

Facility Name & ID Number Arcola Health Care Center

0046045 Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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	50	Skilled (SNF)	50	18,250	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	100	TOTALS	100	36,500	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			1,137	1,137	8
9	SNF/PED					9
10	ICF	21,712	2,472	237	24,421	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,712	2,472	1,374	25,558	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.02%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 11/9/1993

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/9/1993 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 50 and days of care provided 1,137

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2013 Fiscal Year: 12/31/2013

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

Facility Name & ID Number

Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	166,181	17,372		183,553		183,553	5,036	188,589		1
2	Food Purchase		161,841		161,841		161,841	(6,698)	155,143		2
3	Housekeeping	122,122	24,851		146,973		146,973	50	147,023		3
4	Laundry	46,984	9,576		56,560		56,560		56,560		4
5	Heat and Other Utilities			56,272	56,272		56,272	382	56,654		5
6	Maintenance	32,736	13,928	20,938	67,602		67,602	2,467	70,069		6
7	Other (specify):* Home Off. Ben. All.							285	285		7
8	TOTAL General Services	368,023	227,568	77,210	672,801		672,801	1,522	674,323		8
	B. Health Care and Programs										
9	Medical Director			39,700	39,700		39,700		39,700		9
10	Nursing and Medical Records	1,011,451	93,932	6,559	1,111,942		1,111,942	(7,671)	1,104,271		10
10a	Therapy		90	116,719	116,809		116,809		116,809		10a
11	Activities	57,789	198	154	58,141		58,141	(11,372)	46,769		11
12	Social Services	68,003			68,003		68,003		68,003		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Home Off. Ben. All.										15
16	TOTAL Health Care and Programs	1,137,243	94,220	163,132	1,394,595		1,394,595	(19,043)	1,375,552		16
	C. General Administration										
17	Administrative			84,000	84,000		84,000	(8,224)	75,776		17
18	Directors Fees										18
19	Professional Services			7,777	7,777		7,777	10,618	18,395		19
20	Dues, Fees, Subscriptions & Promotions			4,654	4,654		4,654	300	4,954		20
21	Clerical & General Office Expenses	13,788	5,568	127,925	147,281		147,281	61,697	208,978		21
22	Employee Benefits & Payroll Taxes			236,703	236,703		236,703		236,703		22
23	Inservice Training & Education							101	101		23
24	Travel and Seminar							5	5		24
25	Other Admin. Staff Transportation			4,981	4,981		4,981	4,662	9,643		25
26	Insurance-Prop.Liab.Malpractice			38,424	38,424		38,424	900	39,324		26
27	Other (specify):* Home Off. Ben. All.							5,777	5,777		27
28	TOTAL General Administration	13,788	5,568	504,464	523,820		523,820	75,836	599,656		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,519,054	327,356	744,806	2,591,216		2,591,216	58,315	2,649,531		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 Arcola Health Care Center

#0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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			38,576	38,576	38,576	14,521	53,097				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			76,377	76,377	76,377	(11,911)	64,466				32
33	Real Estate Taxes			21,354	21,354	21,354	405	21,759				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			28,944	28,944	28,944	746	29,690				35
36	Other (specify):*											36
37	TOTAL Ownership			165,251	165,251	165,251	3,761	169,012				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		50,341		50,341	50,341		50,341				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			203,240	203,240	203,240		203,240				42
43	Other (specify):* Non-allowable Costs		745	114,404	115,149	115,149	(115,149)					43
44	TOTAL Special Cost Centers		51,086	317,644	368,730	368,730	(115,149)	253,581				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,519,054	378,442	1,227,701	3,125,197	3,125,197	(53,073)	3,072,124				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 Arcola Health Care Center

0046045

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

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	(6,111)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,606)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	10,383	30		9
10	Interest and Other Investment Income	(18,794)	25		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(268)	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	(29,438)	43		18
19	Entertainment				19
20	Contributions	(150)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(57,322)	43		24
25	Fund Raising, Advertising and Promotional	(1,650)	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 Page 5A	(42,564)	Various		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (150,520)		\$	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)	97,447	Various	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 97,447		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (53,073)		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

Arcola Health Care Center

ID# 0046045

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs-Part A	\$ (3,458)	43	1
2	X-Rays-Part A	(4,494)	43	2
3	Offset Vending Revenue	(8,232)	43	3
4	Offset Miscellaneous Office Supplies Revenue	(718)	21	4
5	Resident Flowers	(268)	43	5
6	Offset Transportaion Revenue	(11,372)	11	6
7	Disallowed Special Events	141	43	7
8	Offset Chamber of Commerce Dues	(375)	20	8
9	To offset Meals On Wheels Revenue	(573)	2	9
10	Offset Miscellaneous Nursing Supplies General	(7,689)	21	10
11	Offset Cable TV Revenue	(5,526)	43	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		(42,564)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Arcola Health Care Center# 0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	5,036	0	0	0	0	0	0	0	0	0	5,036	1
2	Food Purchase	(6,684)	108	0	0	0	0	0	0	0	0	0	(6,576)	2
3	Housekeeping	0	50	0	0	0	0	0	0	0	0	0	50	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	382	0	0	0	0	0	0	0	0	0	382	5
6	Maintenance	0	2,467	0	0	0	0	0	0	0	0	0	2,467	6
7	Other (specify):*	0	285	0	0	0	0	0	0	0	0	0	285	7
8	TOTAL General Services	(6,684)	8,328	0	0	0	0	0	0	0	0	0	1,644	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	18	0	0	0	0	0	0	0	0	0	18	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(11,372)	0	0	0	0	0	0	0	0	0	0	(11,372)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(11,372)	18	0	0	0	0	0	0	0	0	0	(11,354)	16
	C. General Administration													
17	Administrative	0	(8,224)	0	0	0	0	0	0	0	0	0	(8,224)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	10,618	0	0	0	0	0	0	0	0	0	10,618	19
20	Fees, Subscriptions & Promotions	(375)	0	675	0	0	0	0	0	0	0	0	300	20
21	Clerical & General Office Expenses	(8,407)	0	62,415	0	0	0	0	0	0	0	0	54,008	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	101	0	0	0	0	0	0	0	0	101	23
24	Travel and Seminar	0	0	5	0	0	0	0	0	0	0	0	5	24
25	Other Admin. Staff Transportation	(18,794)	0	4,662	0	0	0	0	0	0	0	0	(14,132)	25
26	Insurance-Prop.Liab.Malpractice	0	0	900	0	0	0	0	0	0	0	0	900	26
27	Other (specify):*	0	0	5,777	0	0	0	0	0	0	0	0	5,777	27
28	TOTAL General Administration	(27,576)	2,394	74,535	0	49,353	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(45,632)	10,740	74,535	0	39,643	29							

STATE OF ILLINOIS

Facility Name & ID Number Arcola Health Care Center# 0046045

Report Period Beginning:

1/1/2013 Ending:

Summary B

12/31/2013

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	10,383	0	4,138	0	0	0	0	0	0	0	0	14,521	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	6,883	0	0	0	0	0	0	0	0	6,883	32
33	Real Estate Taxes	0	0	405	0	0	0	0	0	0	0	0	405	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	746	0	0	0	0	0	0	0	0	746	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	10,383	0	12,172	0	22,555	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(115,271)	0	0	0	0	0	0	0	0	0	0	(115,271)	43
44	TOTAL Special Cost Centers	(115,271)	0	0	0	0	0	0	0	0	0	0	(115,271)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(150,520)	10,740	86,707	0	(53,073)	45							

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Mark B. Petersen	100	See PG6 - Supp		See PG6 - 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	1 Dietary	\$	Petersen Health Care, Inc.	100.00%	\$ 5,036	\$ 5,036	1
2	V	2 Food		Petersen Health Care, Inc.	100.00%	108	108	2
3	V	3 Housekeeping		Petersen Health Care, Inc.	100.00%	50	50	3
4	V	4 Laundry		Petersen Health Care, Inc.	100.00%	0		4
5	V	5 Utilities		Petersen Health Care, Inc.	100.00%	382	382	5
6	V	6 Maintenance		Petersen Health Care, Inc.	100.00%	2,467	2,467	6
7	V	7 Mgmt. Allocation of Benefits		Petersen Health Care, Inc.	100.00%	285	285	7
8	V	10 Nursing and Medical Records		Petersen Health Care, Inc.	100.00%	18	18	8
9	V	10A Therapy		Petersen Health Care, Inc.	100.00%	0		9
10	V	15 Mgmt. Allocation of Benefits		Petersen Health Care, Inc.	100.00%	0		10
11	V	17 Administrative	84,000	Petersen Health Care, Inc.	100.00%	75,776	(8,224)	11
12	V	19 Professional Services		Petersen Health Care, Inc.	100.00%	10,618	10,618	12
13	V							13
14	Total		\$ 84,000			\$ 94,740	\$ * 10,740	14

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

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	20 <u>Dues, Fees, Subs & Promotions</u>	\$	<u>Petersen Health Care, Inc.</u>	100.00%	\$ 675	\$	675	15
16	V	21 <u>Clerical and General Office</u>		<u>Petersen Health Care, Inc.</u>	100.00%	62,415		62,415	16
17	V	23 <u>Inservice Training & Education</u>		<u>Petersen Health Care, Inc.</u>	100.00%	101		101	17
18	V	24 <u>Travel and Seminar</u>		<u>Petersen Health Care, Inc.</u>	100.00%	5		5	18
19	V	25 <u>Other Admin. Staff Transport.</u>		<u>Petersen Health Care, Inc.</u>	100.00%	4,662		4,662	19
20	V	26 <u>Insurance-Prop./Liab./Malprac.</u>		<u>Petersen Health Care, Inc.</u>	100.00%	900		900	20
21	V	27 <u>Mgmt. Allocation of Benefits</u>		<u>Petersen Health Care, Inc.</u>	100.00%	5,777		5,777	21
22	V	30 <u>Depreciation</u>		<u>Petersen Health Care, Inc.</u>	100.00%	4,138		4,138	22
23	V	32 <u>Interest</u>		<u>Petersen Health Care, Inc.</u>	100.00%	6,883		6,883	23
24	V	33 <u>Real Estate Taxes</u>		<u>Petersen Health Care, Inc.</u>	100.00%	405		405	24
25	V	34 <u>Rent-Facility and Grounds</u>		<u>Petersen Health Care, Inc.</u>	100.00%	0			25
26	V	35 <u>Rent-Equipment & Vehicles</u>		<u>Petersen Health Care, Inc.</u>	100.00%	746		746	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		\$			\$ 86,707	\$ *	86,707	39

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

Facility Name & ID Number

Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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			Aledo Health Care Center	Aledo	Petersen Companies, I	Peoria	Mgmt/Bookkeeping	1
2			Arcola Health Care Center	Arcola	Petersen Health Care J	Peoria	Mgmt/Bookkeeping	2
3			Aspen Rehab & Health Care	Silvis	Petersen Health Care,	Peoria	Mgmt/Bookkeeping	3
4			Batavia Rehab & Health Care Center	Batavia	Petersen Health Enter	Peoria	Mgmt/Bookkeeping	4
5			Bement Health Care Center	Bement	Petersen Health Opera	Peoria	Mgmt/Bookkeeping	5
6			Benton Rehab & Health Care Center	Benton	Petersen Health Syste	Peoria	Mgmt/Bookkeeping	6
7			Bloomington Rehab & Health Care Center	Bloomington	Petersen Hotels LLC	Peoria	Hospitality	7
8			Casey Health Care Center	Casey	Petersen Restaurants,	Peoria	Restaurant	8
9			Charleston Rehab & Health Care Center	Charleston	Petersen Health Care	Peoria	Mgmt/Bookkeeping	9
10			Cisne Rehab & Health Care Center	Cisne	Petersen Health Care	Peoria	Mgmt/Bookkeeping	10
11			Countryview Care Center of Macomb	Macomb	Petersen Health Care	Peoria	Mgmt/Bookkeeping	11
12			Countryview Terrace	Louisville	Petersen Health Care	Sullivan	Lessor	12
13			Cumberland Rehab & Health Care Center	Greenup	Petersen Health Care	Peoria	Mgmt/Bookkeeping	13
14			Decatur Rehab & Health Care Center	Decatur	Petersen Health Care	Peoria	Lessor	14
15			Eastside Health & Rehabilitation Center	Pittsfield	Petersen Osage Beach,	Osage Beach, MO	Lessor	15
16			Eastview Terrace	Sullivan	Petersen West Frankf	West Frankfort	Lessor	16
17			El Paso Health Care Center	El Paso	Midwest Health Care,	Peoria	Mgmt/Bookkeeping	17
18			Enfield Rehab & Health Care Center	Enfield	Poplar Bluff Health C	Poplar Bluff, MO	Lessor	18
19			Farmer City Rehab & Health Care Center	Farmer City	Petersen Roseville, LL	Roseville	Lessor	19
20			Flanagan Rehab & Health Care Center	Flanagan				20
21			Flora Gardens Care Center	Flora				21
22			Flora Health Care Center	Flora				22
23			Fondulac Rehab & Health Care Center	East Peoria				23
24			Havana Health Care Center	Havana				24
25			Illini Heritage Rehab & Health Care	Champaign				25
26			Jonesboro Rehab & Health Care Center	Jonesboro				26
27			Kewanee Care Home	Kewanee				27
28			LaHarpe Davier Health Care Center	LaHarpe				28
29			Lebanon Care Center	Lebanon				29
30			Marigold Rehab & Health Care Center	Galesburg				30

Facility Name & ID Number

Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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			Mason Point	Sullivan				1
2			McLeansboro Rehab & Health Care Center	McLeansboro				2
3			Mt. Vernon Health Care Center	Mt. Vernon				3
4			Newman Rehab & Health Care Center	Newman				4
5			Nokomis Rehab & Health Care Center	Nokomis				5
6			North Aurora Care Center	North Aurora				6
7			Orchard View Rehab & Health Care Center	Princeton				7
8			Palm Terrace of Mattoon	Mattoon				8
9			Piper City Rehab & Living Center	Piper City				9
10			Pleasant View Rehab & Health Care Center	Morrison				10
11			Polo Rehabilitation & Health Care Center	Polo				11
12			Prairie City Rehab & Health Care Center	Prairie City				12
13			Robings Manor Nursing Home	Brighton				13
14			Rochelle Gardens	Rochelle				14
15			Rochelle Rehab & Health Care Center	Rochelle				15
16			Rock Falls Rehab & Health Care Center	Rock Falls				16
17			Arrow Wood Independent Living	Rock Falls				17
18			Roseville Rehab and Health Care Center	Roseville				18
19			Rosiclare Rehab & Health Care Center	Rosiclare				19
20			Royal Oaks Care Center	Kewanee				20
21			Sandwich Rehab & Health Care Center	Sandwich				21
22			Iron Wood Independent Living	Sandwich				22
23			Shawnee Rose Care Center	Harrisburg				23
24			Shelbyville Rehab & Health Care Center	Shelbyville				24
25			South Elgin Rehab & Health Care Center	South Elgin				25
26			Sugar Creek Care Center	Watseka				26
27			Sullivan Health Care Center	Sullivan				27
28			Sunset Manor Nursing Home	Canton				28
29			Swansea Rehab & Health Care	Swansea				29
30			Timbercreek Rehab & Health Center	Pekin				30

Facility Name & ID Number

Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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			Toulon Health Care Center	Toulon				1
2			Tuscola Health Care Center	Tuscola				2
3			Twin Lakes Rehab & Health Care Center	Paris				3
4			Vandalia Rehab & Health Care Center	Vandalia				4
5			Watseka Health Care Center	Watseka				5
6			Westside Rehab & Care Center	West Frankfort				6
7			Whispering Oaks	Rosiclare				7
8			White Oak Rehab & Health Care Center	Mt. Vernon				8
9			Willow Rose Rehab & Health Care Center	Jerseyville				9
10			Sheldon Health Care Center	Sheldon				10
11			Tuscola Health Care Center	Tuscola				11
12			Effingham Health Care Center	Effingham				12
13			Collinsville Health Care Center	Collinsville				13
14			Ozark Rehab & Health Care Center	Osage Beach, MO				14
15			South Shore Health Care, LLC	Gary, IN				15
16			Cedargate Skilled Nursing Facility	Poplar Bluff, MO				16
17			Tarkio Rehab & Health Care Center	Tarkio, MO				17
18			Shangri-la Rehab & Living Center	Blue Springs, MO				18
19			Prairie Rose Care Center	Pana				19
20			Illini Heritage Rehab & Health Center	Champaign				20
21			Courtyard Estates of Kewanee	Kewanee				21
22			Courtyard Estates of Bradford	Bradford				22
23			Courtyard Estates of Galva	Galva				23
24			Courtyard Estates of Walcott	Walcott				24
25			Courtyard Village of Kewanee	Kewanee				25
26			Lakewood Village	Charleston				26
27			Courtyard Estates of Monmouth	Monmouth				27
28			Riverview Estates	Havana				28
29			Simple Blessings	Casey				29
30			Courtyard Estates of Bushnell	Bushnell				30

Facility Name & ID Number

Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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			Courtyard Estates of Canton	Canton				1
2			Legacy Estates of Monmouth	Monmouth				2
3			Courtyard Estates of Sullivan	Sullivan				3
4			Courtyard Estates of Peoria	Peoria				4
5			Cornerstone Health and Rehabilitation	Peoria				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

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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

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

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

Facility Name & ID Number Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending: 2/31/2013

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 Petersen Health Care, Inc.
 Street Address 830 W. Trailcreek Drive
 City / State / Zip Code Peoria, IL 61614
 Phone Number (309) 691-8113
 Fax Number (309) 691-8622

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Resident Days	1,560,986	75	\$ 307,592	\$ 295,212	25,558	\$ 5,036	1
2	2	Food	Resident Days	1,560,986	75	6,577	0	25,558	108	2
3	3	Housekeeping	Resident Days	1,560,986	75	3,057	0	25,558	50	3
4	4	Laundry	Resident Days	1,560,986	75	0	0	25,558	0	4
5	5	Utilities	Resident Days	1,560,986	75	23,338	0	25,558	382	5
6	6	Maintenance	Resident Days	1,560,986	75	150,672	97,358	25,558	2,467	6
7	7	Mgmt. Allocation of Benefits	Resident Days	1,560,986	75	17,394	0	25,558	285	7
8	10	Nursing and Medical Records	Resident Days	1,560,986	75	1,082	0	25,558	18	8
9	10A	Therapy	Resident Days	1,560,986	75	0	0	25,558	0	9
10	15	Mgmt. Allocation of Benefits	Resident Days	1,560,986	75	0	0	25,558	0	10
11	17	Administrative	Resident Days	1,560,986	75	4,578,456	4,578,456	25,558	75,776	11
12	19	Professional Services	Resident Days	1,560,986	75	648,504	0	25,558	10,618	12
13	20	Dues, Fees, Subs & Promotions	Resident Days	1,560,986	75	41,231	0	25,558	675	13
14	21	Clerical and General Office	Resident Days	1,560,986	75	3,812,055	3,383,297	25,558	62,415	14
15	23	Inservice Training & Education	Resident Days	1,560,986	75	6,148	0	25,558	101	15
16	24	Travel and Seminar	Resident Days	1,560,986	75	313	0	25,558	5	16
17	25	Other Admin. Staff Transport.	Resident Days	1,560,986	75	284,745	0	25,558	4,662	17
18	26	Insurance-Prop./Liab./Malprac.	Resident Days	1,560,986	75	54,993	0	25,558	900	18
19	27	Mgmt. Allocation of Benefits	Resident Days	1,560,986	75	352,851	0	25,558	5,777	19
20	30	Depreciation	Resident Days	1,560,986	75	252,711	0	25,558	4,138	20
21	32	Interest	Resident Days	1,560,986	75	420,365	0	25,558	6,883	21
22	33	Real Estate Taxes	Resident Days	1,560,986	75	24,742	0	25,558	405	22
23	34	Rent-Facility and Grounds	Resident Days	1,560,986	75	0	0	25,558	0	23
24	35	Rent-Equipment & Vehicles	Resident Days	1,560,986	75	45,546	0	25,558	746	24
25	TOTALS					\$ 11,032,372	\$ 8,354,323		\$ 181,447	25

Facility Name & ID Number

Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Bank of America		X	Mortgage	\$3,244 + int.	1/17/07	\$ 2,775,000	\$ 2,284,977	12/31/14	0.0832	\$ 76,377	1					
2												2					
3												3					
4												4					
5												5					
Working Capital																	
6												6					
7												7					
8												8					
9	TOTAL Facility Related						\$ 2,775,000	\$ 2,284,977			\$ 76,377	9					
B. Non-Facility Related*																	
10												10					
11											(18,794)	11					
12											6,883	12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (11,911)	14					
15	TOTALS (line 9+line14)						\$ 2,775,000	\$ 2,284,977			\$ 64,466	15					

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

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

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Arcola Health Care Center COUNTY Douglas
 FACILITY IDPH LICENSE NUMBER 0046045
 CONTACT PERSON REGARDING THIS REPORT Mark Petersen
 TELEPHONE (309) 691-8113 FAX #: (309) 691-8622

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(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>01-14-09-200-00580</u>	<u>Long-Term Care Facility</u>	\$ <u>21,481.90</u>	\$ <u>21,481.90</u>
2. <u>01-14-09-200-005</u>	<u>Long-Term Care Facility</u>	\$ <u>291.76</u>	\$ <u>291.76</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>21,773.66</u></u>	\$ <u><u>21,773.66</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 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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 Arcola Health Care Center

0046045 Report Period Beginning:

1/1/2013 Ending:

12/31/2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 22,000 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>159,865</u>	<u>1993</u>	<u>\$ 44,078</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	<u>159,865</u>		<u>\$ 44,078</u>	<u>3</u>

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	100		1995	1975	\$ 859,153	\$	35	\$ 24,547	\$ 24,547	\$ 454,119	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvement		1993		13,499		20	337	337	13,499	9
10	Building Improvement		1994		31,000		20	1,550	1,550	30,175	10
11	Building Improvement		1995		10,602		20	530	530	9,520	11
12	Landscaping		1997		5,593		20	280	280	4,339	12
13	Parking Lot		1997		6,500		20	325	325	5,038	13
14	Carpeting		1997		934		20	47	47	727	14
15	Door Closer		1997		1,225		20	61	61	947	15
16	Driveway Grading		1998		784		15	52	52	755	16
17	Guttering		1998		1,273		15	85	85	1,232	17
18	Wiring		1998		6,426		20	321	321	4,656	18
19	Windows		1998		2,330		15	155	155	2,249	19
20	Siding		1998		12,606		20	630	630	9,136	20
21	Doors		1998		765		15	51	51	740	21
22	Sink		1998		901		20	45	45	855	22
23	Garage		1998		8,286		15	552	552	8,005	23
24	Wood Flooring		1999		1,174		20	59	59	795	24
25	Asphalt Lot		1999		4,680		20	234	234	3,159	25
26	Tile		1999		6,477		20	324	324	4,372	26
27	Vinyl Siding		1999		5,600		25	224	224	3,024	27
28	Door Alarms		2000		1,593		20	80	80	999	28
29	Water Heater		2000		5,075		20	254	254	3,175	29
30	Sidewalk		2000		876		20	44	44	550	30
31	Carpeting		2000		670		20	34	34	424	31
32	Scarf Swags/Valances		2001		6,043		20	302	302	3,322	32
33	Scarf Holders		2001		1,083		20	54	54	594	33
34	Fence		2001		2,000		20	100	100	1,100	34
35	Replacement Wall		2001		686		20	34	34	375	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	Security System	2002	\$ 5,959	\$	20	\$ 298	\$ 298	\$ 3,129	37
38	Sprinkler System	2002	4,946		20	247	247	2,596	38
39	Sign	2002	1,248		20	62	62	1,040	39
40	Medicare Wing Expansion	2003	100,808		20	5,040	5,040	47,881	40
41	Architect Fees	2003	1,343		20	67	67	670	41
42	Patio	2003	5,858		20	293	293	2,930	42
43	Medicare Wing Expansion	2003	2,500		20	125	125	1,188	43
44	Medicare Wing Expansion	2003	750		20	38	38	359	44
45	Medicare Wing Expansion	2003	1,500		20	75	75	713	45
46	Medicare Wing Expansion	2003	500		20	25	25	238	46
47	Furnace	2004	2,195		20	110	110	935	47
48	Roofing	2005	2,500		20	125	125	939	48
49	Asphalt West Lot	2006	21,480		20	1,074	1,074	6,981	49
50	Door Alarm	2007	2,117		10	212	212	1,166	50
51	Furnace/Air Conditioner	2007	3,985		10	399	399	2,194	51
52	Blinds	2007	4,431		10	443	443	2,437	52
53	Windows	2007	19,021		20	951	951	5,231	53
54	Water Heater	2008	6,500		7	928	928	4,176	54
55	Boiler	2008	3,425		20	172	172	774	55
56	6 New Sprinklers	2008	5,990		25	240	240	1,080	56
57	Fire Alarm Repair	2008	2,899		7	414	414	1,863	57
58	Kitchen Exhaust Fan	2010	8,000		10	800	800	2,000	58
59	Roof Replacement on North Building	2011	58,091		25	2,324	2,324	3,486	59
60									60
61									61
62									62
63	Land Improvements Booked			1,510			(1,510)		63
64	Building Booked			23,372			(23,372)		64
65	Building Improvement Booked			11,391			(11,391)		65
66									66
67	2013-Home Office Allocation-Building Improvements		12,017			288	288		67
68	2013-Home Office Allocation-Land Improvements		1,122			72	72		68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,277,019	\$ 36,273		\$ 46,133	\$ 9,860	\$ 661,887	70

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

Facility Name & ID Number Arcola Health Care Center

0046045

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	\$ 30,408	\$ 2,200	\$ 3,040	\$ 840	5-10 yrs.	\$ 17,206	71
72	Current Year Purchases	2,920	104	146	42	10 yrs.	146	72
73	Fully Depreciated Assets	71,840					71,840	73
74	Home Office Allocation			3,778	3,778			74
75	TOTALS	\$ 105,168	\$ 2,304	\$ 6,964	\$ 4,660		\$ 89,192	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	Facility	2005 Ford	2004	33,217					33,217	76
77										77
78										78
79										79
80	TOTALS			\$ 33,217	\$	\$	\$		\$ 33,217	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)	\$ 1,459,482	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 38,577	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 53,097	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,520	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 784,296	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	N/A				87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	N/A		93
94			94
95		\$	95

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

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

Facility Name & ID Number Arcola Health Care Center

0046045

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

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:				\$			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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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: \$ 20,103 Description: See Attached Schedule 14A

(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	2012 Ford E250	\$ 822.05	\$ 9,587	17
18					18
19					19
20					20
21	TOTAL		\$ 822.05	\$ 9,587	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.

Arcola Health Care Center

0046045

Period Beginning 1/1/2013

Period End 12/31/2013

Schedule 14A

XII. Rental Costs

B. Equipment

16. Description of rental amount for movable equipment

Medical Equipment	\$ 14,017
Dishwasher	712
Laundry Equipment	-
Copier	4,628
Home Office Allocation	746
	<u>20,103</u>

Facility Name & ID Number Arcola Health Care Center # 0046045 Report Period Beginning: 1/1/2013 Ending: 12/31/2013
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. 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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	3,179	\$ 47,683	\$	3,179	\$ 47,683	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,091	16,358		1,091	16,358	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3), 10A(2)	hrs		3,512	52,678	90	3,512	52,768	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				50,341		50,341	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			\$	7,782	\$ 116,719	\$ 50,431	7,782	\$ 167,150	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 Arcola Health Care Center# 0046045Report Period Beginning: 1/1/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(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	\$ 2,541,251	\$ 2,541,251	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>31,159</u>)	291,153	291,153	3
4	Supply Inventory (priced at)	12,222	12,222	4
5	Short-Term Investments			5
6	Prepaid Insurance	36,080	36,080	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	2,200,776	2,200,776	8
9	Other(specify): <u>Prepaid Lease</u>	4,374	4,374	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,085,856	\$ 5,085,856	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	29,972	44,078	13
14	Buildings, at Historical Cost	911,517	871,170	14
15	Leasehold Improvements, at Historical Cost	314,147	405,849	15
16	Equipment, at Historical Cost	138,385	138,385	16
17	Accumulated Depreciation (book methods)	(685,346)	(784,296)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>A/R Prior Owner</u>	3,412	3,412	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 712,087	\$ 678,598	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,797,943	\$ 5,764,454	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 572,876	\$ 572,876	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,100	4,100	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	89,110	89,110	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,406	5,406	31
32	Accrued Real Estate Taxes(Sch.IX-B)	22,428	22,428	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Payroll Withholdings</u>	81,326	81,326	36
37	<u>Accrued Management Fees</u>	50,864	50,864	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 826,110	\$ 826,110	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	2,284,977	2,284,977	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)	\$ 2,284,977	\$ 2,284,977	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,111,087	\$ 3,111,087	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,686,856	\$ 2,653,367	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,797,943	\$ 5,764,454	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,804,380	1
2	Restatements (describe):		2
3	Rounding		3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,804,380	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(117,524)	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)	\$ (117,524)	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)	\$ 2,686,856	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Arcola Health Care Center# 0046045Report Period Beginning: 1/1/2013Ending: 12/31/2013

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	\$ 2,871,755	1
2	Discounts and Allowances for all Levels	(231,724)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,640,031	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	209,700	6
7	Oxygen	270	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 209,970	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	6,111	14
15	Telephone, Television and Radio	5,526	15
16	Rental of Facility Space		16
17	Sale of Drugs	79,206	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	7,802	20
21	Other Medical Services	11,776	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 110,421	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	18,794	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 18,794	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous & Transportation Revenue	19,779	28
28a	Vending Income, Meals on Wheels & Loss on Equipment	8,678	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 28,457	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,007,673	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	672,801	31
32	Health Care	1,394,595	32
33	General Administration	523,820	33
B. Capital Expense			
34	Ownership	165,251	34
C. Ancillary Expense			
35	Special Cost Centers	165,490	35
36	Provider Participation Fee	203,240	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,125,197	40
41	Income before Income Taxes (line 30 minus line 40)**	(117,524)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (117,524)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,108,185	44
45	Private Pay - Net Inpatient Revenue	335,505	45
46	Medicare - Net Inpatient Revenue	199,876	46
47	Other-(specify) <u>Charity Therapy Allowance</u>	(3,535)	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 2,640,031	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

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

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

Facility Name & ID Number Arcola Health Care Center

0046045

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

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	2,080	2,080	\$ 55,467	\$ 26.67	1
2	Assistant Director of Nursing					2
3	Registered Nurses	4,087	4,151	107,308	25.85	3
4	Licensed Practical Nurses	15,202	15,987	324,290	20.28	4
5	CNAs & Orderlies	40,106	40,796	454,505	11.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,382	3,497	33,100	9.47	10
11	Social Service Workers	4,438	4,438	68,003	15.32	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	32,516	15.63	13
14	Head Cook					14
15	Cook Helpers/Assistants	14,273	14,966	133,665	8.93	15
16	Dishwashers					16
17	Maintenance Workers	1,926	2,078	32,736	15.75	17
18	Housekeepers	12,303	13,229	122,122	9.23	18
19	Laundry	4,844	5,153	46,984	9.12	19
20	Administrator	2,080	2,080	75,776	36.43	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,199	1,227	13,788	11.24	23
24	Clerical					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					31
32	Other Health C: CPC	2,898	2,936	69,881	23.80	32
33	Other(specify) <u>Transportation</u>	1,894	2,074	24,689	11.90	33
34	TOTAL (lines 1 - 33)	112,792	116,772	\$ 1,594,830 *	\$ 13.66	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant			35	
36	Medical Director	Monthly	39,700	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,435	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 45,135		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	23	498	L10, C3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	23	\$ 498		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jamie Patton	Administrator	0	\$ 26,789	Workers' Compensation Insurance	\$ 50,220	IDPH License Fee	\$ 1,990	
Karla Schneider	Administrator	0	48,987	Unemployment Compensation Insurance	34,056	Advertising: Employee Recruitment	1,523	
				FICA Taxes	119,912	Health Care Worker Background Check		
				Employee Health Insurance	28,538	(Indicate # of checks performed)		
				Employee Meals		Patient Background Checks	50	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Permits	262	
				Employee Relations	2,696	Miscellaneous Dues & Subscriptions	375	
				Employee Retirement	1,281	Home Office Allocation	675	
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)			\$ 75,776					
B. Administrative - Other								
Description			Amount					
Management Fees-See Page 6, Eliminated on P 3, C 7			\$ 84,000					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 84,000					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
E-Health Data Solutions	Computer Services		\$ 740				Out-of-State Travel	\$
Consolidated Communications	Computer Services		1,065					
Honkamp Kruger & Company	Accounting Services		557					
Mediacom	Computer Services		242	N/A			In-State Travel	
Allscripts	Consulting Fees		1,673					
Integra Realty Resources	Architectural Services		1,000					
Consolidated Land Survey	Architectural Services		2,500				Seminar Expense	
							Home Office Allocation	5
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 7,777				line 24, col. 8)	\$ 5

* Attach copy of IMRF notifications

**See instructions.

Arcola Health Care Center
0046045
Period Beginning
Period End

1/1/2013
12/31/2013

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Vendor/Payee	Type	Amount
Total (agree to Schedule V, line 19, column 3)		7,777
Home Office Allocation		
SmithAmundsen	Legal	631
Cole, Schotz, Meisel	Legal	348
Black, Hedin, Ballard	Legal	31
Ginoli & Company	Accountants	1150
Miscellaneous	Computer Services	98
Odessian LLC	Computer Services	50
CCH	Computer Services	15
Lexis-Nexis	Computer Services	6
Ipanema Solutions	Computer Services	13
Macquarie Technology Services	Computer Services	90
Advanced Answers on Demand	Computer Services	4674
TeamViewer	Computer Services	15
Stratus Networks	Computer Services	377
Kemper Technology	Computer Services	291
AT&T	Computer Services	5
Medifax	Computer Services	42
Vision Share/Ability Network	Computer Services	640
Barracuda	Computer Services	115
CIAN	Computer Services	154
Comcast	Computer Services	34
Emdeon	Computer Services	51
Marotta Gund Budd & Dzera	Other Prof Fees	1430
David Budde	Other Prof Fees	30
Pharmacy Price Mangement	Other Prof Fees	118
All Scripts	Other Prof Fees	210

Total (agree to Schedule V, line 19, column 8)

18,395

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

Facility Name & ID Number Arcola Health Care Center

0046045

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

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. _____
- (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. \$ 19,850 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. \$ 203,240
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? Yes Indicate the amount. \$ 6,111
- (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? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 11,372
 - c. What percent of all travel expense relates to transportation of nurses and patients? N/A
 - 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? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Ginoli & Company
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.