

Facility Name & ID Number Lexington of Chicago Ridge

0042739 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	203	Skilled (SNF)	203	74,095	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	203	TOTALS	203	74,095	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF			20,021	20,021	8
9	SNF/PED					9
10	ICF	39,896	5,008		44,904	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	39,896	5,008	20,021	64,925	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.62%

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

None (Do not include bed-hold days in Section B.)

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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 6/4/91

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

YES Date New Construction NO

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

YES NO If YES, enter number of beds certified 203 and days of care provided 12,184

Medicare Intermediary

National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	510,664	34,228	5,040	549,932		549,932		549,932		1
2	Food Purchase		393,760		393,760		393,760	(19,776)	373,984		2
3	Housekeeping	422,566	43,598		466,164		466,164	265	466,429		3
4	Laundry	58,318	28,639		86,957		86,957		86,957		4
5	Heat and Other Utilities			255,222	255,222		255,222	7,947	263,169		5
6	Maintenance	35,952		204,398	240,350		240,350	69,822	310,172		6
7	Other (specify):* Mgmt Co.-Allocated I							10,857	10,857		7
8	TOTAL General Services	1,027,500	500,225	464,660	1,992,385		1,992,385	69,115	2,061,500		8
	B. Health Care and Programs										
9	Medical Director			127,125	127,125		127,125		127,125		9
10	Nursing and Medical Records	5,281,618	596,424	161,312	6,039,354		6,039,354	47,613	6,086,967		10
10a	Therapy										10a
11	Activities	237,851	24,478	7,055	269,384		269,384		269,384		11
12	Social Services	157,158		3,817	160,975		160,975		160,975		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt Co.-Allocated I							6,505	6,505		15
16	TOTAL Health Care and Programs	5,676,627	620,902	299,309	6,596,838		6,596,838	54,118	6,650,956		16
	C. General Administration										
17	Administrative	134,192		1,757,576	1,891,768		1,891,768	(1,702,088)	189,680		17
18	Directors Fees										18
19	Professional Services			499,352	499,352		499,352	(70,043)	429,309		19
20	Dues, Fees, Subscriptions & Promotions			65,538	65,538		65,538	4,152	69,690		20
21	Clerical & General Office Expenses	212,172	37,123	83,787	333,082		333,082	644,119	977,201		21
22	Employee Benefits & Payroll Taxes			1,243,157	1,243,157		1,243,157	19,735	1,262,892		22
23	Inservice Training & Education			9,200	9,200		9,200	800	10,000		23
24	Travel and Seminar			326	326		326	1,347	1,673		24
25	Other Admin. Staff Transportation			4,329	4,329		4,329	14,713	19,042		25
26	Insurance-Prop.Liab.Malpractice			978,282	978,282		978,282	103,003	1,081,285		26
27	Other (specify):* Mgmt Co.-Allocated I							101,669	101,669		27
28	TOTAL General Administration	346,364	37,123	4,641,547	5,025,034		5,025,034	(882,593)	4,142,441		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,050,491	1,158,250	5,405,516	13,614,257		13,614,257	(759,360)	12,854,897		29

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

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

Facility Name & ID Number Lexington of Chicago Ridge

#0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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			189,922	189,922	189,922	322,965	512,887				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,275	19,275	19,275	390,849	410,124				32
33	Real Estate Taxes						687,920	687,920				33
34	Rent-Facility & Grounds			2,000,552	2,000,552	2,000,552	(1,996,095)	4,457				34
35	Rent-Equipment & Vehicles			92,441	92,441	92,441	2,527	94,968				35
36	Other (specify):*											36
37	TOTAL Ownership			2,302,190	2,302,190	2,302,190	(591,834)	1,710,356				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		638,108	1,785,656	2,423,764	2,423,764		2,423,764				39
40	Barber and Beauty Shops	9,720		10,389	20,109	20,109		20,109				40
41	Coffee and Gift Shops			6,175	6,175	6,175		6,175				41
42	Provider Participation Fee			423,956	423,956	423,956		423,956				42
43	Other (specify):* Non-Allowable Co	153,506		171,516	325,022	325,022	(325,022)					43
44	TOTAL Special Cost Centers	163,226	638,108	2,397,692	3,199,026	3,199,026	(325,022)	2,874,004				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,213,717	1,796,358	10,105,398	19,115,473	19,115,473	(1,676,216)	17,439,257				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 Lexington of Chicago Ridge

0042739

Report Period Beginning: 01/01/14

Ending: 12/31/14

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	(41)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,207)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	331	30		9
10	Interest and Other Investment Income	(13,204)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(14,062)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(250)	43		18
19	Entertainment				19
20	Contributions	(750)	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	(39,274)	43		24
25	Fund Raising, Advertising and Promotional	(30,509)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,861)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(16,286)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (126,113)		\$	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)	(1,550,103)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,550,103)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,676,216)		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

Lexington of Chicago RidgeID# 0042739Report Period Beginning: 01/01/14Ending: 12/31/14

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Trust Fees	\$ (145)	43	1
2	Labs - Part A	(27,619)	43	2
3	X-Rays - Part A	(32,329)	43	3
4	Diagnostics Managed Care	(14,544)	43	4
5	Collection Fees	(18,850)	19	5
6	Out of period legal	(200)	19	6
7	Marketing Salary	(153,506)	43	7
8	Travel and Seminar marketing	(295)	24	8
9	Dues & subscriptions marketing	(20)	20	9
10	Unrealized loss on FMV swap	228,189	43	10
11	Marketing Offset	(5,004)	19	11
12	Misc Income	(828)	21	12
13	Capitalize R/M Expense	(7,898)	6	13
14	Lobbying Dues	(203)	20	14
15	Non Allowable Consulting	16,966	19	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		(16,286)	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 Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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	\$	Sambell of Chicago Ridge Limited Partnership	**	\$ 200	\$ 200	1
2	V	30 Depreciation		Sambell of Chicago Ridge Limited Partnership	**	251,969	251,969	2
3	V	32 Interest expense		Sambell of Chicago Ridge Limited Partnership	**	385,988	385,988	3
4	V	32 Amortization of mortgage costs		Sambell of Chicago Ridge Limited Partnership	**	1,288	1,288	4
5	V	33 Property tax		Sambell of Chicago Ridge Limited Partnership	**	680,553	680,553	5
6	V	34 Rental expense	2,000,552	Sambell of Chicago Ridge Limited Partnership	**		(2,000,552)	6
7	V	43 Trust fees		Sambell of Chicago Ridge Limited Partnership	**	145	145	7
8	V	43 Unrealized loss on FMV swap	228,300	Sambell of Chicago Ridge Limited Partnership	**		(228,300)	8
9	V							9
10	V							10
11	V			** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100%				11
12	V			of Sambell of Chicago Ridge Limited Partnership				12
13	V							13
14	Total		\$ 2,228,852			\$ 1,320,143	\$ * (908,709)	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	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 265	\$	265	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	6,929		6,929	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	310		310	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	708		708	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	71,426		71,426	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	6,261		6,261	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	33		33	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	10,857		10,857	22	
23	V	10 Medical consultant		Royal Management Corp.	**	4,815		4,815	23	
24	V	10 Management allocation - salaries		Royal Management Corp.	**	42,798		42,798	24	
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	6,505		6,505	25	
26	V	17 Management allocation - salaries		Royal Management Corp.	**	55,488		55,488	26	
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	15,889		15,889	27	
28	V	19 Professional fees		Royal Management Corp.	**	13,171		13,171	28	
29	V	20 Dues & subscriptions		Royal Management Corp.	**	2,145		2,145	29	
30	V	20 Advertising - help wanted		Royal Management Corp.	**	2,230		2,230	30	
31	V	21 Management allocation - salaries		Royal Management Corp.	**	613,385		613,385	31	
32	V	21 Bank charges		Royal Management Corp.	**	2,484		2,484	32	
33	V	21 Office supplies & printing		Royal Management Corp.	**	12,554		12,554	33	
34	V	21 Postage		Royal Management Corp.	**	4,446		4,446	34	
35	V	21 Telephone		Royal Management Corp.	**	12,078		12,078	35	
36	V								36	
37	V								37	
38	V	** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Royal Management Corp.								38
39	Total		\$			\$ 884,777	\$ *	884,777	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	23 <u>Inservice Training</u>	\$	<u>Royal Management Corp.</u>	**	\$ 800	\$	800	15	
16	V	24 <u>Travel & seminar</u>		<u>Royal Management Corp.</u>	**	1,642		1,642	16	
17	V	25 <u>Auto expense</u>		<u>Royal Management Corp.</u>	**	14,713		14,713	17	
18	V	26 <u>Insurance general</u>		<u>Royal Management Corp.</u>	**	10,788		10,788	18	
19	V	27 <u>Management allocation - employee benefits</u>		<u>Royal Management Corp.</u>	**	101,669		101,669	19	
20	V	30 <u>Depreciation</u>		<u>Royal Management Corp.</u>	**	70,665		70,665	20	
21	V	32 <u>Interest</u>		<u>Royal Management Corp.</u>	**	14,318		14,318	21	
22	V	32 <u>Amortization of mortgage costs</u>		<u>Royal Management Corp.</u>	**	2,459		2,459	22	
23	V	33 <u>Property taxes</u>		<u>Royal Management Corp.</u>	**	7,367		7,367	23	
24	V	34 <u>Rent expense</u>		<u>Royal Management Corp.</u>	**	4,457		4,457	24	
25	V	35 <u>Equipment rental</u>		<u>Royal Management Corp.</u>	**	1,436		1,436	25	
26	V	17 <u>Management fees</u>	1,757,576	<u>Royal Management Corp.</u>	**			(1,757,576)	26	
27	V	35 <u>Auto Lease</u>		<u>Royal Management Corp.</u>	**	1,091		1,091	27	
28	V								28	
29	V								29	
30	V								30	
31	V								31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V	** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Royal Management Corp.								38
39	Total		\$ 1,757,576			\$ 231,405	\$ *	(1,526,171)	39	

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

Facility Name & ID Number

Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	James Samatas Discretionary Trust	33.33	Lexington HC Ctr. of Lombard, Inc.	Lombard	Eastgate Manor	Algonquin	Supportive Living	1
2	John Samatas Discretionary Trust	33.33	Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	of Algonquin, LLC		Facility	2
3	Cynthia Thiem Discretionary Trust	33.34	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Vesta Management	Lombard	Mgmt. Company	3
4			Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Group LLC			4
5			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Sambell of	Chicago Ridge	Real Estate	5
6			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Chicago Ridge		Property	6
7			Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingdale	Ltd. Ptsp.			7
8			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	Royal Management	Lombard	Mgmt. Company	8
9			Lexington HC Ctr. of Orland Park, Inc.	Orland Park	Corporation			9
10					Lexington Financial	Lombard	Finance Company	10
11					Services II, LLC			11
12					Lexington Square	Lombard	Independent and	12
13					Life Care of		Assisted Living	13
14					Lombard, LLC			14
15					Lexington Square	Elmhurst	Independent	15
16					Life Care of		Living Facility	16
17					Elmhurst, LLC			17
18					Heron Point	Lombard	Mgmt. Company	18
19					Management Corp.			19
20					Samvest of	Lombard	Lessor	20
21					Lombard II, LLC			21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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					Sambell of	Bloomingtondale	Real Estate	1
2					Bloomingtondale Ltd. Pts		Property	2
3								3
4					Sambell of	Elmhurst	Real Estate	4
5					Elmhurst II Ltd. Ptsp.		Property	5
6								6
7					Sambell of	LaGrange	Real Estate	7
8					LaGrange Ltd. Ptsp.		Property	8
9								9
10					Lexington Health	Lake Zurich	Real Estate	10
11					Care Systems of		Property	11
12					Lake Zurich Ltd. Ptsp			12
13								13
14					Lexington Health	Lombard	Real Estate	14
15					Care Systems of		Property	15
16					Lombard Ltd. Ptsp.			16
17								17
18					Lexington Health	Orland Park	Real Estate	18
19					Care Systems of		Property	19
20					Orland Park Ltd. Ptsp			20
21								21
22					Sambell of	Schaumburg	Real Estate	22
23					Schaumburg Ltd. Ptsp		Property	23
24								24
25					Sambell of	Streamwood	Real Estate	25
26					Streamwood Ltd. Ptsp		Property	26
27								27
28					Lexington Health	Wheeling	Real Estate	28
29					Care Systems of		Property	29
30					Wheeling Ltd. Ptsp.			30

Facility Name & ID Number Lexington of Chicago Ridge # 0042739 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	James Samatas	Owner/Officer	Administrative	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 9,745	L17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	7,102	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	8,897	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	11,563	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	18,182	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 55,488		13

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

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

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

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	3	Housekeeping supplies	Bed Days	723,430	10	\$ 2,591	\$ 74,095	\$ 265	1
2	5	Utilities - gas & electric	Bed Days	723,430	10	67,650	74,095	6,929	2
3	5	Utilities - water & sewer	Bed Days	723,430	10	3,027	74,095	310	3
4	5	Utilities - maintenance office	Bed Days	723,430	10	6,910	74,095	708	4
5	6	Management allocation - salaries	Bed Days	723,430	10	697,374	697,374	71,426	5
6	6	Repairs & maintenance	Bed Days	723,430	10	61,125	74,095	6,261	6
7	6	Scavenger & exterminating	Bed Days	723,430	10	320	74,095	33	7
8	7	Management allocation - employe	Bed Days	723,430	10	106,001	74,095	10,857	8
9	10	Medical consultant	Bed Days	723,430	10	47,016	74,095	4,815	9
10	10	Management allocation - salaries	Bed Days	723,430	10	417,860	417,860	42,798	10
11	15	Management allocation - employe	Bed Days	723,430	10	63,515	74,095	6,505	11
12	17	Management allocation - salaries	Bed Days	723,430	10	541,757	541,757	55,488	12
13	19	Computer consultant & supplies	Bed Days	723,430	10	155,132	74,095	15,889	13
14	19	Professional fees	Bed Days	723,430	10	128,599	74,095	13,171	14
15	20	Dues & subscriptions	Bed Days	723,430	10	20,945	74,095	2,145	15
16	20	Advertising - help wanted	Bed Days	723,430	10	21,776	74,095	2,230	16
17	21	Management allocation - salaries	Bed Days	723,430	10	5,988,811	5,988,811	613,385	17
18	21	Bank charges	Bed Days	723,430	10	24,252	74,095	2,484	18
19	21	Office supplies & printing	Bed Days	723,430	10	122,570	74,095	12,554	19
20	21	Postage	Bed Days	723,430	10	43,413	74,095	4,446	20
21	21	Telephone	Bed Days	723,430	10	117,921	74,095	12,078	21
22									22
23									23
24									24
25	TOTALS				\$ 8,638,565	\$ 7,645,802		\$ 884,777	25

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

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	23	Inservice Training	Bed Days	723,430	10	\$ 7,807	\$ 74,095	\$ 800	1
2	24	Travel and Seminar	Bed Days	723,430	10	16,032	74,095	1,642	2
3	25	Auto expense	Bed Days	723,430	10	143,653	74,095	14,713	3
4	26	Insurance general	Bed Days	723,430	10	105,333	74,095	10,788	4
5	27	Management allocation - employe	Bed Days	723,430	10	992,646	74,095	101,669	5
6	30	Depreciation	Bed Days	723,430	10	689,938	74,095	70,665	6
7	32	Interest	Bed Days	723,430	10	139,794	74,095	14,318	7
8	32	Amortization of mortgage costs	Bed Days	723,430	10	24,007	74,095	2,459	8
9	33	Property taxes	Bed Days	723,430	10	71,926	74,095	7,367	9
10	34	Rent expense	Bed Days	723,430	10	43,516	74,095	4,457	10
11	35	Equipment rental	Bed Days	723,430	10	14,023	74,095	1,436	11
12	35	Auto Lease	Bed Days	723,430	10	10,648	74,095	1,091	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					\$ 2,259,323	\$	\$ 231,405	25

Facility Name & ID Number

Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	A. Directly Facility Related																			
	Long-Term																			
1	Lexington Financial						\$	\$			\$	1								
2	Services II, L.L.C.	X		Mortgage	Varies	4/30/07	6,908,000	5,853,102	5/1/17	0.0650	385,988	2								
3												3								
4											Finance Charge - Insurance Policy	1,417	4							
5												5								
	Working Capital																			
6	JP Morgan Chase		X	Line of Credit	Varies	6/29/12	5,600,000	725,000	6/29/15	Libor +1	17,858	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 12,508,000	\$ 6,578,102			\$ 405,263	9								
	B. Non-Facility Related*																			
10											Amortization of loan cost	3,747	10							
11											Interest Income offset	(13,204)	11							
12											Allocate from Home Office	14,318	12							
13													13							
14	TOTAL Non-Facility Related						\$	\$			\$ 4,861	14								
15	TOTALS (line 9+line14)						\$ 12,508,000	\$ 6,578,102			\$ 410,124	15								

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2013 report.			\$	<u>630,000</u>	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		\$	<u>633,542</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>3,542</u>	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>715,200</u>	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.)			\$	<u>46,805</u>	5
		Allocated from Management Co.		<u>7,367</u>	
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 \$ <u>84,994</u> For <u>03/11</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	<u>(84,994)</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>687,920</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2009	<u>486,131</u>	8	FOR BHF USE ONLY	
	2010	<u>488,567</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
	2011	<u>571,149</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2012	<u>632,918</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2013	<u>633,542</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
See attached real estate accrual sheet					

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 Lexington of Chicago Ridge COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042739

CONTACT PERSON REGARDING THIS REPORT Karen Gillis

TELEPHONE (630) 458-4700 FAX #: (630) 458-4795

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>24-18-200-030-0000</u>	<u>Land & Building</u>	\$ <u>611,794.76</u>	\$ <u>611,794.76</u>
2. <u>24-07-311-012-0000</u>	<u>Land & Building</u>	\$ <u>21,746.94</u>	\$ <u>21,746.94</u>
3. <u>Royal Management Corp(Samvest of Lombard II)</u>		\$ _____	\$ _____
4. <u>05-01-202-019</u>	<u>Land & Building</u>	\$ <u>282,411.00</u>	\$ <u>7,367.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>915,952.70</u></u>	\$ <u><u>640,908.70</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.**

Facility Name & ID Number Lexington of Chicago Ridge

0042739 Report Period Beginning:

01/01/14 Ending:

12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 85,551 B. General Construction Type: Exterior Concrete Block 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Care</u>	<u>31,000</u>	<u>1989</u>	<u>\$ 505,000</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>22,398</u>	<u>2</u>
3	TOTALS	31,000		\$ 527,398	3

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	203		1991	1991	\$ 5,143,342	\$	35	\$ 146,951	\$ 146,951	\$ 3,465,631	4
5			1995	1995	97,352	2,781	35	2,781		54,236	5
6											6
7											7
8											8
	Improvement Type**										
9		Leasehold Improvements	1993		2,694	77	35	77		1,656	9
10		Leasehold Improvements	1994		6,581	188	35	188		3,855	10
11		Dishwasher hood	1996		2,480		10			2,480	11
12		Lobby repairs	1996		8,698		10			8,698	12
13		Basement rehab	1997		24,477		10			24,477	13
14		Wiring	1998		3,429		10			3,429	14
15		Handrails	1998		895		15			895	15
16		Resurface & restripe parking lot	1998		4,450		10			4,450	16
17		Fire wall	1998		2,169	62	35	62		1,023	17
18		Foyer floor tile	1999		32,379		10			32,379	18
19		Wallpapering / painting / decorating	1999		8,833		10			8,832	19
20		Rebuild garage area	1999		1,762	50	35	50		761	20
21		Roof repairs	2000		6,240		10			6,240	21
22		Electrical wiring	2000		3,986	114	35	114		1,652	22
23		Electrical wiring	2000		2,536	72	35	72		1,048	23
24		Kitchen rehab	2000		6,623	221	35	221		3,203	24
25		Automatic doors	2000		1,300		10			1,300	25
26		Elevator eye sensors	2000		4,500	300	15	300		4,350	26
27		Resurface & restripe parking lot	2001		3,319		10			3,319	27
28		Door releases	2001		5,200		10			5,200	28
29		Carpeting	2001		10,022		10			10,022	29
30		Roof repairs	2002		25,600	1,280	20	1,280		16,687	30
31		Elevator upgrade	2002		9,865		10			9,865	31
32		Painting/decorating/carpet/wallpaper	2003		38,165	1,908	20	1,908		22,897	32
33		Rehab/new office	2003		26,733	1,337	20	1,337		16,042	33
34		Facility rehab - construction costs, painting & decorating	2003		257,174	12,859	20	12,859		147,877	34
35		Facility rehab - electrical	2003		12,840	642	20	642		7,383	35
36		Facility rehab - carpeting	2003		7,800		10			7,800	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 Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	Facility rehab - floor tile	2003	\$ 3,548	\$ 177	20	\$ 177	\$	\$ 2,037	37
38									38
39	Kickplates/Door protectors	2004	4,095	136	10	136		4,095	39
40	Kitchen Fire Protection Upgrade	2004	1,427	48	10	48		1,427	40
41	Parking Lot - Paving and Sealcoating	2005	4,375	219	20	219		2,043	41
42	Kitchen Rehab	2005	19,228	961	20	961		8,810	42
43	Lobby/Lounge Reception Area	2005	36,503	1,825	20	1,825		17,490	43
44	Sidewalk - Raise and Support	2005	1,330	67	20	67		619	44
45	Lower Level Therapy Rehab	2005	52,525	2,626	20	2,626		24,510	45
46	Transitional Unit	2005	1,020	51	20	51		463	46
47	Basement Renovation	2005	3,754	188	20	188		1,723	47
48	Landscaping Enhancement	2006	6,463	431	15	431		3,556	48
49	Lhi-Hvac	2006	4,333	217	20	217		1,754	49
50	Rehab Common Areas	2006	7,661	383	20	383		3,256	50
51	Modular Units attached to wall	2006	10,316	516	20	516		4,300	51
52	Cubical Curtains	2006	1,578	316	5	316		1,578	52
53	Landscaping	2007	5,000	333	15	333		2,470	53
54	Parking lot	2007	35,969		20	1,819	1,819	12,733	54
55	HVAC	2007	4,580	229	20	229		1,756	55
56	Emergency A/C	2007	30,293	1,515	20	1,515		11,110	56
57	Portable A/C	2007	3,768	188	20	188		1,395	57
58	Employee Lunch Room	2007	3,671	184	20	184		1,319	58
59	Painting	2007	16,150	808	20	808		5,925	59
60	1st floor remodel-carpentry, flooring, plumbing, electrical fixtures-	2007	641,616		40	16,225	16,225	113,575	60
61	painting,								61
62	Create first floor therapy	2007	185	9	20	9		72	62
63	Landscaping	2008	19,600	1,307	15	1,307		8,386	63
64	Parking Lot-paving,sealcoating and repairs	2008	44,050	2,203	20	2,203		13,769	64
65	HVAC Sport Coolers	2008	3,790	95	40	95		570	65
66	Plumbing & Sprinkler Shower room	2008	9,668	483	20	483		2,898	66
67	Common areas-doors and locks	2008	3,162	158	20	158		1,080	67
68	Basement Renovation	2008	7,569	189	40	189		1,292	68
69	2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	578,270		27	21,028	21,028	127,920	69
70	TOTAL (lines 4 thru 69)		\$ 7,326,941	\$ 37,753		\$ 223,776	\$ 186,023	\$ 4,261,618	70

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

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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		\$ 7,326,941	\$ 37,753		\$ 223,776	\$ 186,023	\$ 4,261,618	1
2	Land improvements	2009	15,180	1,012	15	1,012		5,313	2
3	Landscaping	2009	3,693	246	15	246		1,333	3
4	Chiller	2009	178,462	8,923	20	8,923		49,820	4
5	Quick connectors/spot cooler	2009	10,244	512	20	512		2,893	5
6	Plumbing & Sprinkler	2009	6,172	154	40	154		809	6
7	Chiller Fence	2009	5,350	268	20	268		1,340	7
8	Land improvements-patio pergola	2009	7,930	397	20	397		2,117	8
9	Land improvements patio fence	2009	14,308	715	20	715		3,635	9
10	3rd floor remodel-Carpentry, flooring, electrical, painting, sprinkler system	2009	670,689		27	24,389	24,389	123,977	10
11									11
12	Landscaping Enhancements	2010	4,560	304	15	304		1,267	12
13	Office carpentry, flooring, electrical, painting, plumbing, signs	2010	82,988	10,435	27	10,435		41,740	13
14	Tree removal	2010	12,094	806	15	806		3,493	14
15	Seal Crack Filing and Striping	2010	3,000	200	15	200		867	15
16	Parking lot signage, posts and lamps	2010	30,501	1,113	27	1,113		5,028	16
17	HVAC Quick connects	2010	4,043	147	27	147		601	17
18	Pantries-Tile, shelves	2010	2,855	104	27	104		442	18
19	Director of Nursing office painting	2010	8,090	295	27	295		1,180	19
20	1st floor rehab-cabinets, library lounge-art, flooring	2010	4,725	172	27	172		729	20
21	2nd floor rehab-painting, flooring	2010	61,521	2,244	27	2,244		8,976	21
22									22
23	Payroll Office Remodel - Electrical	2011	5,439	198	27	198		726	23
24	Payroll Office Remodel - Doors & Millwork	2011	10,336	376	27	376		1,285	24
25	Holding Tank	2011	16,400	596	27	596		2,036	25
26	Bulk Pipe - Removal of vent lines	2011	4,380	159	27	159		504	26
27	Remodel Laundry Room - Electrical, Painting & Flooring	2011	7,222	263	27	263		855	27
28	2nd Floor Doors	2011	23,290	847	27	847		2,823	28
29	2nd Floor Remodeling - Carpentry (Drywall, finish/trim)	2011	17,949		27	653	653	2,612	29
30	Exterior Painting	2011	3,000		27	109	109	363	30
31	Fire Dampers	2011	20,441		27	743	743	2,291	31
32	Boiler	2011	9,800		27	356	356	1,306	32
33	Parking Lot - seal and stripe	2011	4,300			156	156	507	33
34	TOTAL (lines 1 thru 33)		\$ 8,575,903	\$ 68,239		\$ 280,668	\$ 212,429	\$ 4,532,486	34

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

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,575,903	\$ 68,239		\$ 280,668	\$ 212,429	\$ 4,532,486	1
2	Building Wiring-EMR	2012	13,566		27	493	493	1,151	2
3									3
4	Exterior Lighting	2013	7,418		27	270	270	360	4
5									5
6	Doors and Kickplates - Interior Doors throughout facility	2014	12,771		27	155	155	155	6
7	R/M Reclass: Condenser Motor/Fan HVAC Mechanical Room	2014	2,648		20	66	66	66	7
8	R/M Reclass: Elevator Door Restrictor	2014	5,250		10	263	263	263	8
9									9
10									10
11									11
12									12
13	Reconcile to book depreciation			(5)			5		13
14									14
15									15
16									16
17	Land improvements - management company	2002	309,939		40	8,470	8,470	119,083	17
18	HVAC, electrical, security system - management company	2003	2,722		30	612	612	1,996	18
19	Key card system - management company	2004	428		20	20	20	223	19
20	VAV TX controls - management company	2005	130		20	6	6	64	20
21	Interior Signs- management company	2006	95		5	6	6	52	21
22	Building - management company	2008	14,968		5	459	459	5,624	22
23	Building - management company	2009	2,781		15	48	48	825	23
24	Building - management company	2010	2,712		15	104	104	814	24
25	Building - management company	2011	1,929		15	83	83	313	25
26	Building - management company	2012	6,593		15	12	12	640	26
27	Building - management company	2013	5,035		15	337	337	464	27
28	Building - management company	2014	2,725		15	128	128	139	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,967,613	\$ 68,234		\$ 292,198	\$ 223,964	\$ 4,664,723	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	\$ 1,296,332	\$ 120,874	\$ 159,493	\$ 38,619	5	\$ 1,066,081	71
72	Current Year Purchases	21,260	814	814		5	814	72
73	Fully Depreciated Assets	172,747				5	172,747	73
74	Allocated from Mgmt. Co.	528,597		56,562	56,562	5-7	340,238	74
75	TOTALS	\$ 2,018,936	\$ 121,688	\$ 216,869	\$ 95,181		\$ 1,579,880	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Allocated from Mgmt. Co.			56,071		3,820	3,820	5	49,053	79
80	TOTALS			\$ 56,071	\$	\$ 3,820	\$ 3,820		\$ 49,053	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)	\$ 11,570,018	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 189,922	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 512,887	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 322,965	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,293,656	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	N/A	\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning: 01/01/14

Ending: 12/31/14

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	<u>Allocated from Management Company</u>				<u>4,457</u>			6
7	TOTAL				\$ <u>4,457</u>			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 _____.

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: \$ 93,877 Description: Copier-\$9,299;Postage-\$180;Printer-\$6,465;Med Eq-\$40,885;Oxygen-\$35,612;Alloc. Mgmt Co.-\$1,436

(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	<u>Allocated from Management Company</u>			<u>1,091</u>	20
21	TOTAL		\$	\$ <u>1,091</u>	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 Lexington of Chicago Ridge # 0042739 Report Period Beginning: 01/01/14 Ending: 12/31/14
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	16,163	\$ 457,205	\$	16,163	\$ 457,205	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,326	164,708		4,326	164,708	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		15,503	1,165,075		15,503	1,165,075	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	39(2)	# of prescrpts				623,395		623,395	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Ambulance</u>	39(3)				(1,332)			(1,332)	12	
13	Other (specify): <u>See Sch 16A</u>	39(2)					14,713		14,713	13	
14	TOTAL			\$	35,992	\$ 1,785,656	\$ 638,108	35,992	\$ 2,423,764	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.

Lexington Health Care Center of Chicago Ridge, Inc.
 Provider # 0036996
 12/31/2014
 Schedule 16A

Service	Schedule V Line & Column Reference	Staff Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)
				Units	Cost			
1	Licensed Occupational Therapist	hrs	\$	\$				
2	Licensed Speech and Language Development Therapist	hrs						
3	Licensed Recreational Therapist	hrs						
4	Licensed Physical Therapist	hrs						
5	Physician Care	visits						
6	Dental Care	visits						
7	Work Related Program	hrs						
8	Habilitation	hrs						
		# of						
9	Pharmacy	prescripts						
	Psychological Services							
10	(Evaluation and Diagnosis/ Behavior Modification)	hrs						
11	Academic Education	hrs						
12	Other (specify):							
13	Other (specify): DME					40		497
	Other (specify): Oxygen					14,673		
14	TOTAL		\$	\$	\$	14,713		\$ 497

1
2
3
4
5
6
7
8
9
10
11
12
13
14

Facility Name & ID Number Lexington of Chicago Ridge# 0042739Report Period Beginning: 01/01/14

Ending:

12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14

(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	\$ 503,218	\$ 524,524	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>349,054</u>)	4,206,974	4,206,974	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	86,003	86,003	6
7	Other Prepaid Expenses	10,849	93,998	7
8	Accounts Receivable (owners or related parties)	38,092	38,092	8
9	Other(specify): <u>Interest Receivable</u>	22,276	22,276	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,867,412	\$ 4,971,867	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		527,398	13
14	Buildings, at Historical Cost		5,143,342	14
15	Leasehold Improvements, at Historical Cost	1,456,473	3,824,271	15
16	Equipment, at Historical Cost	743,817	2,075,007	16
17	Accumulated Depreciation (book methods)	(1,227,373)	(6,293,656)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify)			22
23	Other(specify): <u>Mortgage cost net</u>		22,640	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 972,917	\$ 5,299,002	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,840,329	\$ 10,270,869	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 865,442	\$ 865,442	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	725,000	725,000	29
30	Accrued Salaries Payable	487,296	487,296	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,749	29,749	31
32	Accrued Real Estate Taxes(Sch.IX-B)		715,200	32
33	Accrued Interest Payable		33,535	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	6,102,447	3,537,627	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,209,934	\$ 6,393,849	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,853,102	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)	\$	\$ 5,853,102	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,209,934	\$ 12,246,951	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,369,605)	\$ (1,976,082)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,840,329	\$ 10,270,869	48

*(See instructions.)

Lexington Health Care Center of Chicago Ridge, Inc.
 Provider # 0036996
 12/31/2014

Schedule 17A
 XV. Balance Sheet

C. Current Liabilities

36. Other Current Liabilities

<u>Account</u>	<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
00-13090-00	DUE FROM REMODELING	75,696	-
00-13250-00	DUE TO / FROM REHAB CARE THERAPY	1,762	1,762
00-13330-00	DUE TO/FROM REPUBLIC CONSTRUCTION	(3,241)	(3,241)
00-21100-00	401K WITHHOLDING	13	13
00-22030-00	ACCRUED EXPENSES	125,634	125,634
00-22040-00	ACCRUED RESIDENT TAX	51,207	51,207
00-22060-00	ACCRUED ROYL / VESTA MGMT FEES	1,452,248	1,452,248
00-22120-00	ACCRUED RENT	3,088,543	
00-22140-00	ACCRUED INSURANCE	39,260	39,260
00-22270-00	DUE TO PATIENT TRUST FUND	263	263
00-22330-00	ADVANCE - BIWEEKLY PART A PAYM	(162,861)	(162,861)
00-22360-00	UNCOLLECTIBLE PART A CO PVTS	(24,997)	(24,997)
00-23530-00	DUE TO - ROYAL OPERATIONS	29,930	29,930
00-23830-00	DUE TO EMPLOYEES - SETTLEMENT	425,000	425,000
00-23870-00	DUE TO/FROM LEXINGTON FINANCIAL SERVICES	43	43
00-24345-00	SAMBEL INTEREST RATE SWAP LIABILITY	-	599,419
00-24400-00	PROFESSIONAL LIABILITIES CLAIMS	1,003,947	1,003,947
		<u>6,102,447</u>	<u>3,537,627</u>
		-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (624,778)	1
2	Restatements (describe):		2
3	Post closing adjustment	(303,209)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (927,987)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,441,618)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,441,618)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,369,605)	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	\$ 21,924,374	1
2	Discounts and Allowances for all Levels	(12,456,001)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,468,373	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,121,338	6
7	Oxygen	53,488	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,174,826	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	3,359	12
13	Barber and Beauty Care	23,874	13
14	Non-Patient Meals	41	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	937,708	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	522,532	19
20	Radiology and X-Ray	62,264	20
21	Other Medical Services	466,846	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,016,624	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,204	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,204	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	828	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 828	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,673,855	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,992,385	31
32	Health Care	6,596,838	32
33	General Administration	5,025,034	33
B. Capital Expense			
34	Ownership	2,302,190	34
C. Ancillary Expense			
35	Special Cost Centers	2,775,070	35
36	Provider Participation Fee	423,956	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,115,473	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,441,618)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,441,618)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,703,093	44
45	Private Pay - Net Inpatient Revenue	1,031,464	45
46	Medicare - Net Inpatient Revenue	1,605,525	46
47	Other-(specify) <u>Managed Care</u>	128,291	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,468,373	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.

^ - Entity is a cash basis tax payer.

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	1,743	2,331	\$ 142,635	\$ 61.19	1
2	Assistant Director of Nursing	36,749	44,852	1,277,849	28.49	2
3	Registered Nurses	29,358	34,960	1,088,528	31.14	3
4	Licensed Practical Nurses	35,922	43,136	1,115,538	25.86	4
5	CNAs & Orderlies	117,370	139,642	1,620,579	11.61	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,924	13,735	155,920	11.35	10
11	Social Service Workers	7,444	8,820	157,158	17.82	11
12	Dietician	3,756	4,334	93,274	21.52	12
13	Food Service Supervisor	1,792	2,136	48,527	22.72	13
14	Head Cook	1,726	2,136	38,182	17.88	14
15	Cook Helpers/Assistants	22,094	26,277	275,571	10.49	15
16	Dishwashers	5,322	6,068	55,110	9.08	16
17	Maintenance Workers	1,791	2,166	35,952	16.60	17
18	Housekeepers	33,829	41,009	422,566	10.30	18
19	Laundry	4,322	5,422	58,318	10.76	19
20	Administrator	1,398	2,014	134,192	66.63	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,432	11,739	212,172	18.07	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	1,644	2,166	36,489	16.85	31
32	Other Health C: <u>Memory Care</u>	3,063	3,769	81,933	21.74	32
33	Other(specify) <u>See Sch 20A</u>	5,175	5,799	163,224	28.15	33
34	TOTAL (lines 1 - 33)	333,854	402,511	\$ 7,213,717 *	\$ 17.92	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant			35
36	Medical Director	Monthly 127,125	9(3)	36
37	Medical Records Consultant	Monthly 908	10(3)	37
38	Nurse Consultant	Monthly 45,962	10(3)	38
39	Pharmacist Consultant	Monthly 11,963	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	Monthly 4,651	11(3)	44
45	Social Service Consultant	Monthly 3,817	12(3)	45
46	Other(specify)			46
47	<u>Medical Consultant</u>	Monthly 4,815	10(7)	47
48	<u>Pulmonary Exchange</u>	Monthly 102,479	10(3)	48
49	TOTAL (lines 35 - 48)	\$ 301,720		49

C. CONTRACT NURSES

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

Facility Name: Lexington of Chicago Ridge
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/14

Schedule 20A

XVIII. Staffing and Salary Costs

Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Barber Beauty	751	884	9,718	\$ 11.00
Marketing	4,424	4,916	153,506	\$ 31.23
Total - Line 33 Other (specify):	5,175	5,799	163,224	\$ 28.15

Lexington Health Care Center of Chicago Ridge
 12/31/2014
 Section XIX.

C. Professional Fees

Schedule 21C

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Hinshaw & Culberts	Legal	25,804
Keller	Consulting	(16,966)
North Heron Insurance	Insurance Settlement	92,215
Duane Morris	Legal	556
First Class, Inc.	Legal	1,627
Information Control	Computer Consulting	10,832
Ability Network	Computer Consulting	1,918
Avalere Health	Computer Consulting	2,000
Citrix	Computer Consulting	348
Corepoint	Computer Consulting	945
E-Health Data Solutions	Computer Consulting	3,450
National Research	Computer Consulting	513
On Shift	Computer Consulting	7,912
Relias	Computer Consulting	8,041
Salesforce.com	Computer Consulting	5,004
Soft choice Corporation	Computer Consulting	3,155
Symbria	Computer Consulting	1,200
Trisis	Computer Consulting	1,716
Availity	Computer Consulting	139
Centino	Computer Consulting	750
Information Control	Computer Consulting	379
Lintech L LC	Computer Consulting	29
National Datacare	Computer Consulting	2,495
RMC	Computer Consulting	44
Tympani	Computer Consulting	371
HP Commercial	Computer Consulting	21
Touch Point /Satisfaction Survey	Computer Consulting	235
WoundrRounds Care Management	Computer Consulting	1,800
MS LICENSING	Computer Consulting	12,650
Softchoice	Computer Consulting	182
HEALTH MEDX	Computer Consulting	15,117

Schedule V, line 19 column 3

499,352

To disallow collection fees	(18,850)
Salesforce.com	(5,004)
Out of period legal	(200)
Non Allowable Consulting (Out of Period)	16,966
Reclassified Insurance	<u>(92,215)</u>
	(99,303)

Legal allocated from Real Estate	200
Secretary of State	

Samvest of Lombard

Accounting	103
Filing Fees	<u>16</u>
	119

Allocated from Mgmt Co.

Much Shelist	Legal	164
Serpico, Petrosino, Dipiero & O'Shea, LTD	Legal	53
Duane Morris	Legal	283
McGladrey LLP	Accounting	1,479
Frost, Ruttenberg & Rothblatt, P.C	Accounting	102
Gilson Labus & Silverman	Accounting	1,089
Illinois Secretary of State	Filing Fees	40
LaSalle Network	Recruiting/Finance	5,452
Pension Administrators, Inc.	401K Administration	339
Gene Whitehorn	Medicaid Reimb Specialist	1,469
M. Werner Consulting	Financial Consultant	1,926
McNamara & Associates	SNF Consultants	282
Healthcents	Managed Care Consultants	374
Computer Services	Computer Consulting	<u>15,889</u>
		<u>28,941</u>

Schedule V, line 19, column 8

429,309

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 Lexington of Chicago Ridge# 0042739

Report Period Beginning:

01/01/14

Ending:

12/31/14**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 - \$412
- (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? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 67,764 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. \$ 423,956
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. \$ 19,735 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 41
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 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.