

Facility Name & ID Number Tabor Hills Health Care Facility

0040543 Report Period Beginning: 10/1/11 Ending: 9/30/12

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	192	Skilled (SNF)	192	70,272	1
2		Skilled Pediatric (SNF/PED)			2
3	19	Intermediate (ICF)	19	6,954	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	211	TOTALS	211	77,226	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	531	5,310	6,898	12,739	8
9	SNF/PED					9
10	ICF	19,496	30,381		49,877	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,027	35,691	6,898	62,616	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.08%

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

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 4/28/95

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

YES Date 4/28/95 NO

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

YES NO If YES, enter number of beds certified 52 and days of care provided 6,436

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: 9/30/12 Fiscal Year: 9/30/12

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

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	469,294	30,377	10,450	510,121		510,121	510,121			1
2	Food Purchase		405,480		405,480		405,480	405,480			2
3	Housekeeping	357,698	123,602		481,300		481,300	481,300			3
4	Laundry	168,866	61,146		230,012		230,012	230,012			4
5	Heat and Other Utilities			296,130	296,130		296,130	296,130			5
6	Maintenance	206,088	58,000	307,966	572,054		572,054	572,054			6
7	Other (specify):*										7
8	TOTAL General Services	1,201,946	678,605	614,546	2,495,097		2,495,097	2,495,097			8
	B. Health Care and Programs										
9	Medical Director			31,200	31,200		31,200	31,200			9
10	Nursing and Medical Records	5,703,200	444,565	165,425	6,313,190		6,313,190	6,313,190			10
10a	Therapy										10a
11	Activities	271,833	1,127	4,570	277,530		277,530	277,530			11
12	Social Services	120,501	26	919	121,446		121,446	121,446			12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,095,534	445,718	202,114	6,743,366		6,743,366	6,743,366			16
	C. General Administration										
17	Administrative	152,177			152,177		152,177	152,177			17
18	Directors Fees										18
19	Professional Services			267,377	267,377		267,377	(19,935)	247,442		19
20	Dues, Fees, Subscriptions & Promotions			13,590	13,590		13,590		13,590		20
21	Clerical & General Office Expenses	402,026	56,967	39,052	498,045		498,045	(17,252)	480,793		21
22	Employee Benefits & Payroll Taxes			3,819,177	3,819,177		3,819,177		3,819,177		22
23	Inservice Training & Education			1,575	1,575		1,575		1,575		23
24	Travel and Seminar			2,043	2,043		2,043		2,043		24
25	Other Admin. Staff Transportation			21,207	21,207		21,207		21,207		25
26	Insurance-Prop.Liab.Malpractice			146,159	146,159		146,159	4,843	151,002		26
27	Other (specify):*										27
28	TOTAL General Administration	554,203	56,967	4,310,180	4,921,350		4,921,350	(32,344)	4,889,006		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,851,683	1,181,290	5,126,840	14,159,813		14,159,813	(32,344)	14,127,469		29

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

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

Facility Name & ID Number Tabor Hills Health Care Facility

#0040543

Report Period Beginning:

10/1/11

Ending:

9/30/12

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			559,712	559,712	559,712	27,274	586,986				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			335,728	335,728	335,728	(1,804)	333,924				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			895,440	895,440	895,440	25,470	920,910				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	424,319	213,344	103,864	741,527	741,527		741,527				39
40	Barber and Beauty Shops			29,209	29,209	29,209		29,209				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			115,840	115,840	115,840		115,840				42
43	Other (specify):* Non-Allowable Co	67,522		119,673	187,195	187,195	(187,195)					43
44	TOTAL Special Cost Centers	491,841	213,344	368,586	1,073,771	1,073,771	(187,195)	886,576				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,343,524	1,394,634	6,390,866	16,129,024	16,129,024	(194,069)	15,934,955				45

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning: 10/1/11

Ending: 9/30/12

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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	27,274	30		9
10	Interest and Other Investment Income	(1,804)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(484)	43		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	(13,300)	43		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	(5,371)	43		24
25	Fund Raising, Advertising and Promotional	(10,067)	43		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 Pg 5A	(190,317)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (194,069)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (194,069)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44					44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule		X		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

Tabor Hills Health Care Facility

ID# 0040543

Report Period Beginning: 10/1/11

Ending: 9/30/12

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Resident Physicians	\$ (16,818)	43	1
2	Miscellaneous Expense	(3,951)	43	2
3	X-Ray Expense	(29,783)	43	3
4	Lab Expense	(39,610)	43	4
5	Travel & Entertainment	(289)	43	5
6	Telephone	(17,191)	21	6
7	Non-Allowable Legal	(15,092)	19	7
8	Marketing Salary	(67,522)	43	8
9	Miscellaneous Income Offset	(61)	21	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(190,317)	49

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
Bohemian Home for the Aged	100			Bohemian Home for the Aged	Naperville	Townhomes

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$	N/A		\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							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		\$			\$	\$ *	14

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

Facility Name & ID Number Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/11 Ending: 9/30/12

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	Gloria Pindiak	Administrator	CEO	0.00	0	40+	100.00	Salary	\$ 84,796	L17,C1	1
2											2
3	See attached schedule of Board of Directors										
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 84,796		13

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

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/11

Ending: 9/30/12

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

Name of Related Organization N/A
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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
2									2
3				N/A					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

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	Name of Lender	2		3	4	5	6		8	9	10	11					
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Illinois Revenue Authority		X	Mortgage	Principal and interest due upon presentment (semi-annually)	11/22/06	\$ 4,970,670	\$ 4,800,799	11/15/36	Varies	\$ 335,728	1					
2												2					
3												3					
4												4					
5												5					
Working Capital																	
6												6					
7												7					
8												8					
9	TOTAL Facility Related						\$ 4,970,670	\$ 4,800,799			\$ 335,728	9					
B. Non-Facility Related*																	
10										Interest Income Offset	(1,804)	10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			(1,804)	14					
15	TOTALS (line 9+line14)						\$ 4,970,670	\$ 4,800,799			\$ 333,924	15					

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

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

** 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.			\$		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.)	2011		\$		2	
3. Under or (over) accrual (line 2 minus line 1).			\$		3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)			\$		4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2007	_____	8	FOR BHF USE ONLY		
	2008	_____	9			
	2009	_____	10			
	2010	_____	11			
	2011	_____	12			
Facility is a not-for-profit entity and exempt from real estate tax.						
				13	FROM R. E. TAX STATEMENT FOR 2011 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Tabor Hills Health Care Facility COUNTY DuPage
 FACILITY IDPH LICENSE NUMBER 0040543
 CONTACT PERSON REGARDING THIS REPORT Frances Salinas
 TELEPHONE (630) 778-6077 FAX #: (630) 778-6680

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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>Facility is a not-for-profit and exempt from real estate tax.</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
2.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
3.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
4.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
5.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
6.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
7.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
8.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
9.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
10.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
		TOTALS	\$ <u>=====</u>	\$ <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? YES N/A 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 Tabor Hills Health Care Facility

0040543 Report Period Beginning:

10/1/11 Ending:

9/30/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,980 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

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).

Bohemian Home for the Aged d/b/a Tabor Hills Adult Community provides housing to seniors through an adult living community
There are 104 townhomes and a total of 1,267,596 square feet of land.

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

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>264,519</u>	<u>1995</u>	<u>\$ 574,693</u>	1
2					2
3	TOTALS	<u>264,519</u>		<u>\$ 574,693</u>	3

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	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	211	1995	1995	\$ 10,039,753	\$ 249,932	40	\$ 249,932	\$	\$ 4,385,486
5									
6									
7									
8									
Improvement Type**									
9	Land Improvements		1995	36,957		15			36,957
10	Improvements		1995	1,421		40	36	36	723
11	Sign		1997	500	13	40	13		201
12	Electric		1996	656	16	40	16		248
13	Humidistats		1996	1,378	34	40	34		527
14	Door alarm		1996	854	21	40	21		333
15	Plumbing		1996	1,050	26	40	26		403
16	Install lights, water heater		1997	2,345	59	40	59		907
17	Pipe		1997	618	15	40	15		240
18	Electric		1997	3,121	78	40	78		1,209
19	Signs & outlets		1997	2,504	63	40	63		969
20	Wall hugging overbed lights		1997	27,302	683	40	683		10,514
21	Air compressor		1997	2,078	52	40	52		806
22	Roof repair		1997	3,154	79	40	79		1,217
23	Deco-gard products		1997	738	18	40	18		280
24	Shelving units		1998	2,317	58	40	58		841
25	Chimney cap		1998	945	24	40	24		348
26	Access door		1998	2,061	52	40	52		754
27	Bumper guards		1998	3,687	92	40	92		1,334
28	Land improvement - survey		1998	800		10			800
29	Carpeting		1999	67,303		10			67,303
30	Miniblinds		1999	3,501		10			3,501
31	Vertical blinds		1999	1,974		10			1,974
32	Swingmaster door		1999	2,357		10			2,357
33	Security lock		1999	2,779		10			2,779
34			1999	16,182		10			16,182
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/11

Ending:

9/30/12

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	
37	Carpeting	2000	\$ 225	\$	10	\$	\$	\$ 225	37
38	Railing & bumper	2000	3,275	82	40	82		1,027	38
39	Carpeting	2000	41,999		10			41,999	39
40	Tile	2001	6,493	162	40	162		1,918	40
41	Courtyard improvements	2001	15,673	392	40	392		4,343	41
42	Architect Fees - Dining Room	2002	58,322	5,832	10	5,832		52,488	42
43	Carpet	2002	3,341	334	10	334		3,340	43
44	Door Alarm	2003	8,254	825	10	825		7,906	44
45	Fountain	2003	2,278	228	10	228		2,147	45
46	Carpet	2003	4,545	455	10	455		4,095	46
47	Therapeutic Garden	2003	135,525	3,388	40	3,388		29,030	47
48	Windows	2003	600	15	40	15		135	48
49	Braille Room Signs	2003	3,156	79	40	79		672	49
50	Flooring & Ceiling Tile	2004	12,755	319	40	319		2,712	50
51	Architect Fees - Dining Room	2004	17,405	435	40	435		3,698	51
52	Air Conditioning	2004	32,155	3,216	10	3,216		27,336	52
53	Plumbing	2004	30,619	765	40	765		6,586	53
54	Doors	2004	12,160	1,216	10	1,216		10,336	54
55	Water Box	2004	1,996	200	10	200		1,700	55
56	Fire Alarm	2004	8,965	897	10	897		7,624	56
57	Driveway	2004	2,750	275	10	275		2,338	57
58	Electric Work & Lighting	2004	213,367	5,334	40	5,334		43,223	58
59	Entryway Renovation	2004	761	19	40	19		152	59
60	Sprinkler System	2004	1,798	45	40	45		360	60
61	Dining Room Renovation	2004	1,915,627	42,911	40	47,891	4,980	374,380	61
62	Bathroom Renovation	2005	2,000	50	40	50		375	62
63	Automatic Door System	2005	3,551	89	40	89		668	63
64	Signs	2006	21,716	543	40	543		3,529	64
65	Door Sensor Locks	2006	18,597	465	40	465		3,022	65
66	Asphalt Parking Lots	2006	7,156	716	10	716		4,653	66
67	Wall Mirrors Therapy Room	2006	2,940	74	40	74		480	67
68	Electrical Work	2006	25,507	638	40	638		4,147	68
69	Wiring	2006	68,676	1,717	40	1,717		11,160	69
70	TOTAL (lines 4 thru 69)		\$ 12,912,522	\$ 323,031		\$ 328,047	\$ 5,016	\$ 5,196,997	70

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/11

Ending:

9/30/12

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		\$ 12,912,522	\$ 323,031		\$ 328,047	\$ 5,016	\$ 5,196,997	1
2	Lighting	2006	21,943	549	40	549		3,568	2
3	Exhaust Fans	2006	28,060	702	40	702		4,562	3
4	Heaters	2006	28,826	721	40	721		4,686	4
5	HVAC	2006	71,252	1,781	40	1,781		11,577	5
6	Fountain	2006	39,594	2,640	15	2,640		16,060	6
7	Wall Coverings	2007	6,058	606	10	606		3,333	7
8	Fire Prevention	2007	5,464	546	10	546		3,004	8
9	Exterior Work	2007	7,440	744	10	744		4,092	9
10	Naperville Room improvements	2007	17,034	426	40	426		2,343	10
11	- Remove interior partition wall, remove required ceiling								11
12	grid & tile to new demising wall, construct new interior								12
13	demising wall attaching to underside of pan desk, remove								13
14	existing ceiling panels, provided required fire stopping								14
15	for perimeter walls & ceiling								15
16	Exercise Room improvements	2007	18,807	470	40	470		2,585	16
17	- Removed wallpaper, patched damaged areas, replaced								17
18	& repaired all required drywall. Install new insulation								18
19	install new fire rated metal door frame & door								19
20	Exterior Doors & Frames	2007	8,292	207	40	207		1,139	20
21	Interior Doors	2007	2,490	62	40	62		341	21
22	1 North Kitchen improvements	2007	8,754	219	40	219		1,204	22
23	- Removed cabinets, walls, ceiling & flooring - concrete								23
24	floor to install new plumbing drain								24
25	Finance Office improvements	2007	2,622	66	40	66		362	25
26	- Replaced door and walls, taped off and painted								26
27	Carpeting	2007	12,371	1,237	10	1,237		6,804	27
28	Electrical work	2007	30,630	766	40	766		4,213	28
29	Duct work	2007	18,266	457	40	457		2,513	29
30	Smoke detectors	2007	7,966	797	10	797		4,383	30
31	Electrical work	2007	13,558	339	40	339		1,864	31
32	Landscaping	2008	3,025	202	15	202		825	32
33	Boiler	2008	5,802	145	40	145		653	33
34	TOTAL (lines 1 thru 33)		\$ 13,270,776	\$ 336,713		\$ 341,729	\$ 5,016	\$ 5,277,108	34

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/11

Ending:

9/30/12

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 12B, Carried Forward		\$ 13,270,776	\$ 336,713		\$ 341,729	\$ 5,016	\$ 5,277,108	1
2	Administrative office renovations	2008	28,511	713	40	713		3,208	2
3	- New oak cabinets, closet & shelving, new ceiling tiles, install								3
4	new water cooler								4
5	Duct, fan coil & heating work	2008	12,684	317	40	317		1,427	5
6	Vinyl Bases	2008	4,914	491	10	491		2,210	6
7	Electrical work	2008	84,126	2,103	40	2,103		10,340	7
8	Mag Mile Kitchen Improvements	2008	30,844	771	40	771		3,470	8
9	- Renovate oak countertop, light fixtures, kitchen area, and								9
10	vinyl baseboard, replace old kitchen air controllers								10
11	Therapy Office Improvements - wiring, flooring, wall covering	2008	16,734	418	40	418		1,881	11
12	Flooring	2008	13,497	337	40	337		1,517	12
13	Water pump	2008	5,794	145	40	145		652	13
14	A/C Unit	2008	10,660	267	40	267		1,201	14
15	Coil and Freeze Thermostat	2008	5,800	145	40	145		653	15
16									16
17	Interior remodel-Electrical work, carpeting	2009	110,167	2,754	40	2,754		9,462	17
18	Landscaping	2009	2,258	151	15	151		591	18
19	Outdoor Electrical Work	2009	2,572	171	15	171		584	19
20	Landscaping	2009	23,769	1,585	15	1,585		5,019	20
21									21
22	Repair roof leak, replace ceiling tiles & sprinkler lines	2010	3,955	100	40	100		300	22
23	Remodel reception area and admission office :	2010	8,447	211	40	211		616	23
24	Remove existing reception front glass, frame, oak hand rail,								24
25	Ceiling tile and grid, open wall and frame new door								25
26	Install new 5/8 drywall and ceiling line								26
27									27
28	Remodel work for Admission office :	2010	4,973	124	40	124		341	28
29	Install new "B" label metal frame, solid Oak door								29
30	Install new acoustical ceiling grid and tile, patch, prime and								30
31	Paint, Install new vinyl base, Install solid blocking in East								31
32	Wall to facilitate installation								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,640,481	\$ 347,516		\$ 352,532	\$ 5,016	\$ 5,320,580	34

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/11

Ending:

9/30/12

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 12C, Carried Forward		\$ 13,640,481	\$ 347,516		\$ 352,532	\$ 5,016	\$ 5,320,580	1
2	Remodel new storage space and office for Therapy office :	2010	13,253	331	40	331		817	2
3	Supply and install new storage units for Physical Therapy								3
4	Open existing wall and install solid blocking for new cabinets								4
5	Supply and install new oak cabinets, laminate work surface,								5
6	Keyboard drawers, supply new wall covering								6
7									7
8	Remodel exercise room & kitchen in Financial service :	2010	9,774	244	40	244		590	8
9	Install new TV cabinet with support wall, oak jamb, door, VCT								9
10	Tile floor, install customer supplied kitchen cabinets, new								10
11	shelf in closet, Install new ceiling mounted curtain track,								11
12	Hangers, and rods								12
13									13
14	Roof concrete repair	2010	7,926	198	40	198		446	14
15	Remodel beauty shop (remove & replace wallcover)	2010	3,904	98	40	98		220	15
16	Remodel Elevator lobby & adjacent corridor :	2010	12,662	317	40	317		687	16
17	Install new flooring and wall covering for elev lobby & adj corridor								17
18	Painted and decorated walls								18
19	Remodel new ceiling for beauty shop and remove existing hand rail	2010	4,469	112	40	112		243	19
20	Remodel new ceiling front hallway and Admission office	2010	17,957	449	40	449		973	20
21	Remodel front entry, ice cream parlor & building permits :	2010	37,734	943	40	943		1,965	21
22	Install cherry trim, reframe new opening in soffit								22
23	install new cased opening between foyer and elevator lobby								23
24	Remove existing wallpaper, skim coat walls, sand and prime								24
25	Supply and install new sinks, corian tops, vinyl ceiling tiles								25
26	Built new base for freezer,install new angle stops, supply new								26
27	water lines								27
28	Electrical Maintenance	2010	3,348	84	40	84		175	28
29	Interior Design - Remodel Elevator lobby & adjacent corridor	2010	6,682	167	40	167		418	29
30	Carpenter - remodel CEO office & Garden dining room	2010	162,053	4,051	40	4,051		8,440	30
31	Carpenter - remodel beauty parlor	2010	3,943	99	40	99		247	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,924,186	\$ 354,609		\$ 359,625	\$ 5,016	\$ 5,335,800	34

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/11

Ending:

9/30/12

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,924,186	\$ 354,609		\$ 359,625	\$ 5,016	\$ 5,335,800	1
2	Remodel Hallway: Carpeting, Wallpaper/Painting & Lighting	2011	9,995	250	40	250		479	2
3	Inspect/Remodel Damaged Ductwork	2011	11,245	1,124	10	1,124		1,707	3
4	Upgrade Bathroom for Code Compliance	2011	3,513	351	10	351		497	4
5	Remodel Bathrooms: Install tiles and fixtures; painting	2011	9,369	408	40	408		476	5
6	R/M Reclass: Electrical Work in Laundry Room for New Dryers	2011	4,837		10	483	483	725	6
7	R/M Reclass: Replace Walkway Lights: Wall and Bollard Lights	2011	4,016		10	402	402	603	7
8	R/M Reclass: HVAC Parts Replacement & Repairs	2011	19,587		10	1,958	1,958	2,937	8
9	Motor Upgrades for Boilers	2011	9,271	927	10	927		1,667	9
10	Repair Boilers	2011	7,710	771	10	771		1,242	10
11									11
12	Lobby flooring	2012	4,345	100	40	100		100	12
13	Fireproofing boiler & electrical room	2012	4,045	34	40	34		34	13
14	Install carpet tile, metal bar, flooring-1 West	2012	12,279	128	40	128		128	14
15	Install millwork wall base- 1 West	2012	3,818	40	40	40		40	15
16	Furnish & install fire dampers	2012	13,505	84	40	84		84	16
17	Fire & Smoke damper	2012	31,284	196	40	196		196	17
18	Tile & Waterproofing, west showering area	2012	13,938	87	40	87		87	18
19	Furnish & install fire dampers	2012	2,903	18	40	18		18	19
20	Instal A/C system, cooler	2012	5,004	21	40	21		21	20
21	Tile and waterproffing- 1 West	2012	31,837	30	40	30		30	21
22	Crown molding- 1 West	2012	12,903	1,075	10	1,075		1,075	22
23	Corridor and activity room carpeting- 1 West	2012	17,282	1,440	40	1,440		1,440	23
24	Crashrails- 1 West	2012	3,811	286	40	286		286	24
25	Wallcovering- 1 West	2012	9,673	725	40	725		725	25
26	Handrails, wall coverings & wall protection- 1 West	2012	4,250	319	10	319		319	26
27	Wallcovering- 1 West	2012	11,888	521	40	521		521	27
28	Install cabinets- 1 West	2012	2,596	43	10	43		43	28
29	Corridor and activity room carpeting	2012	8,990	75	40	75		75	29
30	Boiler circuit setter	2012	4,282	393	40	393		393	30
31	Install security system	2012	5,394	450	10	450		450	31
32	Valve and condensor fan replacement	2012	24,590	819	40	819		819	32
33	Chiller replacement	2012	134,109	4,470	40	4,470		4,470	33
34	TOTAL (lines 1 thru 33)		\$ 14,366,454	\$ 369,794		\$ 377,653	\$ 7,859	\$ 5,357,488	34

**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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 14,366,454	\$ 369,794		\$ 377,653	\$ 7,859	\$ 5,357,488	1
2	Boilers	2012	54,799	457	40	457		457	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,421,253	\$ 370,251		\$ 378,110	\$ 7,859	\$ 5,357,945	34

**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	\$ 1,449,590	\$ 143,108	\$ 162,523	\$ 19,415	5-10 Years	\$ 1,223,236	71
72	Current Year Purchases	154,053	6,733	6,733		5-10 Years	6,733	72
73	Fully Depreciated Assets	1,978,160					1,978,160	73
74								74
75	TOTALS	\$ 3,581,803	\$ 149,841	\$ 169,256	\$ 19,415		\$ 3,208,129	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	See Schedule 13A			\$ 422,701	\$ 39,620	\$ 39,620	\$		\$ 314,216	76
77										77
78										78
79										79
80	TOTALS			\$ 422,701	\$ 39,620	\$ 39,620	\$		\$ 314,216	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)	\$ 19,000,449	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 559,712	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 586,986	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 27,274	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,880,290	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	Non-care related bus	\$ 38,750	\$	\$ 38,750	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 38,750	\$	\$ 38,750	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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.

Schedule 13A

Schedule XI - D Vehicle Depreciation

Use	Model, Make and Year	Year Acquired	Cost	Current Book	Straight Line Depreciation	Adjustment	Life in Years	Accumulated Depreciation
Facility Use	1997 Ford Eldorado Bus	1997	44,290			-	5	
Medical Transportation	1988 Ford Van	1988	23,216			-	5	
Facility Use	2000 Chrysler Van	2000	31,930	-	-	-	5	
Administrative Use	2003 Van	2003	41,902	-	-	-	5	
Facility Use	2004 Van	2004	70,823			-	5	
	Pickup truck	2007	21,500	2,150	2,150	-	5	
	Vehicle Parts	2007	3,377	337	337	-	5	
Administrative Use	2008 Toyota Sienna	2008	25,138	5,028	5,028	-	5	
	2000 Chevy Tahoe	2009	5,000	1,000	1,000	-	5	
	Truck	2009	5,975	1,195	1,195	-	5	
Facility Use	Van	2010	25,000	5,000	5,000	-	5	
Facility Use	2011 Ford Elkhart Bus	2011	40,054	8,011	8,011	-	5	
Facility Use	2010 Ford Elkhart Bus	2011	44,539	8,908	8,908	-	5	
Facility Use	2011 Honda Odyssey Van	2011	39,957	7,991	7,991	-	5	
			<u>422,701</u>	<u>39,620</u>	<u>39,620</u>	<u>-</u>		<u>-</u>

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

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

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

N/A

N/A

9. Option to Buy: YES NO Terms: N/A *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ N/A Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ <u>N/A</u>	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/11 Ending: 9/30/12
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>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. 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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	L39(1) & (3)	3614	hrs	\$ 150,250	556	\$ 41,335	\$	4,170	\$ 191,585	1
2	Licensed Speech and Language Development Therapist	L39(3)		hrs		769	54,241		769	54,241	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	L39(1),(2),(3)	6592	hrs	274,069	139	8,288	573	6,731	282,930	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	L39(2)		# of prescrpts				444,869		444,869	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify):										12
13	Other (specify):										13
14	TOTAL				\$ 424,319	1,464	\$ 103,864	\$ 445,442	11,670	\$ 973,625	14

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning: 10/1/11

Ending:

9/30/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/12

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 35,605	\$ 35,605	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>44,629</u>)	2,104,122	2,104,122	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	235,181	235,181	5
6	Prepaid Insurance	410,084	410,084	6
7	Other Prepaid Expenses	30,095	30,095	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,815,087	\$ 2,815,087	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	574,693	574,693	13
14	Buildings, at Historical Cost	9,997,265	10,039,753	14
15	Leasehold Improvements, at Historical Cost	4,289,404	4,381,500	15
16	Equipment, at Historical Cost	4,120,492	4,004,504	16
17	Accumulated Depreciation (book methods)	(8,724,889)	(8,880,290)	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 (sp) <u>See Sch 17A</u>	1,815,633	1,815,633	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,072,598	\$ 11,935,793	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,887,685	\$ 14,750,880	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 4,423,392	\$ 4,423,392	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	94,373	94,373	29
30	Accrued Salaries Payable	556,174	556,174	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	51,305	51,305	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Sch 17A</u>	389,495	389,495	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,514,739	\$ 5,514,739	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	4,706,426	4,706,426	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,706,426	\$ 4,706,426	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,221,165	\$ 10,221,165	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,666,520	\$ 4,529,715	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 14,887,685	\$ 14,750,880	48

*(See instructions.)

Tabor Hills Health Care Facility, Inc.
IDPH Facility # 0040543
10/1/11-9/30/12

Schedule 17A

XV. Balance Sheet

B. Other Long-Term Assets- Line 22

	<u>Operating</u>	<u>After Consolidation</u>
Due To/Fr SLC	1,779,169	1,779,169
Unamortized Bond Premium & Fees	38,859	38,859
Accum Bond Premium & Fees	(2,395)	(2,395)
	<u>1,815,633</u>	<u>1,815,633</u>

XV. Balance Sheet

C. Other Current Liabilities- Line 36

	<u>Operating</u>	<u>After Consolidation</u>
Refunds (Residents/Family)	951	951
Resident Credit Balances	136,002	136,002
HDSI Transfer Account	(204)	(204)
FICA	97	97
State Income Tax W/H	46	46
Employee lock deposits	715	715
Beauty Shop Gift Certificates	(836)	(836)
Accrued Expenses	54,532	54,532
Granny tax accrued	86,892	86,892
Employee Life Insurance Premiums	(3,478)	(3,478)
Other Liab-IDPA Audit	110,131	110,131
PA Resident Pharmacy	6,628	6,628
Accrued Wage Assignments	(1,981)	(1,981)
	<u>389,495</u>	<u>389,495</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,041,796	1
2	Restatements (describe):		2
3	Equity - Other Entities	4,042,763	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,084,559	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,418,039)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,418,039)	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)	\$ 4,666,520	24 *

* This must agree with page 17, line 47.

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,715,454	1
2	Discounts and Allowances for all Levels	(1,268,888)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,446,566	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,302,775	6
7	Oxygen	35,283	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,338,058	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	28,749	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	244,687	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,699	19
20	Radiology and X-Ray	26,340	20
21	Other Medical Services	564,066	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 904,541	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,804	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,804	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	20,016	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 20,016	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,710,985	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,495,097	31
32	Health Care	6,743,366	32
33	General Administration	4,921,350	33
B. Capital Expense			
34	Ownership	895,440	34
C. Ancillary Expense			
35	Special Cost Centers	957,931	35
36	Provider Participation Fee	115,840	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,129,024	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,418,039)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,418,039)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,426,938	44
45	Private Pay - Net Inpatient Revenue	7,869,528	45
46	Medicare - Net Inpatient Revenue	1,150,100	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,446,566	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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.

Tabor Hills Health Care Facility, Inc.
IDPH Facility # 0040543
9/30/2012

Schedule XVII. Income Statement
Line 28

Schedule 19A

<u>Description</u>	<u>Amount</u>
Admin. Influenza Vac	360
Public Aid Application Fee	1,700
Resident Telephone Private	17,191
Misc. Income	61
Unclaimed Property	704
	<u>20,016</u>

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/11

Ending:

9/30/12

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	1,874	2,091	\$ 86,048	\$ 41.15	1
2	Assistant Director of Nursing	1,120	1,136	37,953	33.41	2
3	Registered Nurses	72,323	78,154	2,435,998	31.17	3
4	Licensed Practical Nurses	27,197	29,381	589,615	20.07	4
5	CNAs & Orderlies	121,985	132,353	1,803,012	13.62	5
6	CNA Trainees					6
7	Licensed Therapist	9,372	10,206	424,319	41.58	7
8	Rehab/Therapy Aides	10,309	10,987	141,754	12.90	8
9	Activity Director	1,793	2,095	33,142	15.82	9
10	Activity Assistants	19,460	21,224	238,691	11.25	10
11	Social Service Workers	5,903	6,332	120,501	19.03	11
12	Dietician					12
13	Food Service Supervisor	2,107	2,251	44,040	19.56	13
14	Head Cook	6,345	6,924	109,169	15.77	14
15	Cook Helpers/Assistants	28,418	31,286	316,085	10.10	15
16	Dishwashers					16
17	Maintenance Workers	10,514	11,195	206,088	18.41	17
18	Housekeepers	39,673	43,358	357,698	8.25	18
19	Laundry	16,068	16,806	168,866	10.05	19
20	Administrator	2,588	2,968	152,177	51.27	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	24,123	26,787	402,026	15.01	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	5,197	5,700	100,045	17.55	31
32	Other Health C: See Sch 20A	27,842	30,272	508,775	16.81	32
33	Other(specify) Marketing	3,510	3,836	67,522	17.60	33
34	TOTAL (lines 1 - 33)	437,721	475,342	\$ 8,343,524 *	\$ 17.55	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	220	\$ 10,450	1(3)	35
36	Medical Director	366	31,200	9(3)	36
37	Medical Records Consultant	92	1,176	10(3)	37
38	Nurse Consultant	9	1,019	10(3)	38
39	Pharmacist Consultant	305	12,507	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	23	1,424	11(3)	44
45	Social Service Consultant	15	919	12(3)	45
46	Other(specify) Alzheimer	5	474	10(3)	46
47	Medical Consultant	Monthly	2,400	10(3)	47
48	Destruction of old records	Monthly	400	10(3)	48
49	TOTAL (lines 35 - 48)	1,035	\$ 61,969		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,334	\$ 50,864	10(3)	50
51	Licensed Practical Nurses	3,174	96,585	10(3)	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	4,508	\$ 147,449		53

Tabor Hills Health Care Facility, Inc.
IDPH Facility # 0040543
10/1/11-9/30/12

Schedule 20A

XVIII. A. Staffing and Salary Costs
Line 32 Other Healthcare (specify):

Description	Hours Worked	Hours Paid	Wages	Average Wages
Ward Clerk	1,659	1,838	24,184	\$ 13.16
Care Plan Coordinator	9,738	10,426	183,284	\$ 17.58
Special Care Unit Manager	1,255	1,372	30,872	\$ 22.50
Restorative Services	9,606	10,498	170,590	\$ 16.25
Quality Assurance	3,270	3,574	66,105	\$ 18.50
Nursing Staff Scheduler	2,314	2,564	33,740	\$ 13.16
	<u>27,842</u>	<u>30,272</u>	<u>508,775</u>	<u>\$ 16.81</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	
Nancy Rodriquez	Administrator	0	\$ 67,381	Workers' Compensation Insurance	\$ 68,453	IDPH License Fee	\$	
Gloria Pindiak	CEO	0	84,796	Unemployment Compensation Insurance		Advertising: Employee Recruitment	5,017	
				FICA Taxes	609,685	Health Care Worker Background Check		
				Employee Health Insurance	562,044	(Indicate # of checks performed <u>75</u>)	896	
				Employee Meals		Patient Background Checks	182 2,180	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	2,615	
				Uniforms	5,105	Miscellaneous Dues	1,972	
				Employee Appreciation	6,897	Life Service Network of Illinois		
				401(k) Expense	48,672	Miscellaneous Subscriptions	910	
				Employee Pension	2,438,750			
				Life/Disability Insurance	44,406	Less: Public Relations Expense	()	
				Other Employee Benefits	35,165	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 152,177	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
						\$ 13,590		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
N/A			\$	N/A			Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Seminar Expense	2,043
C. Professional Services				TOTAL			Entertainment Expense ()	
Vendor/Payee	Type	Amount					(agree to Sch. V, line 24, col. 8)	
See Attached Schedule 21C		\$ 267,377					TOTAL	\$ 2,043
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 267,377					

* Attach copy of IMRF notifications

**See instructions.

Tabor Hills Health Care Facility, Inc.
Provider # 0040543
10/1/11-9/30/12

Schedule 21C

XIX. Support Schedule
C. Professional Services

<u>Name</u>	<u>Type</u>	<u>Amount</u>
ACCU-MED SERVICES	Computer	5,400
COMCAST CABLE	Computer	1,869
HEALTH DATA SYSTEMS, INC	Computer	6,643
IVANS	Computer	1,348
VOPENKA & ASSOCIATES	Computer	102,993
Carevoyant	Computer	788
McGladrey & Pullen	Accounting	46,876
Crowe Horwath LLP	Accounting	24,750
Versight	Accounting	2,940
Trinity Risk Solutions	Insurance	4,843
Crowe Horwath	Legal	
Duane Morris	Legal	6,981
Erickson Papanek	Legal	5,303
LSN Reciprocal	Legal	
Polsinelli, Shughart	Legal	55,843
Wessels & Sherman	Legal	800
Total (agree to Schedule V, line 19, column 3)		<u>267,377</u>
Less: Out of period legal (MCD 1)		(15,092)
Less: Reclass to Insurance (MCD 5)		<u>(4,843)</u>
Total (agree to Schedule V, line 19, column 8)		<u>247,442</u>

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3									N/A			
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning: 10/1/11

Ending: 9/30/12

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 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 87,508 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 115,840
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? 0
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? 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? Yes
Firm Name: McGladrey LLP
- (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.