

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	32,515	8,291	21,003	61,809	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	32,515	8,291	21,003	61,809	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.67%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

yes

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

YES NO

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

YES NO

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

Date started 03/01/2005

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

YES Date 03/01/2005 NO

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

YES NO If YES, enter number of beds certified 200 and days of care provided 15,052

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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	411,102	46,155	21,532	478,789		478,789		478,789		1
2	Food Purchase		408,872		408,872		408,872	(39,191)	369,681		2
3	Housekeeping	289,206	46,612		335,818		335,818		335,818		3
4	Laundry	66,874	10,226	2,844	79,944		79,944		79,944		4
5	Heat and Other Utilities			265,804	265,804		265,804	2,626	268,430		5
6	Maintenance	119,882	62,999	114,298	297,179		297,179	12,788	309,967		6
7	Other (specify):*										7
8	TOTAL General Services	887,064	574,864	404,478	1,866,406		1,866,406	(23,777)	1,842,629		8
	B. Health Care and Programs										
9	Medical Director			63,532	63,532		63,532		63,532		9
10	Nursing and Medical Records	4,723,751	503,878	26,196	5,253,825		5,253,825	17,751	5,271,576		10
10a	Therapy										10a
11	Activities	185,961		32,543	218,504		218,504		218,504		11
12	Social Services	86,651		165	86,816		86,816		86,816		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Home Office Benefits							1,572	1,572		15
16	TOTAL Health Care and Programs	4,996,363	503,878	122,436	5,622,677		5,622,677	19,323	5,642,000		16
	C. General Administration										
17	Administrative	198,582		946,268	1,144,850		1,144,850	(920,491)	224,359		17
18	Directors Fees										18
19	Professional Services			270,620	270,620		270,620	5,021	275,641		19
20	Dues, Fees, Subscriptions & Promotions			43,332	43,332		43,332	372	43,704		20
21	Clerical & General Office Expenses	678,987	52,696	55,106	786,789		786,789	187,159	973,948		21
22	Employee Benefits & Payroll Taxes			909,712	909,712		909,712	39,191	948,903		22
23	Inservice Training & Education										23
24	Travel and Seminar			16,505	16,505		16,505	1,160	17,665		24
25	Other Admin. Staff Transportation			1,495	1,495		1,495	5,248	6,743		25
26	Insurance-Prop.Liab.Malpractice			357,191	357,191		357,191	598	357,789		26
27	Other (specify):* Home Office Benefits							18,465	18,465		27
28	TOTAL General Administration	877,569	52,696	2,600,229	3,530,494		3,530,494	(663,277)	2,867,217		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,760,996	1,131,438	3,127,143	11,019,577		11,019,577	(667,731)	10,351,846		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.

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			195,806	195,806		195,806	417,580	613,386			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			110,128	110,128		110,128	388,340	498,468			32
33	Real Estate Taxes							211,728	211,728			33
34	Rent-Facility & Grounds			1,479,294	1,479,294		1,479,294	(1,478,894)	400			34
35	Rent-Equipment & Vehicles			127,354	127,354		127,354	2,459	129,813			35
36	Other (specify):* Mortgage Costs							51,749	51,749			36
37	TOTAL Ownership			1,912,582	1,912,582		1,912,582	(407,038)	1,505,544			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		748,420	2,314,725	3,063,145		3,063,145	(18,901)	3,044,244			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			372,915	372,915		372,915		372,915			42
43	Other (specify):* Non-Allowable Co	836		574,478	575,314		575,314	(575,314)				43
44	TOTAL Special Cost Centers	836	748,420	3,262,118	4,011,374		4,011,374	(594,215)	3,417,159			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,761,832	1,879,858	8,301,843	16,943,533		16,943,533	(1,668,984)	15,274,549			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 Claremont Rehab & Living Ctr

0047043

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(48,566)	30		9
10	Interest and Other Investment Income	(34,860)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,077)	43		18
19	Entertainment				19
20	Contributions	(29,959)	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	(189,740)	43		24
25	Fund Raising, Advertising and Promotional	(62,740)	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	138,820	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (228,122)		\$	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)	(1,440,862)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,440,862)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,668,984)		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

Claremont Rehab & Living Ctr

ID# 0047043

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Cable	\$ (7,772)	43	1
2	To offset misc. income	(28,817)	21	2
3	To disallow non-allowable legal fees	(8,262)	19	3
4	To disallow lobbying expense	(1,233)	20	4
5	Disallow xray expense	(27,563)	43	5
6	Disallow laboratory fees	(35,214)	43	6
7	Adjust building rent expense	468,930	34	7
8	Marketing salary	(836)	43	8
9	Other Services	(152,440)	43	9
10	Prior year Medicare ADJ	(41,898)	43	10
11	Valet Parking	(26,075)	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	138,820		49

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Pg6 Supp		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	19 Professional Fees	\$	Claremont Extended Healthcare Realty, LLC	100.00%	\$ 19,959	\$	19,959	1
2	V	20 Dues, Subscriptions, Licenses		Claremont Extended Healthcare Realty, LLC	100.00%	250		250	2
3	V	21 General and Professional		Claremont Extended Healthcare Realty, LLC	100.00%	10,581		10,581	3
4	V	27 Rental Income	1,948,224	Claremont Extended Healthcare Realty, LLC	100.00%			(1,948,224)	4
5	V	30 Depreciation & Amortization		Claremont Extended Healthcare Realty, LLC	100.00%	458,877		458,877	5
6	V	32 Interest	453	Claremont Extended Healthcare Realty, LLC	100.00%	418,153		417,700	6
7	V	33 Real Estate Taxes		Claremont Extended Healthcare Realty, LLC	100.00%	193,557		193,557	7
8	V	36 Insurance-Mortgage		Claremont Extended Healthcare Realty, LLC	100.00%	51,749		51,749	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$ 1,948,677			\$ 1,153,126	\$ *	(795,551)	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	5 Utilities	\$	NuCare Services Corp.		\$ 2,626	\$ 2,626 15
16	V	6 Repairs and Maintenance		NuCare Services Corp.		12,788	12,788 16
17	V	10 Clinical Salaries		NuCare Services Corp.		17,751	17,751 17
18	V	15 Employee Benefits Clinical		NuCare Services Corp.		1,572	1,572 18
19	V	17 Administrative Salaries	946,268	NuCare Services Corp.		25,777	(920,491) 19
20	V	19 Professional Fees		NuCare Services Corp.		7,970	7,970 20
21	V	20 Dues, Subscriptions		NuCare Services Corp.		1,355	1,355 21
22	V	21 Office Expense		NuCare Services Corp.		205,395	205,395 22
23	V	24 Education and Seminars		NuCare Services Corp.		1,160	1,160 23
24	V	25 Other Admin Transportation		NuCare Services Corp.		5,248	5,248 24
25	V	26 Insurance		NuCare Services Corp.		598	598 25
26	V	27 Employee Benefits		NuCare Services Corp.		18,465	18,465 26
27	V	30 Depreciation Expense		NuCare Services Corp.		10,342	10,342 27
28	V	32 Interest & Amortization		NuCare Services Corp.		2,140	2,140 28
29	V	33 Real Estate Taxes		NuCare Services Corp.		3,525	3,525 29
30	V	34 Facility Rent		NuCare Services Corp.		400	400 30
31	V	35 Auto Lease		NuCare Services Corp.		2,459	2,459 31
32	V						
33	V						
34	V	30 Depreciation Expense		NuCare Services Corp.		287	287 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 946,268			\$ 319,858	\$ * (626,410) 39

* 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	39 DME and Medical Supplies	\$ 131,385	Integra Healthcare Equipment		\$ 119,252	\$ (12,133)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
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		\$ 131,385			\$ 119,252	\$ * (12,133)

* 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	39 Respiratory	\$ 32,467	Integra Respiratory Services		\$ 25,699	\$ (6,768)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
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		\$ 32,467			\$ 25,699	\$ * (6,768)

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

Facility Name & ID Number

Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	Ross Bottner	4%	Bronzeville Park	Chicago	Nucare Services Corp.	Lincolnwood	Bookeeping Mgmt	1
2	Nancy Bottner	1%	California Gardens Corp.	Chicago	7527 N. Lincoln Ave, I	Lincolnwood	Building Rental	2
3	Jonah Bruck	4%	Claremont Rehab. & Living	Buffalo Grove	Diamond Insurance	Northbrook	Work Comp Ins.	3
4	Jo Bruck	1%	Claremont - Hanover Park	Hanover Park	Mapleleaf Insurance	Grand Cayman	Liab/Work Comp In	4
5	Barry Carr	4%	Claridge Imperial, LTD.	Chicago	Seasons Hospice	Park Ridge	Hospice*	5
6	Randi S. Carr	4%	Jackson Corp	Chicago	JLR Financial Service	Lincolnwood	Management Co.	6
7	Ryan A. Carr	1%	Monroe Pavillion	Chicago	KFT Services, LLC	Lincolnwood	Management Co. **	7
8	Jared S. Carr	1%	Renaissance at 87th Street	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co. **	8
9	David Hartman	40%	Renaissance at Midway	Chicago	Integra Healthcare Eq	Elmhurst	DME & Medical Su	9
10	Robert Hartman Dynasty Trust	9.5%	Renaissance at South Shore	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	10
11	Robert Hartman Family Trust	9.5%	Renaissance at Park South	Chicago	Claremont Extended R	Buffalo Grove	Real Estate	11
12	Robert and Debra Hartman Family Found	6.75%	Aria Post Acute Care	Hillside				12
13	Robert Hartman	4.25%	Seven Oaks	Glendale, Wiscosin				13
14	Gerry Jenich	4%	Renaissance East	Mesa, Arizona				14
15	Dawn Jenich	1%	Renaissance West	Mesa, Arizona				15
16	Leonard Weiss	4%	Renaissance Village IL	Mesa, Arizona				16
17	Jessica Weiss	1%	Renaissance Village AL	Mesa, Arizona				17
18								18
19			* No expense paid by home to realted entity					19
20			therefore no page 6 or 8.		Symphony Healthcare	Morton Grove	Sub Lessor	20
21			**No expense of bus. Alloc. To homes		Symphony M.L., LLC	Morton Grove	Main Lessor	21
22			Symphony Aspen Ridge, LLC D/B/A Symphony Decatur		Symphony HMG, LLC	Morton Grove	Sub Lessor	22
23			Symphony Countryside, LLC D/B/A Countrysid Aurora		Symphony Financial S	Morton Grove	Mgmt Co.	23
24			Symphony Crestwood, LLC D/B/A Symphony of Crestwood					24
25			Symphony Deerbrook, LLC D/B/A Symphony of Joliet					25
26			Symphony Maple Crest, LLC D/B/A Maple Cre Belvidere					26
27			Symphony Maple Ridge, LLC D/B/A Symphony Lincoln					27
28			Symphony McKinley, LLC D/B/A McKinley Co Decatur					28
29			Symphony Northwoods, LLC D/B/A Northwood Belvidere					29
30								30

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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	No owners received compensation from this facility.										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	\$			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

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01/01/2014

Ending: 2/31/2014

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 NuCare Services Corp.
 Street Address 7257 N. Lincoln #100
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

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	5	Utilities	Bed days available	1,239,904	14	\$ 44,608	\$ 73,000	\$ 2,626	1
2	6	Repairs and Maintenance	Bed days available	1,239,904	14	217,207	72,310	12,788	2
3	10	Clinical Salaries	Bed days available	1,239,904	14	301,506	301,506	17,751	3
4	15	Employee Benefits Clinical	Bed days available	1,239,904	14	26,708	73,000	1,572	4
5	17	Administrative Salaries	Bed days available	1,239,904	14	437,828	437,828	25,777	5
6	19	Professional Fees	Bed days available	1,239,904	14	135,365	73,000	7,970	6
7	20	Dues, Subscriptions	Bed days available	1,239,904	14	23,010	73,000	1,355	7
8	21	Office Expense	Bed days available	1,239,904	14	3,488,631	2,938,655	205,395	8
9	24	Education and Seminars	Bed days available	1,239,904	14	19,695	73,000	1,160	9
10	25	Other Admin Transportation	Bed days available	1,239,904	14	89,139	73,000	5,248	10
11	26	Insurance	Bed days available	1,239,904	14	10,164	73,000	598	11
12	27	Employee Benefits	Bed days available	1,239,904	14	313,624	73,000	18,465	12
13	30	Depreciation Expense	Bed days available	1,239,904	14	175,648	73,000	10,342	13
14	32	Interest & Amortization	Bed days available	1,239,904	14	36,349	73,000	2,140	14
15	33	Real Estate Taxes	Bed days available	1,239,904	14	59,877	73,000	3,525	15
16	34	Facility Rent	Bed days available	1,239,904	14	6,796	73,000	400	16
17	35	Auto Lease	Direct Allocation	1,239,904	14	41,766	73,000	2,459	17
18							73,000		18
19							73,000		19
20	30	Depreciation Expense	Bed days available	1,239,904	14		73,000	287	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 5,427,921	\$ 3,750,299	\$ 319,858	25

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

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	39	DME and Medical Supplies	Direct Allocation		\$	\$		\$ 119,252	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 119,252	25

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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 Integra Respiratory Services
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

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	39	Respiratory	Direct Allocation		\$	\$		\$ 25,699	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 25,699	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	Greystone Funding Corp.		X	Mortgage	Variable	2/28/13	\$ 14,979,200	\$ 14,531,325	3/1/2048	0.0285	\$ 418,153					
2																
3																
4																
5																
Working Capital																
6																
7																
8	The Private Bank		X	Line of Credit	Variable	2/1/13	2,500,000	2,498,300	2/27/15	Varies	110,128					
9	TOTAL Facility Related						\$ 17,479,200	\$ 17,029,625			\$ 528,281					
B. Non-Facility Related*																
10											(35,313)					
11											2,140					
12											3,360					
13																
14	TOTAL Non-Facility Related						\$	\$			\$ (29,813)					
15	TOTALS (line 9+line14)						\$ 17,479,200	\$ 17,029,625			\$ 498,468					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 51,749 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.)

** 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 2013 report.				\$	313,000	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.)	2013			\$	247,100	2														
3. Under or (over) accrual (line 2 minus line 1).				\$	(65,900)	3														
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	259,455	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.)				\$	14,646	5														
			Allocated from Management Co.		3,525															
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.			Rounding		2															
TOTAL REFUND	\$	For	Tax Year.			6														
				\$																
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	211,728	7														
Real Estate Tax History:																				
Real Estate Tax Bill for Calendar Year:	2009	<u>257,582</u>	8	<table border="1"> <tr> <td colspan="2">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2013 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>			FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2013 \$	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 2013 \$	13																		
14	PLUS APPEAL COST FROM LINE 5 \$	14																		
15	LESS REFUND FROM LINE 6 \$	15																		
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																		
	2010	<u>266,119</u>	9																	
	2011	<u>284,805</u>	10																	
	2012	<u>298,010</u>	11																	
	2013	<u>247,100</u>	12																	
2014 Taxes 247,100 * 105%=259,455																				

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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Claremont Rehab & Living Ctr COUNTY Lake
 FACILITY IDPH LICENSE NUMBER 0047043
 CONTACT PERSON REGARDING THIS REPORT Jay Flatt
 TELEPHONE (847) 933-2600 x 23 FAX #: (847) 745-0915

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>15-33-404-140</u>	<u>Nursing Home</u>	\$ <u>247,100.29</u>	\$ <u>247,100.29</u>
2. <u>10-27-319-028-0000</u>	<u>Management Company</u>	\$ <u>89,368.57</u>	\$ <u>3,525.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>336,468.86</u></u>	\$ <u><u>250,625.29</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 86,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

N/A

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Purchase Price</u>	<u>181,210</u>	<u>2013</u>	<u>\$ 588,636</u>	1
2	<u>Allocated from NuCare Services C</u>			<u>6,311</u>	2
3	TOTALS	181,210		\$ 594,947	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from Purchase Price	2013		\$ 14,760,145	\$	35	\$ 369,004	\$ 369,004	\$ 676,507	4
5										5
6										6
7	HO Allocation - NuCare	2004		56,803		35	1,623	1,623	18,055	7
8										8
	Improvement Type**									
9	Data cables & jacks		2005	8,647		20	432	432	4,104	9
10	Electrical work		2005	4,050		20	203	203	1,928	10
11	Landscape architecture		2005	4,500		20	225	225	2,138	11
12	Alarm for door		2005	1,550		20	79	79	748	12
13	Flooring		2005	55,880		20	2,794	2,794	26,543	13
14	Heater		2005	1,578		20	78	78	741	14
15	Sewerline		2005	4,000		20	200	200	1,900	15
16	Nursing Station countertop and cabinet		2005	13,000		20	650	650	6,175	16
17	Draperies		2005	5,013		20	251	251	2,384	17
18	Modulator and DTV box		2005	750		20	37	37	352	18
19	Wireless TV satellite dish		2005	1,137		20	57	57	541	19
20	Concrete by parlor exit		2005	1,575		20	79	79	750	20
21	Microboard		2005	5,110		20	256	256	2,432	21
22	Electrical work		2005	1,720		20	86	86	817	22
23	Chair Rail		2006	4,293		20	215	215	1,717	23
24	Dining Room Remodel		2006	3,875		20	194	194	1,551	24
25	Door Repairs		2006	4,440		20	222	222	1,776	25
26	Electrical Work		2006	19,035		20	952	952	7,615	26
27	Elevator		2006	1,800		20	90	90	720	27
28	Fireproof Basement		2006	2,620		20	131	131	1,049	28
29	Flooring		2006	41,808		20	2,090	2,090	16,723	29
30	Kitchen Remodel		2006	23,800		20	1,190	1,190	9,520	30
31	Landscaping		2006	16,528		20	826	826	6,611	31
32	Play Area		2006	6,718		20	336	336	2,688	32
33	Remodel Dialysis Unit		2006	3,800		20	190	190	1,520	33
34	Remodel Resident Rooms		2006	22,640		20	1,132	1,132	9,056	34
35	Roof		2006	1,750		20	88	88	701	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 Claremont Rehab & Living Ctr# 0047043

Report Period Beginning:

01/01/2014

Ending:

12/31/2014**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	Motor	2006	\$ 2,080	\$	20	\$ 104	\$ 104	\$ 832	37
38	Thermostat	2006	18,900		20	945	945	7,561	38
39	Wall Mural & Wallpaper	2006	5,860		20	293	293	2,345	39
40	Water Heater	2006	30,639		20	1,532	1,532	12,256	40
41	Window Treatments	2006	10,774		20	539	539	4,309	41
42	Compressor	2006	15,410		20	771	771	6,164	42
43	Therpy Rm - Plumbing, tile, & Paint	2007	17,096		20	855	855	6,411	43
44	Showers Demolish, Rebuild, Tiles	2007	22,654		20	1,133	1,133	8,496	44
45	Employee Lounge - Drywall & Paint	2007	8,200		20	410	410	3,075	45
46	Thermostats installed	2007	3,000		20	150	150	1,125	46
47	Therpy Rm - Cabinets installed	2007	4,300		20	215	215	1,613	47
48	Elevator Panels and repairs	2007	9,800		20	490	490	3,675	48
49	Thermostats installed	2007	3,975		20	199	199	1,491	49
50	Therpy Rm - Wall	2007	2,700		20	135	135	1,013	50
51	Window Installed	2007	15,484		20	774	774	5,806	51
52	Shower Tiles	2007	7,330		20	367	367	2,749	52
53	Door Installed	2007	12,420		20	621	621	4,658	53
54	Built-in Med Rec Shelves	2007	2,702		20	135	135	1,013	54
55	Door Installed	2007	3,355		20	168	168	1,258	55
56	Remove/Install Heating Elements	2007	8,100		20	405	405	3,038	56
57	Kitchen - Cooler Repaired & Tile Installed	2007	7,685		20	384	384	2,882	57
58	Elevator Valve	2007	2,800		20	140	140	1,050	58
59	Built-in Med Rec Shelves	2007	2,878		20	144	144	1,079	59
60	Motorized Hot/Cold Water Unit	2007	10,050		20	503	503	3,769	60
61	Generator and Water Heater	2007	3,314		20	166	166	1,243	61
62	Dish Washer Water Heater Booster	2007	3,635		20	182	182	1,363	62
63	2nd Flr Nurses Stat - Carpeting, Lights	2007	5,411		20	271	271	2,030	63
64	Alarm System Testing	2007	2,878		20	144	144	1,079	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 15,321,995	\$		\$ 395,881	\$ 395,881	\$ 900,742	70

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

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 15,321,995	\$		\$ 395,881	\$ 395,881	\$ 900,742	1
2	3 Hot/Clod Water Units	2008	9,500		20	475	475	3,088	2
3	Heating Units Fixed	2008	3,550		20	178	178	1,154	3
4	Patio & Landscaping	2008	31,693		20	1,585	1,585	10,301	4
5	Tube	2008	4,654		20	233	233	1,513	5
6	Kitchen Heating Tab & Dinning Blinds	2008	5,300		20	265	265	1,723	6
7	Doors Replaced & Fixed	2008	21,041		20	1,052	1,052	6,838	7
8	Painting & Wallpaper on 3rd floor	2008	38,894		20	1,945	1,945	12,641	8
9	Bathrooms - Toilets, Showers, Tile, etc	2008	62,000		20	3,100	3,100	24,825	9
10	Elevator Control Panel	2008	9,463		20	473	473	3,075	10
11	Shower Remodel - Remove walls, install heating units, etc	2009	10,071		20	504	504	2,770	11
12	Dinning Room - Replace carpet, wall coverings, etc	2009	85,987		20	4,299	4,299	23,646	12
13	Window Coverings	2009	3,651		20	183	183	1,005	13
14	Electrical repairs and Digital Thermostats	2009	18,756		20	938	938	5,158	14
15	Resident Room Reno. - Door Closers, Wall Base, Crown Mod.	2009	47,644		20	2,382	2,382	13,102	15
16	Landscaping and Signage	2009	25,617		20	1,281	1,281	7,045	16
17	Laundry Duct Work	2009	23,482		20	1,174	1,174	6,457	17
18	Roof Repair	2009	2,500		20	125	125	688	18
19	Computer Cabling Installed	2009	3,075		20	154	154	846	19
20									20
21	Magnetic Door Holders	2010	2,701		20	135	135	608	21
22	Fire Dampers in Ductwork	2010	7,614		20	381	381	1,713	22
23	Patio Door and Retaining Wall	2010	4,595		20	230	230	1,035	23
24	Cabinets Built-In Patient Rooms	2010	19,280		20	964	964	4,338	24
25	Flex Air Base Station Repeater	2010	3,234		20	162	162	728	25
26	Furnish & install - Hot Water Supply to Laundry	2010	2,615		20	131	131	589	26
27	New Paging System & Camera System	2010	23,818		20	1,191	1,191	5,359	27
28									28
29	Beauty Salon: Install cabinets, sink, flooring, wallpaper, blinds	2011	6,056		20	303	303	1,060	29
30	Building Masonry Sign	2011	13,832		20	692	692	2,421	30
31	Carpeting- Nursing Station	2011	4,422		20	221	221	774	31
32	Heating A/C	2011	3,848		20	192	192	673	32
33	Shower Room: Install stalls, cement boards, tiles, plumbing	2011	7,000		20	350	350	1,225	33
34	TOTAL (lines 1 thru 33)		\$ 15,827,888	\$		\$ 421,176	\$ 421,176	\$ 1,047,137	34

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

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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		\$ 15,827,888	\$		\$ 421,176	\$ 421,176	\$ 1,047,137	1
2	Exit Sign Fluorescent Light	2011	2,386		20	119	119	417	2
3	Repair Parking Lot Asphalt	2011	2,750		20	138	138	482	3
4	Install Oak Chair Rail & Paint-Dining Room	2012	3,890		20	195	195	486	4
5	Furnished/install electrical parts for each Nurse Station	2012	5,570		20	279	279	696	5
6	Wire and labor to pull the wires - nursing stations, dining room, ha	2012	10,548		20	527	527	1,319	6
7	Furnish/Install 8 Solar Screen Collection	2012	2,852		20	143	143	356	7
8	Install Flooring	2012	5,519		20	276	276	690	8
9	Patch 4 Areas of Parking Lot - remove and install new asphalt	2012	3,300		20	165	165	413	9
10	Remove old carpeting and install new	2012	3,900		20	195	195	488	10
11	Re-wire 1st - 3rd Flrs TV Cable	2012	5,824		20	291	291	728	11
12	Fire Alarm Repair	2012	2,912		20	146	146	364	12
13									13
14	Repair Elevator Air Conditioner	2013	9,837		20	492	492	738	14
15	Interior Design- Master Plan	2013	2,905		20	145	145	218	15
16	Install New Door and Frame	2013	4,855		20	243	243	364	16
17	Resurface Parking lot	2013	73,120		20	3,656	3,656	5,484	17
18									18
19									19
20	Furnish & install 2 water heaters and install new water heater lines	2014	58,510		20	1,463	1,463	1,463	20
21									21
22									22
23									23
24	Remove electrical supply from old heater tanks and hook up new e	2014	2,960		20	74	74	74	24
25	new hot water lines in boiler room and kitchen								25
26									26
27									27
28	R/E Allocated from Purchase Price	2013	53,512		20	4,459	4,459	9,811	28
29	R/E Allocated from Purchase Price	2014	79,091		20	3,955	3,955	3,955	29
30									30
31	Current Year Booked Depreciation (B&F and MME)	2013		195,806			(195,806)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,162,129	\$ 195,806		\$ 438,135	\$ 242,329	\$ 1,075,683	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 16,162,129	\$ 195,806		\$ 438,135	\$ 242,329	\$ 1,075,683	1
2									2
3	2013 Allocation from management company:								3
4	Alarm System	2003	690		20	35	35	383	4
5	Buildout of Offices	2004	14,001		20	701	701	7,507	5
6	Security & Fire Alarm System	2004	1,129		20	56	56	593	6
7	Data Cables, Lights & Heat Exchanger	2005	5,178		20	328	328	3,098	7
8	Fire Alarm System	2005	830		20	42	42	409	8
9	Cooling Unit	2006	1,126		20	56	56	471	9
10	Asphalt & Carpet	2008	1,186		20	59	59	371	10
11	Landscaping, 2nd Floor Reconst. (including Phone, Sprinklers, Alarm Systems, Kitchen Remodel, Wallcoverings, etc.)	2009	19,101		20	955	955	5,357	11
12									12
13	HVAC, Paint/Wallpaper, Electrical, Sprinkler, & Generator Repair	2010	2,935		20	147	147	662	13
14	Hot water Heater	2011	159		20	8	8	31	14
15	Paint 2nd Floor Windows	2012	177		20	9	9	24	15
16	Elevator repair, sprinkler repair, electrical, HVAC repair, wiring for phone & workstations, carpet	2014	2,208		20	67	67	67	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)		\$ 16,210,849	\$ 195,806		\$ 440,598	\$ 244,792	\$ 1,094,656	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,147,689	\$	\$ 88,196	\$ 88,196	10	\$ 439,939	71
72	Current Year Purchases	15,064		842	842	10	842	72
73	Fully Depreciated Assets	111,723					111,723	73
74	From Schedule 13A	1,039,152		83,646	83,646	10	179,787	74
75	TOTALS	\$ 2,313,628	\$	\$ 172,684	\$ 172,684		\$ 732,291	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	Bus	2006	\$ 4,365	\$	\$	\$	5	\$ 4,365	76
77	Allocation from management company			522		104	104		461	77
78										78
79										79
80	TOTALS			\$ 4,887	\$	\$ 104	\$ 104		\$ 4,826	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 19,124,311	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 195,806	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 613,386	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 417,580	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,831,773	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Pre design & schematic plan.	\$ 20,500	92
93			93
94			94
95		\$ 20,500	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.

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center

Provider #: 0047043

1/1/2014 to 12/31/2014

13A

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments
71	<u>Allocated from Purchase Price</u>	\$ 946,889	\$	\$ 77,206	\$ 77,206
72	<u>Allocation from management company</u>	92,263		6,440	
73					0
74					0
75	TOTALS	\$ 1,039,152	\$ 0	\$ 83,646	\$ 77,206

Component Life	5	Accumulated Depreciation	6	
10		\$	126,260	71
10			53,527	72
				73
				74
		\$	179,787	75

Facility Name & ID Number

Claremont Rehab & Living Ctr

0047043

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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		Allocation from Management Company			400			6
7	TOTAL				\$ 400			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.	_____ /2015	\$ _____
-----	-------------	----------

13.	_____ /2016	\$ _____
-----	-------------	----------

14.	_____ /2017	\$ _____
-----	-------------	----------

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

This amount was calculated by dividing the total amount to be amortized

by the length of the lease N/A.

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: \$ 102,105

Description: Copier-14,485; Med eqpt-55,161; Beds-28,859; Parking-3,600

(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	Administration	2013 Infinity M56	\$ 939.00	\$ 11,268	17
18	Administration	2013 GoshenGC12 12+2	1,165.00	13,981	18
19	Mgmt Allocation			2,459	19
20					20
21	TOTAL		\$ 2,104.00	\$ 27,708	21

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

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

Facility Name & ID Number Claremont Rehab & Living Ctr # 0047043 Report Period Beginning: 01/01/2014 Ending: 12/31/2014
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			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	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	11,552	\$ 831,717	\$	11,552	\$ 831,717	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,437	319,457		4,437	319,457	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		15,959	1,149,081		15,959	1,149,081	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				702,482		702,482	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					33,805		33,805	12
13	Other (specify): <u>Inhalation Therapy</u>	39(3)			223	7,702		223	7,702	13
14	TOTAL			\$	32,171	\$ 2,307,957	\$ 736,287	32,171	\$ 3,044,244	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 Claremont Rehab & Living Ctr# 0047043Report Period Beginning: 01/01/2014Ending: 12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014 (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	\$ (17,813)	\$ 352,054	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>450,230</u>)	5,229,417	6,275,659	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,162	3,162	6
7	Other Prepaid Expenses		52,113	7
8	Accounts Receivable (owners or related parties)	727,023	727,023	8
9	Other(specify): <u>See attached Sch 17A</u>	1,249,665	1,896,819	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,191,454	\$ 9,306,830	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		594,947	13
14	Buildings, at Historical Cost		14,816,948	14
15	Leasehold Improvements, at Historical Cost	1,139,037	1,393,901	15
16	Equipment, at Historical Cost	1,108,045	2,318,515	16
17	Accumulated Depreciation (book methods)	(1,061,690)	(1,831,773)	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 (spec <u>CIP</u>)	20,500	20,500	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,205,892	\$ 17,313,038	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,397,346	\$ 26,619,868	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 894,204	\$ 894,204	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,303	2,303	28
29	Short-Term Notes Payable	2,498,300	2,498,300	29
30	Accrued Salaries Payable	372,957	372,957	30
31	Accrued Taxes Payable (excluding real estate taxes)	490,583	490,583	31
32	Accrued Real Estate Taxes(Sch.IX-B)		259,455	32
33	Accrued Interest Payable	40,597	75,597	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See attached Sch 17A</u>	486,931	1,391,021	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,785,875	\$ 5,984,420	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,531,325	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)	\$	\$ 14,531,325	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,785,875	\$ 20,515,745	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,611,471	\$ 6,104,123	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,397,346	\$ 26,619,868	48

*(See instructions.)

Facility Name: Claremont Rehab & Living Ctr
IDPH License ID Number: 0047043
Fiscal Year End: 12/31/2014

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
Management Fees-Symphony	516,652	516,652
Due to NuCare	420,484	420,484
Due to Nuvision Holdings	290,729	290,729
Patient Personal Funds	21,800	21,800
Escrow-Replacement Reserve		322,245
Escrow-Insurance		11,907
Escrow-MIP		55,927
Escrow-Real Estate Taxes		145,625
Loan Fees		111,450
Total - Line 9	1,249,665	1,896,819

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Accrued Rent	486,931	486,931
Accrued Expenses		904,090
Total - Line 36	486,931	1,391,021

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,027,905	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(726,692)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,301,213	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,130,258	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	180,000	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)	\$ 2,310,258	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)	\$ 3,611,471	24 *

* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,390,112	1
2	Discounts and Allowances for all Levels	(7,031,516)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,358,596	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,404,823	6
7	Oxygen	23,342	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,428,165	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	26,875	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,450,017	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	287,978	19
20	Radiology and X-Ray	45,723	20
21	Other Medical Services	155,332	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,965,925	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	34,860	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 34,860	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See SCH 19A</u>	286,245	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 286,245	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,073,791	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,866,406	31
32	Health Care	5,622,677	32
33	General Administration	3,530,494	33
B. Capital Expense			
34	Ownership	1,912,582	34
C. Ancillary Expense			
35	Special Cost Centers	3,638,459	35
36	Provider Participation Fee	372,915	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,943,533	40
41	Income before Income Taxes (line 30 minus line 40)**	2,130,258	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,130,258	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,350,830	44
45	Private Pay - Net Inpatient Revenue	1,990,305	45
46	Medicare - Net Inpatient Revenue	2,530,877	46
47	Other-(specify) <u>Hospice</u>	289,751	47
48	Other-(specify) <u>Managed Care</u>	196,833	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,358,596	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.

^ - This entity is a cash basis taxpayer"

Facility Name: Claremont Rehab & Living Ctr
IDPH License ID Number: 0047043
Fiscal Year End: 12/31/2014

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

<u>Description</u>	<u>Amount</u>
Rentals-Private	10,841
Rentals-Medicare	72,293
Rentals-Managed Care	27,217
Other Services-Private	25,501
Other Services-Medicare	120,626
Other Unclassified Income	28,817
Rental Income	950
Total - Line 28	<u><u>286,245</u></u>

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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	3,433	3,841	\$ 219,907	\$ 57.25	1
2	Assistant Director of Nursing	1,964	2,252	96,505	42.85	2
3	Registered Nurses	35,493	39,000	1,318,510	33.81	3
4	Licensed Practical Nurses	27,389	30,364	821,419	27.05	4
5	CNAs & Orderlies	96,887	104,756	1,406,812	13.43	5
6	CNA Trainees	19,992	20,344	273,168	13.43	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,084	1,980	40,204	20.31	9
10	Activity Assistants	8,855	8,413	145,757	17.33	10
11	Social Service Workers	3,250	3,537	86,651	24.50	11
12	Dietician	1,787	2,086	74,815	35.87	12
13	Food Service Supervisor					13
14	Head Cook	7,623	8,726	115,869	13.28	14
15	Cook Helpers/Assistants	19,405	21,171	220,418	10.41	15
16	Dishwashers					16
17	Maintenance Workers	5,642	6,089	119,882	19.69	17
18	Housekeepers	20,529	23,153	289,206	12.49	18
19	Laundry	6,903	7,654	66,874	8.74	19
20	Administrator	2,028	2,201	172,890	78.55	20
21	Assistant Administrator	450	501	25,692	51.28	21
22	Other Administrative					22
23	Office Manager	2,335	2,458	86,727	35.28	23
24	Clerical	27,603	29,056	592,260	20.38	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	665	796	22,776	28.61	28
29	Resident Services Coordinator	5,533	6,152	249,157	40.50	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	11,328	11,792	315,497	26.76	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	19	20	836	41.80	33
34	TOTAL (lines 1 - 33)	311,197	336,342	\$ 6,761,832 *	\$ 20.10	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	Monthly	\$ 21,532	L1,C3	35
36	Medical Director	Monthly	63,532	L9,C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,095	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	36	1,980	L11,C3	44
45	Social Service Consultant	3	165	L12,C3	45
46	Other(specify) <u>Medical Consultant</u>	Monthly	136	L10, C3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	39	\$ 103,440		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	454	9,985	L10,C3	52
53	TOTAL (lines 50 - 52)	454	\$ 9,985		53

Facility Name: Claremont Rehab & Living Ctr
IDPH License ID Number: 0047043
Fiscal Year End: 12/31/2014

Schedule 21AC

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Allen A. Lefkovitz & Associates, PC	Legal	14,646
Polsinelli	Legal - Cash Receipts	6,402
A/P Accrual	Legal	(7,635)
Ability Network, Inc.	Computer Services	2,746
CDW Government, Inc.	Computer Services	2,315
Computrition, Inc.	Computer Services	429
Creative Technology Solutions	Computer Services	15,194
EBS Master, LLC dba Emdeon	Computer Services	1,153
Efax Corporate	Computer Services	6,124
E-Health Data Solutions	Computer Services	5,112
Formation Healthcare Group, LLC	Computer Services	1,005
HDSI Health Data System	Computer Services	5,646
Kipp Computer Solution	Computer Services	400
Market Metrix of Delaware, LLC	Computer Services	2,170
Matrixcare/MDI Achieve, Inc.	Computer Services	32,386
Medifax-EDI, LLC	Computer Services	242
Moeo Interactive product, Inc.	Computer Services	1,151
On Shift, Inc.	Computer Services	15,691
Providence Management & Development	Computer Services	136
Providigm- Citibusiness card	Computer Services	2,080
Telemedicine Solutions, LLC	Computer Services	4,154
Virgine Cabrales	Computer Services	150
Wescom Solutions Inc.	Computer Services	2,879
Current years A/P Accrual	Computer Services	(5,731)
Comcast Cable & Fiber	Internet	17,866
Officite	Internet	1,999

Paetec	Internet	10,105
Point B Point Communications	Internet	32
Commitment Consulting	Outside Labor	36,369
Achieve Accreditation	Professional Fees Other	10,890
Michael L. Cooper	Professional Fees Other	3,500
Pinnacle Quality Insight	Professional Fees Other	600
What's happenning	Professional Fees Other	105
Documentation Solutions	Professional Fees Other	1,569
M. Munter-IBEX	Professional Fees Other	5,994
Marsh USA, Inc.	Professional Fees Other	722
Mercer Health Benefits LLC	Professional Fees Other	289
Nitestar Productions, Inc.	Professional Fees Other	68
Risk Management Services	Professional Fees Other	417
Symphony Financial Services	Professional Fees Other	2,000
Personal Planners, Inc.	Unemployment Consulting	1,930

Total 203,298

	Total (agree to Schedule V, line 19, column 3)	270,620
Allocated from Real Estate		19,959
Allocated from Management Company Legal Fees		5,801
Allocated from Management Company Professional Services		2,169
Less: Non-Allowable Legal Fees		(8,262)
Less: Reclassed to Real Estate taxes		(14,646)
	Total (agree to Schedule V, line 19, column 8)	<u>275,641</u>

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

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

Facility Name & ID Number Claremont Rehab & Living Ctr# 0047043Report Period Beginning: 01/01/2014 Ending: 12/31/2014**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. IHCA \$2,502
- (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? 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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,902 Line 10(2)
- (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. \$ 372,915
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. \$ 39,191 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 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? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.