See Supplement</b>	84,067		4,090	88,157		88,157	(88,157)				43
44	<b>TOTAL Special Cost Centers</b>	84,067	218,085	758,620	1,060,772		1,060,772	(88,157)	972,615			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	1,794,497	451,665	2,050,041	4,296,203		4,296,203	(216,211)	4,079,992			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

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 4 Supplemental Schedule**

Description	Salaries	Supplies	Other
<b>Line 36 Detailed</b>			
Premium Mortgage Insurance			12,132
Total	-	-	12,132
<b>Line 43 Detailed</b>			
Non-Allowable Expenses	84,067		4,090
Total	84,067	-	4,090

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(5,901)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,730)	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				24
25	Fund Raising, Advertising and Promotional	(12,103)	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	(132,233)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (152,967)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(63,244)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (63,244)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	\$ (216,211)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

**C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)**

		1	2	3	4	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.			\$		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

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

Prairie Village Healthcare Center

ID# 0042671

Report Period Beginning: 01/01/12

Ending: 12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	TAG Properties - Rent	\$ (10,054)	34	1
2	Patient Clothing	(69)	11	2
3	Cable Expense	(212)	21	3
4	Bank Charges	(16,071)	21	4
5	Theft Loss	(260)	21	5
6	Collection Expense	(408)	21	6
7	Non-Allowable Legal	(6,832)	19	7
8	Non-Allowable Expenses	(88,157)	43	8
9				9
10				10
11				11
12	Prairie Village Healthcare Center, LLC			12
13	Accounting / Audit Fee	(7,500)	19	13
14	State Replacement Tax	(114)	21	14
15	Amortization	(2,556)	31	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(132,233)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Prairie Village Healthcare Center# 0042671

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	132	0	0	0	0	0	0	0	0	132	1
2	Food Purchase	0	0	252	0	0	0	0	0	0	0	0	252	2
3	Housekeeping	0	0	252	0	0	0	0	0	0	0	0	252	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	364	0	0	0	0	0	0	0	0	364	5
6	Maintenance	0	0	1,441	3,368	0	0	0	0	0	0	0	4,809	6
7	Other (specify):*	0	0	0	619	0	0	0	0	0	0	0	619	7
8	<b>TOTAL General Services</b>	0	0	2,441	3,987	0	0	0	0	0	0	0	6,428	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	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	(69)	0	0	0	0	0	0	0	0	0	0	(69)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	(69)	0	0	0	0	0	0	0	0	0	0	(69)	16
	<b>C. General Administration</b>													
17	Administrative	0	0	1,557	7,290	0	0	0	0	0	0	0	8,847	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,332)	7,500	(117,799)	0	0	0	0	0	0	0	0	(124,631)	19
20	Fees, Subscriptions & Promotions	(12,103)	0	1,909	0	0	0	0	0	0	0	0	(10,194)	20
21	Clerical & General Office Expenses	(19,795)	114	6,515	51,171	0	0	0	0	0	0	0	38,005	21
22	Employee Benefits & Payroll Taxes	0	0	0	(5,984)	0	0	0	0	0	0	0	(5,984)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	117	0	0	0	0	0	0	0	0	117	24
25	Other Admin. Staff Transportation	0	0	436	0	0	0	0	0	0	0	0	436	25
26	Insurance-Prop.Liab.Malpractice	0	5,856	514	0	0	0	0	0	0	0	0	6,370	26
27	Other (specify):*	0	0	0	12,456	0	0	0	0	0	0	0	12,456	27
28	<b>TOTAL General Administration</b>	(46,230)	13,470	(106,751)	64,933	0	0	0	0	0	0	0	(74,578)	28
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	(46,299)	13,470	(104,310)	68,920	0	0	0	0	0	0	0	(68,219)	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Prairie Village Healthcare Center# 0042671

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)	
	<b>D. Ownership</b>													
30	Depreciation	0	55,974	3,659	0	0	0	0	0	0	0	0	59,633	30
31	Amortization of Pre-Op. & Org.	(2,556)	2,556	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,901)	132,670	2,275	0	0	0	0	0	0	0	0	129,044	32
33	Real Estate Taxes	0	22,787	1,154	0	0	0	0	0	0	0	0	23,941	33
34	Rent-Facility & Grounds	(10,054)	(275,094)	0	0	0	0	0	0	0	0	0	(285,148)	34
35	Rent-Equipment & Vehicles	0	0	563	0	0	0	0	0	0	0	0	563	35
36	Other (specify):*	0	12,132	0	0	0	0	0	0	0	0	0	12,132	36
37	<b>TOTAL Ownership</b>	<b>(18,511)</b>	<b>(48,975)</b>	<b>7,651</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(59,835)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(88,157)	0	0	0	0	0	0	0	0	0	0	(88,157)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(88,157)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(88,157)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(152,967)</b>	<b>(35,505)</b>	<b>(96,659)</b>	<b>68,920</b>	<b>0</b>	<b>(216,211)</b>	<b>45</b>						

**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	\$ 275,094	Prairie Village Healthcare Center, LLC	100.00%	\$	\$ (275,094)	1
2	V	32 Interest	779	Prairie Village Healthcare Center, LLC	100.00%		(779)	2
3	V	19 Accounting		Prairie Village Healthcare Center, LLC	100.00%	7,500	7,500	3
4	V	21 State Replacement Tax		Prairie Village Healthcare Center, LLC	100.00%	114	114	4
5	V	26 Property Insurance		Prairie Village Healthcare Center, LLC	100.00%	5,856	5,856	5
6	V	30 Depreciation		Prairie Village Healthcare Center, LLC	100.00%	55,974	55,974	6
7	V	31 Amortization		Prairie Village Healthcare Center, LLC	100.00%	2,556	2,556	7
8	V	32 Interest		Prairie Village Healthcare Center, LLC	100.00%	133,449	133,449	8
9	V	33 Real Estate Taxes		Prairie Village Healthcare Center, LLC	100.00%	22,787	22,787	9
10	V	36 Mortgage Insurance Premium		Prairie Village Healthcare Center, LLC	100.00%	12,132	12,132	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 275,873			\$ 240,368	\$ * (35,505)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Prairie Village Healthcare Center

# 0042671

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	Sherwin I. Ray	33.33%	Avenue Care Nursing and Rehab	Chicago, IL	Ext. Care Consult.	Evanston, IL	Home Office	1
2	Jakob Bakst	33.33%	Beecher Manor Nursing and Rehab	Beecher, IL	Ext. Care Clinical	Evanston, IL	Administrative	2
3	Eric Rothner	33.34%	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				11
12			South Suburban Rehabilitation Center	Chicago, IL	Prairie Village			12
13			Tri-State Nursing and Rehab	Lansing, IL	Healthcare Ctr	Jacksonville, IL	Bldg. Company	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%	\$ 132	\$	132	15
16	V	02 Food		Extended Care Consulting, LLC	100.00%	252		252	16
17	V	03 Housekeeping		Extended Care Consulting, LLC	100.00%	252		252	17
18	V	05 Utilities		Extended Care Consulting, LLC	100.00%	364		364	18
19	V	06 Maintenance		Extended Care Consulting, LLC	100.00%	1,441		1,441	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	1,557		1,557	20
21	V	19 Professional Fees	120,000	Extended Care Consulting, LLC	100.00%	2,201		(117,799)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	1,909		1,909	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	6,515		6,515	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	117		117	24
25	V	25 Other Staff Admin. Transport.		Extended Care Consulting, LLC	100.00%	436		436	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	514		514	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	3,659		3,659	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	2,275		2,275	28
29	V	33 Real Estate Taxes		Extended Care Consulting, LLC	100.00%	1,154		1,154	29
30	V	35 Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	563		563	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		\$ 120,000			\$ 23,341	\$ *	(96,659)	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%	\$ 3,368	\$	3,368	15
16	V	06 Maintenance		Extended Care Consulting, LLC	100.00%				16
17	V	07 Employee Benefits		Extended Care Consulting, LLC	100.00%	619		619	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%	7,290		7,290	20
21	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	51,171		51,171	21
22	V	21 Office and Clerical	15,163	Extended Care Consulting, LLC	100.00%	15,163			22
23	V	27 Employee Benefits		Extended Care Consulting, LLC	100.00%	10,741		10,741	23
24	V	27 Employee Benefits		Extended Care Consulting, LLC	100.00%	1,715		1,715	24
25	V	22 Employee Benefits	5,984	Extended Care Consulting, LLC	100.00%			(5,984)	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		\$ 21,147			\$ 90,067	\$ *	68,920	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	\$ 18,674	CCS VEBA	100.00%	\$ 18,674	\$	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		\$ 18,674			\$ 18,674	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 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	0.19	0.05%	Alloc. Sal	\$ 347	22 - 7	1
2	Sherwin Ray	Owner	Administration	33.33%	See Attached	4.68	11.70%	Alloc. Sal	18,226	17 - 1	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 18,573		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 Prairie Village Healthcare Center

# 0042671

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center

# 0042671

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	\$ 25,282	\$ 132	1
2	02	Food	Patient Days	1,364,178	31	13,586	25,282	252	2
3	03	Housekeeping	Patient Days	1,364,178	31	13,573	25,282	252	3
4	05	Utilities	Patient Days	1,364,178	31	19,636	25,282	364	4
5	06	Maintenance	Patient Days	1,364,178	31	77,756	25,282	1,441	5
6	17	Administrative	Patient Days	1,364,178	31	84,000	25,282	1,557	6
7	19	Professional Fees	Patient Days	1,364,178	31	118,750	25,282	2,201	7
8	20	Dues and Subscriptions	Patient Days	1,364,178	31	102,984	25,282	1,909	8
9	21	Office and Clerical	Patient Days	1,364,178	31	351,528	25,282	6,515	9
10	24	Seminar and Travel	Patient Days	1,364,178	31	6,315	25,282	117	10
11	25	Other Staff Admin. Transpor.	Patient Days	1,364,178	31	23,506	25,282	436	11
12	26	Insurance	Patient Days	1,364,178	31	27,741	25,282	514	12
13	30	Depreciation	Patient Days	1,364,178	31	197,424	25,282	3,659	13
14	32	Interest	Patient Days	1,364,178	31	122,765	25,282	2,275	14
15	33	Real Estate Taxes	Patient Days	1,364,178	31	62,275	25,282	1,154	15
16	35	Rent - Equipment and Auto	Patient Days	1,364,178	31	30,363	25,282	563	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,259,303	\$	\$ 23,341	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center

# 0042671

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	25,282	\$ 3,368	1
2	06	Maintenance	Direct Allocation	1	1			1		2
3	07	Employee Benefits	Patient Days	1,364,178	31	33,386		25,282	619	3
4	07	Employee Benefits	Direct Allocation	1	1			1		4
5	17	Administrative	Patient Days	1,364,178	31	393,362	393,362	25,282	7,290	5
6	21	Office and Clerical	Patient Days	1,364,178	31	2,761,089	2,761,089	25,282	51,171	6
7	21	Office and Clerical	Direct Allocation	1	1	15,163	15,163	1	15,163	7
8	27	Employee Benefits	Patient Days	1,364,178	31	579,570		25,282	10,741	8
9	27	Employee Benefits	Direct Allocation	1	1	1,715		1	1,715	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					\$ 3,965,998	\$ 3,351,327		\$ 90,067	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center

# 0042671

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	1	1	\$ 18,674	\$	1	\$ 18,674	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				\$ 18,674	\$		\$ 18,674	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

**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											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Heartland Bank - HUD		X	Mortgage			\$	\$ 2,398,972		\$ 133,449	1									
2											2									
3											3									
4											4									
5											5									
<b>Working Capital</b>																				
6	First Bank / HFG		X	Line of Credit						28,163	6									
7	Alloc. - Extended Care	X		Line of Credit						2,275	7									
8											8									
9	TOTAL Facility Related						\$	\$ 2,398,972		\$ 163,887	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X							(5,901)	10									
11	Interest Income - Bldg. Part.		X							(779)	11									
12											12									
13											13									
14	TOTAL Non-Facility Related						\$	\$		\$ (6,680)	14									
15	TOTALS (line 9+line14)						\$	\$ 2,398,972		\$ 157,207	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 12,132 Line # 36

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

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

**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 2011 report.		\$	<b>21,700</b>	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.)		\$	<b>22,841</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>1,141</b>	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>22,800</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>23,941</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2007	<b>21,455</b>	8
	2008	<b>22,669</b>	9
	2009	<b>20,324</b>	10
	2010	<b>20,680</b>	11
	2011	<b>21,687</b>	12

**FOR BHF USE ONLY**

<b>2012 Real Estate Tax Accrual = \$21,687 * 1.05 = \$22,800</b>	13	FROM R. E. TAX STATEMENT FOR 2011	\$	13
<b>Extended Care Consulting, LLC (Allocation) - \$1,154</b>	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.**

SEE ACCOUNTANTS' COMPILATION REPORT

**2011 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Prairie Village Healthcare Center COUNTY Morgan  
 FACILITY IDPH LICENSE NUMBER 0042671  
 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>09-17-100-012</u>	<u>Long Term Care Facility</u>	\$ <u>21,686.72</u>	\$ <u>21,686.72</u>
2. <u>Allocation</u>	<u>Extended Care Consulting, LLC</u>	\$ <u>127,119.67</u>	\$ <u>916.97</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>148,806.39</u></u>	\$ <u><u>22,603.69</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.

Facility Name & ID Number Prairie Village Healthcare Center

# 0042671

Report Period Beginning:

01/01/12 Ending:

12/31/12

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 27,028 B. General Construction Type: Exterior Brick Frame Steel 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).

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.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>8,686</u>	<u>1997</u>	<u>\$ 170,000</u>	1
2	<u>Ext. Care Consult.</u>			<u>5,915</u>	2
3	<b>TOTALS</b>	<b>8,686</b>		<b>\$ 175,915</b>	3

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	126	1997		\$ 1,114,539	\$ 28,577	39	\$ 28,577	\$	\$ 441,783	4
5										5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Prairie Village Healthcare Center (Operating Entity)									
10	Various		2002	4,490	165	27.5	165		1,659	9
11	Various		2003	13,083	577	15 - 27.5	577		5,478	10
12	Various		2004	5,343	190	27.5	190		1,726	11
13	Various		2005	4,475	298	15	298		2,236	12
14	Various		2006	13,021	523	15 - 27.5	523		3,355	13
15	Various		2007	7,421	389	15 - 27.5	389		2,102	14
16	Bathroom / Water Lines / Faucets / Conduits / Lights		2009	6,987	250	27.5	250		697	15
17	Handrail / Bumper / Kickplates / Base / Draperies		2009	4,390	282	5	282		1,782	16
18	Fire Supression		2010	4,857	177	27.5	177		508	17
19	Bathroom Flooring		2010	2,750	100	27.5	100		288	18
20	Phone System		2011	5,707	208	10	208		311	19
21	Outside Patio		2011	3,725	135	15	135		158	20
22	Doors		2012	8,460	117	27.5	117		117	21
23	Stool Repair		2012	6,824	165	27.5	165		165	22
24	Fire Protection Engineering		2012	10,500	159	27.5	159		159	23
25										24
26	Prairie Village Healthcare Center, LLC (Building Partnership)									
27	Various		1997	487,113	12,490	39	12,490		189,479	25
28	Various		1998	185,832	4,765	39	4,765		69,862	26
29	Various		1999	3,549	91	39	91		1,187	27
30	Various		2000	9,164	333	27.5	333		4,102	28
31	Various		2001	54,531	1,983	27.5	1,983		23,344	29
32	New Roof / Fire Supression System / Hood System		2008	128,307	4,666	27.5	4,666		19,586	30
33	Concrete Sidewalks		2008	5,860	391	15	391		1,758	31
34	Windows		2009	63,595	2,313	27.5	2,313		8,191	32
35	Concrete Pad for Bathroom		2010	14,295	365	39	365		991	33
36										34

\*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		\$	\$		\$	\$	\$	37	
38	<u>Related Party Allocations - See Supplemental Schedules</u>								38
39								39	
40	<u>2007</u>	<u>85</u>	<u>4</u>	<u>20</u>	<u>4</u>		<u>26</u>	40	
41	<u>2009</u>	<u>51</u>	<u>3</u>	<u>20</u>	<u>3</u>		<u>10</u>	41	
42	<u>2010</u>	<u>500</u>	<u>25</u>	<u>20</u>	<u>25</u>		<u>75</u>	42	
43	<u>2011</u>	<u>180</u>	<u>9</u>	<u>20</u>	<u>9</u>		<u>18</u>	43	
44	<u>2012</u>	<u>59</u>	<u>3</u>	<u>20</u>	<u>3</u>		<u>3</u>	44	
45								45	
46	<u>2002</u>	<u>8,151</u>	<u>209</u>	<u>39</u>	<u>209</u>		<u>2,151</u>	46	
47	<u>2002</u>	<u>6,733</u>	<u>615</u>	<u>10</u>	<u>615</u>		<u>5,544</u>	47	
48	<u>2003</u>	<u>7,935</u>	<u>725</u>	<u>10</u>	<u>725</u>		<u>6,534</u>	48	
49	<u>2005</u>	<u>394</u>	<u>42</u>	<u>10</u>	<u>42</u>		<u>268</u>	49	
50	<u>2009</u>	<u>71</u>	<u>4</u>	<u>10</u>	<u>4</u>		<u>14</u>	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	<b>TOTAL (lines 4 thru 69)</b>	<b>\$ 2,192,977</b>	<b>\$ 61,348</b>		<b>\$ 61,348</b>	<b>\$</b>	<b>\$ 795,667</b>	<b>70</b>	

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment 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	\$ 207,888	\$ 597	\$ 597	\$	5 - 7	\$ 204,357	71
72	Current Year Purchases	1,595	239	239		5	239	72
73	Fully Depreciated Assets							73
74	See Supplemental	145,555	1,446	1,446			144,378	74
75	TOTALS	\$ 355,038	\$ 2,282	\$ 2,282	\$		\$ 348,974	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			2,872	574	574		5	2,872	77
78										78
79										79
80	TOTALS			\$ 2,872	\$ 574	\$ 574	\$		\$ 2,872	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)	\$ 2,726,802	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 64,204	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 64,204	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)	\$ 1,147,513	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

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

**Page 13 Supplemental Schedule**

Description	Cost	Depreciation	Accumulated Depreciation
<b>Related Party 1 - Prairie Village Healthcare Center, LLC</b>			
Prior	69,000		69,000
Current			
Total	69,000	-	69,000
<b>Related Party 2 - Extended Care Consulting</b>			
Prior	1,916	192	733
Current	52,530	-	53,530
Total	54,446	192	54,263
<b>Related Party 3 - Extended Care Consulting / 2201 Mail LLC</b>			
Prior	2,257	226	2,231
Current			
Total	2,257	226	2,231
<b>Related Party 4 - Extended Care Consulting - Matrix Software</b>			
Prior	19,852	1,028	18,884
Current			
Total	19,852	1,028	18,884
<b>Total</b>	<b>145,555</b>	<b>1,446</b>	<b>144,378</b>

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A - Related Party  
 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:				\$			3
4	Additions							4
5								5
6	See Supp.				635			6
7	TOTAL				\$ 635			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: \$ 15,931 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	\$	\$ 2,282	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 2,282	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

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 14 Supplemental Schedule - Building and Fixed Equipment**

Vendor	Description	Amount
TAG Properties	Office Space	10,054
Kiel Peregrin	Off Site Storage	420
Kelly Rothering	Off Site Storage	215
TAG Properties	Non-Allowable	(10,054)
Total		635

**Page 14 Supplemental Schedule - Equipment Rental**

Vendor	Description	Amount
Care Consultants of Illinois	Medical Equipment	17
Extended Care Consulting		2,117
Digital Copy Systems	Copier	3,713
Flynn Sales & Service	Copier	6,875
Kiel Peregrin		150
Pitney Bowes	Postage Meter	520
Quality Water Solutions	Water Softner	1,600
Various	Other	376
Alloc. - Extended Care Consulting		563
Total		15,931

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
  - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- 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	\$			\$	222,685	\$		\$	222,685	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					59,254				59,254	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39 - 03	hrs					232,599				232,599	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						199,045			199,045	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Other (specify): <u>See Supplemental</u>	39 - 02							19,040			19,040	12	
13	Other (specify): <u>See Supplemental</u>	39 - 03							41,898			41,898	13	
14	TOTAL			\$				\$	556,436	\$	218,085	\$	774,521	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

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 16 Supplemental Schedule**

Description	Supplies	Other
Ambulance		13,454
Food Pump		4
Hospital Services		6,127
Laboratory		10,752
Medical Supplies	920	
Other Services		2,800
Oxygen	14,873	
Prosthetics and Orthotics	1,593	
Radiology		8,761
Therapy and Rehab Supplies	304	
Wheelchairs and Walkers	1,350	
Total	19,040	41,898

**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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$ <b>12</b>	1
2	Cash-Patient Deposits	<b>32,125</b>	<b>32,125</b>	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <b>333,090</b> )	<b>1,372,470</b>	<b>1,372,470</b>	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	<b>35,194</b>	<b>35,194</b>	6
7	Other Prepaid Expenses	<b>29,623</b>	<b>41,450</b>	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>See Supplemental</b>	<b>130</b>	<b>715,758</b>	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ <b>1,469,542</b>	\$ <b>2,197,009</b>	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		<b>170,000</b>	13
14	Buildings, at Historical Cost		<b>1,114,539</b>	14
15	Leasehold Improvements, at Historical Cost	<b>105,596</b>	<b>1,057,842</b>	15
16	Equipment, at Historical Cost	<b>205,920</b>	<b>274,920</b>	16
17	Accumulated Depreciation (book methods)	<b>(225,337)</b>	<b>(1,054,620)</b>	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): <b>See Supplemental</b>	<b>191,695</b>	<b>245,048</b>	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ <b>277,874</b>	\$ <b>1,807,729</b>	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ <b>1,747,416</b>	\$ <b>4,004,738</b>	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ <b>891,543</b>	\$ <b>891,543</b>	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<b>14,278</b>	<b>14,278</b>	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<b>80,725</b>	<b>80,725</b>	30
31	Accrued Taxes Payable (excluding real estate taxes)	<b>4,900</b>	<b>4,900</b>	31
32	Accrued Real Estate Taxes(Sch.IX-B)		<b>22,800</b>	32
33	Accrued Interest Payable		<b>10,995</b>	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<b>See Supplemental</b>	<b>85,140</b>		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ <b>1,076,586</b>	\$ <b>1,025,241</b>	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		<b>2,398,972</b>	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<b>See Supplemental</b>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ <b>2,398,972</b>	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ <b>1,076,586</b>	\$ <b>3,424,213</b>	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ <b>670,830</b>	\$ <b>580,525</b>	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ <b>1,747,416</b>	\$ <b>4,004,738</b>	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 17 Supplemental Schedule**

Description	Operating	After Consolidation
<b>Line 9 - Other Current Assets</b>		
Due from Employees	130	130
Escrow Deposits		245,816
Replacement Reserve		434,358
Due from Related Parties		35,454
Total	130	715,758
<b>Line 23 - Other Long Term Assets</b>		
Construction in Progress	191,495	191,495
State Replacement Tax Benefit	200	200
Financing Costs (Net of Amortization)		53,353
Total	191,695	245,048
<b>Line 36 - Other Current Liabilities</b>		
Due to Related Entities	85,140	
Total	85,140	-
<b>Line 43 - Other Long Term Liabilities</b>		
Total	-	-

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (42,210)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (42,210)	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	713,040	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 713,040	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 670,830	<b>24</b> *

\* 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**

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,724,072	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 4,724,072	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	174,062	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 174,062	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	5,901	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 5,901	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	105,208	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 105,208	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 5,009,243	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	699,580	31
32	Health Care	1,247,430	32
33	General Administration	952,254	33
<b>B. Capital Expense</b>			
34	Ownership	336,167	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	862,678	35
36	Provider Participation Fee	198,094	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 4,296,203	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	713,040	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 713,040	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,612,767	44
45	Private Pay - Net Inpatient Revenue	106,835	45
46	Medicare - Net Inpatient Revenue	1,828,257	46
47	Other-(specify) <u>Hospice - Net Patient Service Revenue</u>	112,163	47
48	Other-(specify) <u>Insurance - Net Patient Service Revenue</u>	64,050	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 4,724,072	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**



Facility Name & ID Number Prairie Village Healthcare Center

# 0042671

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	2,044	2,138	\$ 69,674	\$ 32.59	1
2	Assistant Director of Nursing	1,717	2,065	46,382	22.46	2
3	Registered Nurses	6,303	6,645	155,009	23.33	3
4	Licensed Practical Nurses	17,535	19,140	358,812	18.75	4
5	CNAs & Orderlies	39,868	42,244	422,475	10.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,384	1,443	21,521	14.91	8
9	Activity Director	1,606	1,904	19,946	10.47	9
10	Activity Assistants	2,380	2,565	21,915	8.54	10
11	Social Service Workers	1,922	2,115	36,761	17.38	11
12	Dietician					12
13	Food Service Supervisor	1,907	2,103	31,207	14.84	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,232	4,668	42,154	9.03	15
16	Dishwashers	8,017	8,876	75,384	8.49	16
17	Maintenance Workers	5,779	6,395	71,228	11.14	17
18	Housekeepers	10,713	11,937	101,377	8.49	18
19	Laundry	3,732	4,219	36,597	8.68	19
20	Administrator	1,652	1,972	73,138	37.09	20
21	Assistant Administrator					21
22	Other Administrative	253	253	18,226	72.04	22
23	Office Manager					23
24	Clerical	4,252	4,646	88,990	19.15	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	1,583	1,834	19,634	10.71	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Non-Allowable</u>	926	926	84,067	90.79	33
34	TOTAL (lines 1 - 33)	117,803	128,088	\$ 1,794,497 *	\$ 14.01	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	\$ 6,618	01 - 03	35
36	Medical Director	18,000	09 - 03	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	3,782	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	3,616	12 - 03	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 32,016		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.

**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			
Kiel S. Peregrin (010112-070612)	Administrator	0	\$ 37,060	Workers' Compensation Insurance	\$ 63,948	IDPH License Fee	\$ 1,990			
Kelly K. Rothering (070712-123112)	Administrator	0	36,078	Unemployment Compensation Insurance	59,942	Advertising: Employee Recruitment				
Sherwin Ray	Administration	33.33	18,226	FICA Taxes	131,702	Health Care Worker Background Check	1,639			
				Employee Health Insurance	18,674	(Indicate # of checks performed )				
				Employee Meals		<u>Patient Background Checks</u>				
				Illinois Municipal Retirement Fund (IMRF)*		<u>Dues and Subscriptions</u>	5,305			
				Employee Physicals	870	<u>Licenses and Fees</u>	397			
				Other Employee Welfare	4,508	<u>Advertising and Promotion</u>	12,103			
				Holiday Expense	1,250	<u>Alloc. - Extended Care Consulting</u>	1,909			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 91,364	TOTAL (agree to Schedule V, line 22, col.8)			\$ 280,894			
TOTAL (List each licensed administrator separately.)				TOTAL (agree to Sch. V, line 20, col. 8)			\$ 11,240			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Description			Amount	Description		Amount	Description		Amount	
			\$			\$	Out-of-State Travel		\$	
			\$			\$	In-State Travel		\$	
			\$			\$	Seminar Expense		3,760	
			\$			\$	Alloc. - Extended Care Consulting		117	
			\$			\$	Entertainment Expense		( )	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 3,877	
TOTAL (Attach a copy of any management service agreement)										
C. Professional Services				G. Schedule of Travel and Seminar**			G. Schedule of Travel and Seminar**		G. Schedule of Travel and Seminar**	
Vendor/Payee		Type	Amount	Description		Amount	Description		Amount	
Extended Care Consulting		Home Office	\$ 120,000			\$	Out-of-State Travel		\$	
Plante & Moran, PLLC		Accounting	19,400			\$	In-State Travel		\$	
Frost, Ruttenberg & Rothblatt		Accounting	1,500			\$	Seminar Expense		3,760	
Burke, Warran, MacKay		Legal	4,042			\$	Alloc. - Extended Care Consulting		117	
Chuhak & Tecson		Legal	2,790			\$	Entertainment Expense		( )	
Extended Care Consulting		Legal	785			\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 3,877	
Meyer Magence		Legal	375			\$				
Myers, Carden & Sax		Legal	(9,065)			\$				
Williams Montgomery		Legal	1,673			\$				
Extended Care Consulting		Other Professional	1,853			\$				
HFG		Other Professional	9,674			\$				
See Supplemental Schedule			44,262			\$				
TOTAL (agree to Schedule V, line 19, column 3)			\$ 197,289	TOTAL		\$				
TOTAL (If total legal fees exceed \$5,000, attach copy of invoices.)										

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 21 Supplemental Schedule - Other Professional Fees**

Vendor	Type	Amount
Blymas	Other Professional	6,200
Personnel Planners, Inc.	Unemployment Consultant	1,714
American Data	Data Processing	3,602
Care Consultants of Illinois	Data Processing	66
E-Health Data Solutions	Data Processing	4,680
Extended Care Consulting	Data Processing	1,624
MDI Achieve	Data Processing	4,757
MediFax-EDI, LLC	Data Processing	551
National Datacare Corporation	Data Processing	1,797
Nebo Systems, Inc.	Data Processing	77
Pro Payroll Solutions	Data Processing	6,512
Paycor	Data Processing	2,039
Other	Data Processing	35
Care Consultants of Illinois	Computer Maintenance	10,608
Total		44,262

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 21 Supplemental Schedule - Legal Invoice Detail**

<b>Vendor</b>	<b>Date</b>	<b>Amount</b>
Burke, Warran, MacKay		4,042
Chuhak & Tecson		2,790
Extended Care Consulting		785
Meyer Magence		375
Myers, Carden & Sax		(9,065)
Williams Montgomery		1,673
		<hr/>
Total		<u>600</u>

Total legal expense is less than \$5,000. Per the instructions, there is no need to include copies of the legal invoices with the filed Medicaid Cost Report.

**Prairie Village Healthcare Center  
Medicaid Cost Report  
01/01/12 - 12/31/12**

---

**Page 21 Supplemental Schedule - Seminar**

Vendor	Invoice Date	Amount	Allowable
Kiel Peregrin	02/09/12	120	120
Ramirez Consulting Group	03/09/12	600	600
Care Consultants of Illinois	04/30/12	1,500	1,500
Pathway Health Services	06/14/12	750	750
Illinois Nursing Home	06/30/12	195	195
Other	12/31/12	595	595
Alloc. - Extended Care Consulting		117	117
		3,877	3,877

Page 5 Adjustments

-
---

**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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center# 0042671

Report Period Beginning:

01/01/12

Ending:

12/31/12**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? 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. \$ 198,094  
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? N/A  
Attach invoices and a summary of services for all architect and appraisal fees

**SEE ACCOUNTANTS' COMPILATION REPORT**