

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339 Report Period Beginning: 01/01/2013 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 _____

	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	111	Skilled (SNF)	111	40,515	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	111	TOTALS	111	40,515	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	25	546	5,038	5,609	8
9	SNF/PED					9
10	ICF	13,380	13,289	1,083	27,752	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,405	13,835	6,121	33,361	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.34%

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)
Outpatient Therapy

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 04/01/1994

J. Was the facility purchased or leased after January 1, 1978?
YES Date 04/01/1994 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 111 and days of care provided 5,038

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCURAL 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr # 0039339 Report Period Beginning: 01/01/2013 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	227,571	24,054	7,457	259,082		259,082		259,082		1
2	Food Purchase		237,775		237,775		237,775	(1,497)	236,278		2
3	Housekeeping	114,241	23,234		137,475		137,475		137,475		3
4	Laundry	93,140	16,557		109,697		109,697		109,697		4
5	Heat and Other Utilities			148,016	148,016		148,016		148,016		5
6	Maintenance	50,488	29,481	34,580	114,549		114,549	393	114,942		6
7	Other (specify):* Med Waste Removal			8,087	8,087		8,087		8,087		7
8	TOTAL General Services	485,440	331,101	198,140	1,014,681		1,014,681	(1,104)	1,013,577		8
	B. Health Care and Programs										
9	Medical Director			9,600	9,600		9,600		9,600		9
10	Nursing and Medical Records	1,588,634	137,504	56,579	1,782,717	(2,760)	1,779,957	(19)	1,779,938		10
10a	Therapy	29,679			29,679		29,679		29,679		10a
11	Activities	56,409	2,602	6,844	65,855		65,855	(83)	65,772		11
12	Social Services	35,791	30	1,972	37,793		37,793		37,793		12
13	CNA Training			555	555	2,760	3,315	(30)	3,285		13
14	Program Transportation		6,530		6,530		6,530		6,530		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,710,513	146,666	75,550	1,932,729		1,932,729	(132)	1,932,597		16
	C. General Administration										
17	Administrative	98,108	7,949	623,613	729,670	(2,286)	727,384	(507,101)	220,283		17
18	Directors Fees			60,000	60,000		60,000	(60,000)			18
19	Professional Services			24,446	24,446	479	24,925	(5,790)	19,135		19
20	Dues, Fees, Subscriptions & Promotions			56,821	56,821		56,821	(37,513)	19,308		20
21	Clerical & General Office Expenses	61,338	19,764	86,180	167,282	1,826	169,108	58,568	227,676		21
22	Employee Benefits & Payroll Taxes			306,006	306,006		306,006	14,916	320,922		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,950	10,950	(19)	10,931	3,092	14,023		24
25	Other Admin. Staff Transportation							2,245	2,245		25
26	Insurance-Prop.Liab.Malpractice			71,904	71,904		71,904	2,041	73,945		26
27	Other (specify):*										27
28	TOTAL General Administration	159,446	27,713	1,239,920	1,427,079		1,427,079	(529,542)	897,537		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,355,399	505,480	1,513,610	4,374,489		4,374,489	(530,778)	3,843,711		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

#0039339

Report Period Beginning:

01/01/2013

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			316,170	316,170		316,170	(12,211)	303,959			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			271,035	271,035		271,035	(31,308)	239,727			32
33	Real Estate Taxes			86,650	86,650		86,650		86,650			33
34	Rent-Facility & Grounds							8,507	8,507			34
35	Rent-Equipment & Vehicles			5,573	5,573		5,573	1,552	7,125			35
36	Other (specify):* Mortgage Ins.			27,882	27,882		27,882		27,882			36
37	TOTAL Ownership			707,310	707,310		707,310	(33,460)	673,850			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		208,372	854,567	1,062,939		1,062,939	(63,534)	999,405			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			230,899	230,899		230,899		230,899			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		208,372	1,085,466	1,293,838		1,293,838	(63,534)	1,230,304			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,355,399	713,852	3,306,386	6,375,637		6,375,637	(627,772)	5,747,865			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	(1,497)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(31,310)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,569)	20		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				18
19	Entertainment	(1,318)	24		19
20	Contributions	(1,777)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,756)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(24,250)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(23,978)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (91,455)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(536,317)	VAR	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (536,317)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (627,772)		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				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Jerseyville Nsg & Rehab Ctr

ID# 0039339

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Offset C.N.A. class reimbursement	\$ (30)	13	1
2	Offset medical records copies reimbursement	(19)	10	2
3	Offset marketing reimbursement	(410)	20	3
4	Offset activities reimbursement	(83)	11	4
5	Offset postage reimbursement	(22)	21	5
6	Offset travel reimbursement	(281)	24	6
7	Eliminate PAC Dues, including Lobbying portion	(2,912)	20	7
8	Add back expense for 2013 IDPH License paid in 2012	1,990	20	8
9	Eliminate depreciation expense for basis differences	(3,488)	30	9
10	Eliminate depreciation expense for non-care related asset	(8,723)	30	10
11	Settlement of Dispute non-care related	(10,000)	20	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	(23,978)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr# 0039339

Report Period Beginning:

01/01/2013

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	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,497)	0	0	0	0	0	0	0	0	0	0	(1,497)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	393	0	0	0	0	0	0	0	0	0	393	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,497)	393	0	0	0	0	0	0	0	0	0	(1,104)	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	(19)	0	0	0	0	0	0	0	0	0	0	(19)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(83)	0	0	0	0	0	0	0	0	0	0	(83)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	(30)	0	0	0	0	0	0	0	0	0	0	(30)	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	(132)	0	0	0	0	0	0	0	0	0	0	(132)	16
	C. General Administration													
17	Administrative	0	39,540	(546,641)	0	0	0	0	0	0	0	0	(507,101)	17
18	Directors Fees	0	0	(60,000)	0	0	0	0	0	0	0	0	(60,000)	18
19	Professional Services	(5,756)	4,267	(4,301)	0	0	0	0	0	0	0	0	(5,790)	19
20	Fees, Subscriptions & Promotions	(38,928)	1,415	0	0	0	0	0	0	0	0	0	(37,513)	20
21	Clerical & General Office Expenses	(22)	58,590	0	0	0	0	0	0	0	0	0	58,568	21
22	Employee Benefits & Payroll Taxes	0	14,916	0	0	0	0	0	0	0	0	0	14,916	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,599)	4,691	0	0	0	0	0	0	0	0	0	3,092	24
25	Other Admin. Staff Transportation	0	2,245	0	0	0	0	0	0	0	0	0	2,245	25
26	Insurance-Prop.Liab.Malpractice	0	2,041	0	0	0	0	0	0	0	0	0	2,041	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(46,305)	127,705	(610,942)	0	(529,542)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(47,934)	128,098	(610,942)	0	(530,778)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr# 0039339

Report Period Beginning:

01/01/2013

Ending:

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	(12,211)	0	0	0	0	0	0	0	0	0	0	(12,211) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(31,310)	2	0	0	0	0	0	0	0	0	0	(31,308) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	8,507	0	0	0	0	0	0	0	0	0	8,507 34
35	Rent-Equipment & Vehicles	0	1,552	0	0	0	0	0	0	0	0	0	1,552 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(43,521)	10,061	0	0	0	0	0	0	0	0	0	(33,460) 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	(63,534)	0	0	0	0	0	0	0	0	(63,534) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	0	0	(63,534)	0	(63,534) 44							
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(91,455)	138,159	(674,476)	0	(627,772) 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
John H. Rothert	60	Montgomery Nursing & Rehabilitaion Center	Hillsboro, IL	Wellington Mgt. Co.	Alton, IL	Management Co.
David L. Kamler	20	Westwood Hills Health Care Center	Poplar Bluff, Mo	Health Care Fin.	Alton, IL	Management Co.
J. Terry Dooling	20	Spanish Lake Nursing & Rehabilitation Center	Florissant, Mo	C.J. Schlosser & Co.	Alton, IL	Public Accountants
				NW Rehab, L.L.C	Alton, IL	Therapy Co.
				Three Amigos, L.L.C.	Alton, IL	Real Estate Co.

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	6 See Schedule VIII	\$	Wellington Management Co.	60.00%	\$ 393	\$	393	1
2	V	17 See Schedule VIII		Wellington Management Co.	60.00%	39,540		39,540	2
3	V	19 See Schedule VIII		Wellington Management Co.	60.00%	4,267		4,267	3
4	V	20 See Schedule VIII		Wellington Management Co.	60.00%	1,415		1,415	4
5	V	21 See Schedule VIII		Wellington Management Co.	60.00%	58,590		58,590	5
6	V	22 See Schedule VIII		Wellington Management Co.	60.00%	14,916		14,916	6
7	V	24 See Schedule VIII		Wellington Management Co.	60.00%	4,691		4,691	7
8	V	25 See Schedule VIII		Wellington Management Co.	60.00%	2,245		2,245	8
9	V	26 See Schedule VIII		Wellington Management Co.	60.00%	2,041		2,041	9
10	V	32 See Schedule VIII		Wellington Management Co.	60.00%	2		2	10
11	V	34 See Schedule VIII		Wellington Management Co.	60.00%	8,507		8,507	11
12	V	35 See Schedule VIII		Wellington Management Co.	60.00%	1,552		1,552	12
13	V								13
14	Total		\$			\$ 138,159	\$ *	138,159	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 374,168	Wellington Management Co.	60.00%	\$	\$ (374,168) 15
16	V	17 Management Fees	249,445	Health Care Financial, L.L.C.	40.00%	76,972	(172,473) 16
17	V	39 Therapy Services	804,822	NW Rehab, L.L.C.	100.00%	741,288	(63,534) 17
18	V	10 Nurse Consultant	16,600	Wellington Management Co.	60.00%	16,600	
19	V	18 Director's Fees	36,000	John H. Rothert	60.00%		(36,000) 19
20	V	18 Director's Fees	12,000	J. Terry Dooling	20.00%		(12,000) 20
21	V	18 Director's Fees	12,000	David L. Kamler	20.00%		(12,000) 21
22	V	21 Clerical	12,919	Wellington Management Co.	60.00%	12,919	
23	V	19 Professional Services	4,301	C.J. Schlosser & Company, L.L.C.	20.00%		(4,301) 23
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,522,255			\$ 847,779	\$ * (674,476) 39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013

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	John H. Rothert	President	Administrative	60.00	152,460	8.24	20.59	Salary	\$ 39,540	17,8	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 39,540		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013

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 Wellington Management Corporation
 Street Address 707 Spirit 40 Park Drive
 City / State / Zip Code Chesterfield, MO 63005
 Phone Number (618) 537-8447
 Fax Number (618) 537-8446

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	6	Maintenance	Accumulated Costs	24,084,316	6	\$ 1,908	\$ 4,959,873	\$ 393	1	
2	17	Administrative	Accumulated Costs	24,084,316	6	192,000	192,000	4,959,873	39,540	2
3	19	Professional Services	Accumulated Costs	24,084,316	6	20,719	4,959,873	4,267	3	
4	20	Due, Fees, Subs, & Promos	Accumulated Costs	24,084,316	6	6,873	4,959,873	1,415	4	
5	21	Clerical & General Office Exp.	Accumulated Costs	24,084,316	6	284,504	246,353	4,959,873	58,590	5
6	22	Employee Benefits & PR Taxes	Accumulated Costs	24,084,316	6	72,429	4,959,873	14,916	6	
7	24	Travel & Seminar	Accumulated Costs	24,084,316	6	22,781	4,959,873	4,691	7	
8	25	Other Admin Staff Transport	Accumulated Costs	24,084,316	6	10,901	4,959,873	2,245	8	
9	26	Insurance- Prop, Liab, Malprac	Accumulated Costs	24,084,316	6	9,913	4,959,873	2,041	9	
10	32	Interest Expense	Accumulated Costs	24,084,316	6	9	4,959,873	2	10	
11	34	Rent- Facility and Grounds	Accumulated Costs	24,084,316	6	41,307	4,959,873	8,507	11	
12	35	Vehicle Lease	Accumulated Costs	24,084,316	6	7,538	4,959,873	1,552	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					\$ 670,882	\$ 438,353	\$ 138,159	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013

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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Heartland Bank		X	Refinance Mortgage Loan	\$17,415.12	2/1/12	\$ 3,720,700	\$ 3,586,529	11/1/41	3.8000	\$ 137,763	1						
2	Berkadia Finance, Inc.-Sec 241		X	Building Addition	\$12,356.95	7/31/10	2,032,500	1,967,000	1/31/44	6.4500	127,601	2						
3												3						
4										Home Office Interest	2	4						
5										Interest Income	(31,310)	5						
Working Capital																		
6										Loan Cost amortization	5,671	6						
7												7						
8												8						
9	TOTAL Facility Related				\$29,772.07		\$ 5,753,200	\$ 5,553,529			\$ 239,727	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 5,753,200	\$ 5,553,529			\$ 239,727	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 27,882 Line # 36

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																						
1. Real Estate Tax accrual used on 2012 report.			\$ 68,000	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.)			\$ 76,650	2																				
3. Under or (over) accrual (line 2 minus line 1).			\$ 8,650	3																				
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ 78,000	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.			\$ 86,650	7																				
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:	2008	<u>53,479</u>	<u>8</u>	<table border="1" style="width: 100%;"> <tr> <td colspan="3" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2012</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2012	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR BHF USE ONLY																								
13	FROM R. E. TAX STATEMENT FOR 2012	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
	2009	<u>55,609</u>	<u>9</u>																					
	2010	<u>63,388</u>	<u>10</u>																					
	2011	<u>66,953</u>	<u>11</u>																					
	2012	<u>76,650</u>	<u>12</u>																					
Line 2: 2012 Taxes Paid																								
Line 4: Accrual is based on 2012 taxes paid plus approx. 2%.																								

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Jerseyville Nsg & Rehab Ctr COUNTY Jersey

FACILITY IDPH LICENSE NUMBER 0039339

CONTACT PERSON REGARDING THIS REPORT J. Terry Dooling

TELEPHONE (618) 465-7717 FAX #: (618) 465-7710

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>04-875-004-00</u>	<u>Outlots 59, 62, 63, & 64 S PT Outlot</u>	\$ <u>72,443.26</u>	\$ <u>72,443.26</u>
2. <u>04-208-017-00</u>	<u>S 28 T8 R11 Unplatted Parcels</u>	\$ <u>4,207.00</u>	\$ <u>4,207.00</u>
3. _____	<u>S&W PT SE 1/4 NE 1/4 Less E PT</u>	\$ _____	\$ _____
4. _____	<u>Less .10 ACS for HWY</u>	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>76,650.26</u></u>	\$ <u><u>76,650.26</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 X 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 Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 40,823 B. General Construction Type: Exterior Brick & Siding Frame Steel & Brick Number of Stories 1

C. Does the Operating Entity? [X] (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? [X] (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).

Empty lines for listing other business entities.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [] YES [X] 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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Facility, 158,994, 1994, \$ 71,664, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 158,994, (blank), \$ 71,664, 3.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013 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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	101		1994		\$ 1,180,668	\$ 47,227	25	\$ 47,227	\$	\$ 932,728	4
5	10			2010	2,040,612	81,619	25	81,619		292,550	5
6											6
7											7
8											8
	Improvement Type**										
9		Exterior Remolding	1994		10,000		15			10,000	9
10		Electrical	1994		11,690	585	20	585		11,249	10
11		Air Conditioners	1994		25,830		10			25,830	11
12		Interior Remodeling	1994		20,598	42	5-20 yrs	42		20,580	12
13		Hearia Shed	1994		3,267		10			3,267	13
14		Nurses Station	1994		6,055	303	20	303		5,929	14
15		Painting	1995		7,392		5			7,392	15
16		Electrical Work	1995		3,382		10			3,382	16
17		Call Lights	1995		1,564		15			1,564	17
18		Storage Building	1996		3,500		10			3,500	18
19		Boiler	1996		7,400	370	20	370		6,629	19
20		Roof Repairs	1996		3,619		10			3,619	20
21		Ceiling Tiles and End Caps	1996		3,506		12			3,506	21
22		Storage Building	1997		3,356		10			3,356	22
23		Alarm System	1997		1,750		10			1,750	23
24		Ceiling Tiles	1997		1,485		12			1,485	24
25		3 Windows & Sills & 1 Door Replaces	1997		4,108		15			4,108	25
26		Air Conditioners	1997		2,186		10			2,186	26
27		Concrete Patio & Sidewalk	1997		1,842		15			1,842	27
28		Roofing	1998		2,592		10			2,592	28
29		Shower Room Remodeling	1998		1,437		10			1,437	29
30		Air Conditioners	1998		13,420	63	10-20 yrs	63		13,178	30
31		Air Conditioners	1999		2,841		10			2,841	31
32		New Roof	1999		35,386		10			35,386	32
33		Air Conditioners	2000		2,118		10			2,118	33
34		Chair Rails	2000		6,267	418	15	418		5,463	34
35		Constr. Of 400 Wing- Design, Architecture & Engineering	2001		65,216	2,561	25	2,561		33,271	35
36		Constr. Of 400 Wing- Contractor Costs	2001		874,589	33,682	25	33,682		455,590	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr# 0039339

Report Period Beginning:

01/01/2013 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	Const. Of 400 Wing- Drawing, Surety Bond, & Misc.	2001	\$ 11,223	\$ 449	25	\$ 449	\$	\$ 5,612	37
38	Const. Of 400 Wing- Interest & Mortgage Ins. Premium	2001	83,401	3,225	25	3,225		43,267	38
39	400 Wing- Nurse Call System	2001	10,104	674	15	674		8,420	39
40	400 Wing- Cable TV System Cabling	2001	1,962		10			1,962	40
41	400 Wing- Fire Alarm System	2001	13,326	784	15	784		11,464	41
42	400 Wing- Telecommunication System	2001	4,025		10			4,025	42
43	400 Wing- Door Monitoring System	2001	2,640		10			2,640	43
44	400 Wing- TV Wall Mounts	2001	5,851		10			5,851	44
45	400 Wing- Signage	2001	1,161		5			1,161	45
46	400 Wing- Handrails and Wall Guards	2001	2,319	155	15	155		1,932	46
47	400 Wing- Chair Rail	2001	4,208		5			4,208	47
48	400 Wing- Door Guards	2001	607		5			607	48
49	400 Wing- Cubicle Tracks, Curtains, Window Treatments	2001	7,169	358	20	358		4,481	49
50	Fencing	2001	4,200					4,200	50
51	Storage Building	2001	3,268		8			3,268	51
52	Nurse Call System Upgrades	2001	3,700	247	10	247		3,104	52
53	Fire Alarm System Control Panel	2001	3,903	260	15	260		3,383	53
54	Replacement Signage	2001	3,656		15			3,656	54
55	Door Guards	2001	1,979		5			1,979	55
56	Overbed Lights	2001	1,625		10			1,625	56
57	Painting	2001	8,932		5			8,932	57
58	2P 50 AMP Discounnect	2001	955	48	20	48		593	58
59	Mini Blinds	2001	14,744		5			14,744	59
60	Asphalts Paving of Parking Lot	2001	14,193		10			14,193	60
61	Air Conditioners	2001	3,424		5			3,424	61
62	Overbed Lights	2002	3,055		10			3,055	62
63	Cubicle curtains	2002	6,155		5			6,155	63
64	Air Conditioners	2002	1,398		10			1,398	64
65	Security Camera System	2002	1,010		5			1,010	65
66	Fire Doors	2002	1,543	103	15	103		1,183	66
67	Roofing- North Entrance	2002	1,680		10			1,680	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 4,575,092	\$ 173,173		\$ 173,173	\$	\$ 2,071,540	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013 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	
1	Totals from Page 12A, Carried Forward		\$ 4,575,092	\$ 173,173		\$ 173,173	\$	\$ 2,071,540	1
2	Wall Guard and End Caps	2002	1,497	100	15	100		1,115	2
3	Door Canopy	2002	3,800	253	15	253		2,787	3
4	Landscaping	2002	1,729		10			1,729	4
5	Landscaping	2003	18,902	1,112	10	1,112		18,902	5
6	Air Conditioners	2003	5,551	259	10	259		5,551	6
7	Landscaping, Plants, Trees	2004	4,371	437	10	437		4,189	7
8	100 Amp Transfer Switch to Generator	2004	11,865	791	15	791		7,712	8
9	Smoke Detectors	2004	1,600	160	10	160		1,547	9
10	Extend Activities Wall/Replace Doors	2004	2,002	133	15	133		1,290	10
11	Air Conditioners	2004	1,814	181	10	181		1,723	11
12	Cove Base	2004	2,188	219	10	219		2,079	12
13	Hollow Metal Double Door	2004	8,520	426	20	426		3,870	13
14	New Wall/Flooring- Kitchen	2004	2,983	298	10	298		2,684	14
15	Cubicle Curtains	2005	289		5			289	15
16	Generator Control Panel	2005	3,689	307	12	307		2,536	16
17	Resident Room Doors	2005	19,393	1,293	15	1,293		10,741	17
18	Fire Doors	2005	4,955	249	5-15yrs	249		3,459	18
19	Water Heater	2005	4,000	400	10	400		3,433	19
20	Replace Generator	2005	5,690	474	12	474		3,833	20
21	Air Conditioners	2005	1,753	175	10	175		1,402	21
22	Electrical Wiring	2005	4,862	243	20	243		1,985	22
23	Dishwasher Booster heater	2005	1,766	177	10	177		1,413	23
24	Kitchen & Laundry Flooring	2005	2,556	256	10	256		2,066	24
25	4- Door Monitor System	2006	2,696	270	10	270		2,000	25
26	2 Door Awnings- Side & Back Entrance	2006	1,671	111	15	111		817	26
27	Built-In Waterfall	2006	3,499	350	10	350		2,653	27
28	Drywall	2006	1,234	82	15	82		610	28
29	Wallpaper	2006	5,219		5			5,219	29
30	Lobby Remodeling	2006	17,774	1,185	15	1,185		8,492	30
31	4- Ton Heat Pump	2006	5,580	558	10	558		3,953	31
32	Glass Doors	2006	47,653	3,285	10-15yrs	3,285		24,620	32
33	Air Conditioners	2006	9,474	824	10-15yrs	824		6,088	33
34	TOTAL (lines 1 thru 33)		\$ 4,785,667	\$ 187,781		\$ 187,781	\$	\$ 2,212,327	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013 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	
1	Totals from Page 12B, Carried Forward		\$ 4,785,667	\$ 187,781		\$ 187,781	\$	\$ 2,212,327	1
2	Vinyl Flooring	2006	6,924	692	10	692		5,269	2
3	Kitchen Tile	2006	4,411	467	8-10yrs	467		3,330	3
4	Sprinkler System Improvements	2006	5,025	201	25	201		1,548	4
5	Carpet	2006	2,775		5			2,775	5
6	Electrical Wiring	2006	15,869	793	20	793		5,678	6
7	Smoke Damper Motor	2006	1,793	90	20	90		703	7
8	Vinyl Fencing	2006	12,359	1,236	10	1,236		8,858	8
9	Concrete Patio & Sidewalk	2006	10,744	716	15	716		5,133	9
10	Landscaping, Rock, Mulch	2006	4,325	433	10	433		3,388	10
11	Wallpaper	2007	12,135		5			12,135	11
12	Air Conditioners	2007	16,341	1,350	5-15yrs	1,350		9,976	12
13	Flooring	2007	31,280	3,128	10	3,128		19,684	13
14	Alarm System	2007	4,732	516	7-10yrs	516		3,453	14
15	Handrails	2007	11,039	474	5-15yrs	474		6,827	15
16	Roof	2007	5,700	273	20-25yrs	273		1,713	16
17	Satellite System	2007	16,581	829	20	829		5,251	17
18	Electrical for HV AV Unit	2007	3,964	198	20	198		1,272	18
19	Courtyard Landscaping	2007	3,800	380	10	380		2,502	19
20	Courtyard Pavilion Constructed	2007	9,870	658	15	658		4,222	20
21	Asphalt, Seal, Stripe Parking Lot	2007	13,500	1,688	8	1,688		10,406	21
22	Stainless Steel Backsplash	2007	2,523	126	20	126		788	22
23	Drywall	2007	3,790	253	15	253		1,642	23
24	Flooring	2008	23,598	2,241	10-20yrs	2,241		11,839	24
25	Wallpaper	2008	31,055	2,990	5	2,990		31,055	25
26	Hot Water Heaters	2008	14,000	1,400	10	1,400		7,467	26
27	Network Cabling	2008	2,646	132	20	132		771	27
28	Front Porch Entrance	2008	63,826	3,191	20	3,191		17,818	28
29	Sprinkler System	2008	16,900	676	25	676		3,831	29
30	Electric Installation on Trailer	2008	3,236	162	20	162		957	30
31	Facility Signage	2008	3,212	375	5	375		3,212	31
32	Landscaping	2008	5,700	570	10	570		2,945	32
33	Flooring	2009	71,018	6,934	10-20yrs	6,934		30,658	33
34	TOTAL (lines 1 thru 33)		\$ 5,220,338	\$ 220,953		\$ 220,953	\$	\$ 2,439,433	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013 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	
1	Totals from Page 12C, Carried Forward		\$ 5,220,338	\$ 220,953		\$ 220,953	\$	\$ 2,439,433	1
2	300 KW Cummins Generator- Whole Bldg	2009	104,540	5,227	20	5,227		23,522	2
3	Needlet Remodeling- Wallpaper & Paint	2009	12,345	2,469	5	2,469		11,316	3
4	Replace 2" Drain Line	2009	4,111	164	25	164		808	4
5	Roofing	2009	3,000	300	10	300		1,425	5
6	Flooring- Existing Facility	2010	21,980	2,198	10	2,198		8,566	6
7	Pt Room Remodeling- Patching/Painting	2010	2,925	585	5	585		2,194	7
8	Roofing- Mansard Wall	2010	2,222	222	10	222		852	8
9	Replace 55 sprinkler heads	2010	2,100	84	25	84		287	9
10	2 AC/Heat Units	2010	1,396	279	5	279		954	10
11	Dr's Room Sink	2010	1,356	68	20	68		226	11
12	400's Hall Facility Signage	2010	1,041	208	5	208		659	12
13	Wall Guards & Hand Rails	2010	4,749	317	15	317		976	13
14	2 New Entrance Signs & Installation	2010	8,704	870	10	870		3,046	14
15	Landscaping	2010	21,337	2,134	10	2,134		7,601	15
16	Retaining Wall	2010	8,829	441	20	441		1,582	16
17	Asphalt, Seal, Stripe 400S wing lots	2010	44,132	5,517	8	5,517		19,767	17
18	Bumper Guards & Hand Rails	2011	2,392	239	10	239		717	18
19	Flooring	2011	5,077	508	10	508		1,276	19
20	2 Nursing Stations	2011	3,590	180	20	180		464	20
21	Hair Salon Labor & Material	2011	2,432	122	20	122		285	21
22	Hair Salon Plumbing	2011	1,264	63	20	63		147	22
23	Hair Salon Cabinet Allowance	2011	288	14	20	14		33	23
24	Hair Salon Electrical	2011	475	24	20	24		56	24
25	Conference Room Labor & Material	2011	4,231	212	20	212		494	25
26	Conference Room Plumbing	2011	2,200	110	20	110		257	26
27	Conference Room Cabinet Allowance	2011	500	25	20	25		58	27
28	Conference Room Electrical	2011	825	41	20	41		96	28
29	2 Electric Heaters & A/C Unit	2011	1,396	279	5	279		814	29
30	Compressor for A/C Unit	2011	5,747	575	10	575		1,389	30
31	Flooring	2012	3,031	303	10	303		442	31
32	6" Addition to Sewer	2012	2,353	118	20	118		186	32
33	2 Electric Heaters & A/C Unit	2012	1,585	317	5	317		528	33
34	TOTAL (lines 1 thru 33)		\$ 5,502,491	\$ 245,166		\$ 245,166	\$	\$ 2,530,456	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 5,502,491	\$ 245,166		\$ 245,166	\$	\$ 2,530,456	1
2	A/C Compressor	2012	1,600	107	15	107		169	2
3	Concrete Pad & Sidewalks	2012	1,300	86	15	86		123	3
4	Painting/Patching/Repairing-400 hall (20 rooms)	2013	7,550	1,058	5	1,058		1,058	4
5	3 A/C/Heat Units	2013	2,358	275	5	275		275	5
6	Oxygen Storage Facility	2013	1,124	47	10	47		47	6
7	Concrete Pad & Sidewalk	2013	2,250	62	15	62		62	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)		\$ 5,518,673	\$ 246,801		\$ 246,801	\$	\$ 2,532,190	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning:

01/01/2013

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	\$ 472,001	\$ 50,270	\$ 50,270	\$	5-20	\$ 222,939	71
72	Current Year Purchases	54,179	3,812	3,812		5-15	3,812	72
73	Fully Depreciated Assets	434,105	3,076	3,076		5-15	434,105	73
74								74
75	TOTALS	\$ 960,285	\$ 57,158	\$ 57,158	\$		\$ 660,856	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 Use	2006 Ford Wheelchair Van	2007	\$ 52,471	\$	\$	\$	4	\$ 52,471	76
77										77
78										78
79										79
80	TOTALS			\$ 52,471	\$	\$	\$		\$ 52,471	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,603,093	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 303,959	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 303,959	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,245,517	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	2010 Ford E450 Wheelchair Van	\$ 52,340	\$ 8,723	\$ 52,340	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 52,340	\$ 8,723	\$ 52,340	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Section N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

		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

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: \$ _____ Description: Copier \$4216; Postage Machine \$884; Maint. Rent/Lease \$473; H.O. Vehicle Lease \$1,552

(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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2014</u>	\$ _____
13.	<u>/2015</u>	\$ _____
14.	<u>/2016</u>	\$ _____

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		2,760		2,760
6	Transportation				
7	Contractual Payments		100		100
8	CNA Competency Tests		425		425
9	TOTALS	\$	\$ 3,285	\$	\$ 3,285
10	SUM OF line 9, col. 1 and 2 (e)	\$	3,285		

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	7
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	7

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

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

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

	Service	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		hrs	\$		\$				1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							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 prescripts				200,255		200,255	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>See attached schedule</u>				19,699	791,033	6,118	19,699	797,151	12
13	Other (specify):									13
14	TOTAL			\$	19,699	\$ 791,033	\$ 206,373	19,699	\$ 997,406	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 571,566	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>34,000</u>)	1,036,825		3
4	Supply Inventory (priced at)	10,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	57,615		6
7	Other Prepaid Expenses	8,021		7
8	Accounts Receivable (owners or related parties)	100,000		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,784,446	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	20,200		12
13	Land	267,351		13
14	Buildings, at Historical Cost	5,361,716		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,061,696		16
17	Accumulated Depreciation (book methods)	(3,294,031)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	120,110		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Costs</u>	164,465		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,701,507	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,485,953	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 426,144	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	171,752		30
31	Accrued Taxes Payable (excluding real estate taxes)	15,041		31
32	Accrued Real Estate Taxes(Sch.IX-B)	78,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 690,937	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	5,553,528		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)	\$ 5,553,528	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,244,465	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (758,512)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,485,953	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (538,253)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (538,253)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(140,259)	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	(80,000)	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)	\$ (220,259)	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)	\$ (758,512)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,338,114	1
2	Discounts and Allowances for all Levels	(1,400,064)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,938,050	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	28,863	5
6	Therapy	1,173,586	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,202,449	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	1,497	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	32,504	19
20	Radiology and X-Ray	6,819	20
21	Other Medical Services	7,801	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 48,621	23
D. Non-Operating Revenue			
24	Contributions	1,957	24
25	Interest and Other Investment Income***	31,310	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 33,267	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Vending Machine</u>	1,693	28
28a	<u>Miscellaneous & Gain on fixed asset disposal</u>	11,298	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 12,991	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,235,378	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,014,681	31
32	Health Care	1,932,729	32
33	General Administration	1,427,079	33
B. Capital Expense			
34	Ownership	707,310	34
C. Ancillary Expense			
35	Special Cost Centers	1,062,939	35
36	Provider Participation Fee	230,899	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,375,637	40
41	Income before Income Taxes (line 30 minus line 40)**	(140,259)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (140,259)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,703,607	44
45	Private Pay - Net Inpatient Revenue	1,879,120	45
46	Medicare - Net Inpatient Revenue	1,217,166	46
47	Other-(specify) <u>Hospice</u>	138,157	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,938,050	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning: 01/01/2013

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	1,909	2,093	\$ 63,111	\$ 30.15	1
2	Assistant Director of Nursing	1,790	2,059	54,661	26.55	2
3	Registered Nurses	9,811	10,471	238,451	22.77	3
4	Licensed Practical Nurses	16,851	18,167	360,383	19.84	4
5	CNAs & Orderlies	79,380	83,834	850,798	10.15	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,353	2,755	29,679	10.77	8
9	Activity Director					9
10	Activity Assistants	5,142	5,371	56,409	10.50	10
11	Social Service Workers	2,243	2,594	35,791	13.80	11
12	Dietician	24,369	25,550	227,571	8.91	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	3,534	3,707	50,488	13.62	17
18	Housekeepers	11,650	12,431	114,241	9.19	18
19	Laundry	9,204	10,016	93,140	9.30	19
20	Administrator	1,819	2,118	98,108	46.32	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,916	4,325	61,338	14.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,775	1,905	21,230	11.14	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	175,746	187,396	\$ 2,355,399 *	\$ 12.57	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	192	\$ 7,457	1,3	35
36	Medical Director	Contract	9,600	9,3	36
37	Medical Records Consultant	36	1,438	10,3	37
38	Nurse Consultant	N/A	16,600	10,3	38
39	Pharmacist Consultant	Contract	4,263	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	29	1,972	11,3	44
45	Social Service Consultant	28	1,972	12,3	45
46	Other(specify) <u>Compliance Consultant</u>	411	21,359	10,3	46
47	<u>Clerical</u>	N/A	12,919	21,3	47
48					48
49	TOTAL (lines 35 - 48)	696	\$ 77,580		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$ Section N/A		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr

0039339

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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	
Suzanne Boston	Administrator	0	\$ 43,035	Workers' Compensation Insurance	\$ 49,838	IDPH License Fee	\$ 1,990	
Terrie Weible	Administrator	0	55,073	Unemployment Compensation Insurance	23,662	Advertising: Employee Recruitment	1,743	
				FICA Taxes	174,787	Health Care Worker Background Check (Indicate # of checks performed <u>193</u>)	3,080	
				Employee Health Insurance	51,822	Patient Background Checks		
				Employee Meals		Licenses & Fees	1,490	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	4,200	
				Employee Life/ Disability Insurance	422	IHCA Dues	3,748	
				Employee Dental/Vision Insurance	1,224	Bank Service Charges	1,642	
				Employee Physicals	3	Home Office Dues & Subscriptions	1,415	
				Staff Relations	4,248	Less: Public Relations Expense	()	
				Home Office Employee Benefits	14,916	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 98,108	TOTAL (agree to Schedule V, line 22, col.8)	\$ 320,922	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 19,308	
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
Wellington Management Co., LLC			\$ 374,168				Out-of-State Travel	\$
Health Care Financial, LLC			249,445				In-State Travel	3,499
							Seminar Expense	5,833
							Home Office Travel & Seminar	4,691
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 623,613	TOTAL		\$	Entertainment Expense	()
C. Professional Services								
Vendor/Payee	Type		Amount					
C.J. Schlosser & Co., L.L.C.	Accounting Services		\$ 4,301					
May, Cocagne, & King	Audit Fees		9,750					
R.J. Tolliver, C.P.A.	401 (K) Audit Fees		864					
Sandberg, Phoenix, & Von Gontard	Legal Fees		3,775					
Strang & Parish, LTD	Legal Fees-Eliminated		5,756					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 24,446				TOTAL (agree to Sch. V, line 24, col. 8) \$ 14,023	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Jerseyville Nsg & Rehab Ctr# 0039339Report Period Beginning: 01/01/2013Ending: 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? Yes
If YES, give association name and amount. Illinois Healthcare Association: \$3,748
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 17,575 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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 230,899
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? None
- (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. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,497
- (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? 38.49%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: May, Cocagne & King
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

Jerseyville Nursing & Rehabilitation Center

Attachment to Schedule XIV

12/31/2013

		1	2	3	4	5	6	7	8
			Staff		Outside Practitioner (other Than Consultant)		Supplies (Actual or Allocated)	Total Units (Col 2 + 4)	Total Cost (Col 3 + 5 +6)
Line #	Service	Schuler V Line & Column Reference	Units of Service	Cost	Units of Service	Cost	Cost		
12 Other:									
7b	Licensed Occupational Therapist	39,8			10,588	384,998	207	10,588	385,205
7b	Licensed Speech Therapist	39,8			1,707	75,161	329	1,707	75,490
7b	Licensed Physical Therapist	39,8			7,404	281,129	3,312	7,404	284,441
	X-Ray	39,3				11,149		-	11,149
	Laboratory	39,3				38,596		-	38,596
	Specialty Mattresses/Overlays	39,3					2,270	-	2,270
	Total to Schedule XIV, Line 12		-	-	19,699	791,033	6,118	19,699	797,151

Jerseyville Nursing and Rehabilitation Center
Attachment to Sch. XVII
December 31, 2013

BOOK TO TAX NET INCOME RECONCILIATION:

BOOK NET INCOME (LOSS)	(140,260.00)
CONVERSION TO CASH BASIS ADJUSTMENTS	<u>530,803.00</u>
SUBTOTAL	390,543.00
DEPRECIATION ADJUSTMENT	105,903.00
GAIN ON DISPOSAL OF FIXED ASSETS ADJUSTMENT	(10,096.00)
MISC. NON-DEDUCTIBLE EXPENSES	11,319.00
TAX NET INCOME (LOSS), PER FEDERAL RETURN	<u><u>497,669.00</u></u>

JERSEYVILLE NURSING AND REHABILITATION CENTER
 MISCELLANEOUS INCOME
 ATTACHMENT TO SCHEDULE XVII, PAGE 19, LINE 28
 12/31/2013

Miscellaneous Income	134		
CNA Reimbursement	30	offset to ln 13	6a
Reimb for copies of medical records	19	offset to ln 10	6a
Marketing Reimbursement	410	offset to ln 20	6a
Reimb for activities	83	offset to ln 11	6a
Postage Reimbursement	22	offset to ln 21	6a
Robin Adam's plane ticket reimb.	281	offset to ln 24	6a
Employee Lunch Money Income	① 584	ln 14 Inc stmt	
Memorial/Donations	① 1,957	ln 24 Inc Stmt	
	<hr/>		
	3,520		
	Σ ①	(2,541) on other lines	
	<hr/>		
	10,319	Gain on sale of F/A	
	<hr/>		
	11,298	ln 28A p.19	

JERSEYVILLE NURSING AND REHABILITATION CENTER, INC.
 TRAVEL AND SEMINAR SCHEDULE
 ATTACHMENT TO SCHEDULE XIX PART G
 12/31/2013

<u>SEMINAR PARTICIPANT</u>	<u>JOB TITLE</u>	<u>DATE(S)</u>	<u>CITY</u>	<u>TITLE OF SEMINAR</u>	<u>SPONSOR</u>	<u>COST</u>	<u>SEMINAR LODGING/ TRAVEL/MEALS</u>
Terrie Weible & Mark Weible	Administrator & Director of Operations	2/6/2013	Springfield	Nursing Facility Compliance Plans-The Deadline is Almost Here!	Illinois Healthcare Association	153	142
Terrie Weible & Mark Weible	Administrator & Director of Operations	3/8/2013	Fairview Heights	Mult-Dimensional Functional Screening & Assessment of Older Adults	Continuing Education Institute of Illinois	298	
Malinda Johnson	Resitered Nurse	5/13/13-5/17/13	Springfield	CNA Instructor Course for RN's	Lincoln Land Community College	530	468
Mark Weible	Director of Operations	7/25/2013	Webinar	Are you ready for RUG 48 Seminar/Part 2	Illinois Healthcare Association	22	
Mark Weible & Robin White	Director of Operations & Corporate Quality Control Nurse	7/18/2013	Webinar	Are you ready for RUG 48 Seminar/Part 1	Illinois Healthcare Association	23	
Michelle Stork	Occupational Therapist/Consultant	3/7/2013	St. Louis	St. Louis Compliance Association Compliance Certification	Health Care Compliance Association	55	
Suzanne Boston	Administrator	11/5/13-11/6/13	Springfield	2013 Annual Convention and Trade Show	Illinois Nursing Home Administrator's Association	125	
Total Seminars						<u>1,206</u>	<u>610</u>
Total Seminar Lodging/Travel/Meals						610	
Online CPE Service for Nurses						2,887	
Training/Corporate Compliance Program						1,000	
LPN to RN Bridge Program test fees for employee						740	
Other Travel Expense <\$250 each						2,889	
Home Office Travel & Seminar						4,691	
Total Travel and Seminar, Line 24						<u>14,023</u>	

JERSEYVILLE NURSING AND REHABILITATION CENTER
RECLASSES
ATTACHMENT TO SCHEDULE V
12/31/2013

<u>DESCRIPTION</u>	<u>LINE #</u>	<u>INCREASE (DECREASE)</u>
ADMINISTRATIVE	17	(2,286)
PROFESSIONAL SERVICES	19	479
CLERICAL & GENERAL OFFICE EXPENSE	21	1,807
To reclass various expenses to proper lines		
NURSE AIDE TRAINING	13	2,760
NURSING & MEDICAL RECORDS	10	(2,760)
To reclass CNA trainer wages		
TRAVEL & SEMINAR	24	(19)
CLERICAL & GENERAL OFFICE EXPENSES	21	19
To reclass office supplies to the proper line		