



Facility Name & ID Number Symphony of Crestwood

# 0051805 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	303	Skilled (SNF)	303	110,595	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	303	TOTALS	303	110,595	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	3 Private Pay	4 Other	4 Total	
8	SNF			16,149	16,149	8
9	SNF/PED					9
10	ICF	54,266	5,823	4,174	64,263	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,266	5,823	20,323	80,412	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.71%

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

N/A (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 01/01/2012

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

YES  Date 12/31/2011 NO

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

YES  NO  If YES, enter number of beds certified 297 and days of care provided 9,791

Medicare Intermediary

Wisconsin Physician 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.

**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
	<b>A. General Services</b>										
1	Dietary	580,417	58,076	28,807	667,300		667,300		667,300		1
2	Food Purchase		472,755		472,755		472,755		472,755		2
3	Housekeeping	349,937	101,880		451,817		451,817		451,817		3
4	Laundry	131,095	47,783	9,122	188,000		188,000		188,000		4
5	Heat and Other Utilities			272,723	272,723		272,723	987	273,710		5
6	Maintenance	81,213	4,380	342,934	428,527		428,527	9,085	437,612		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,142,662	684,874	653,586	2,481,122		2,481,122	10,072	2,491,194		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			75,840	75,840		75,840		75,840		9
10	Nursing and Medical Records	5,177,321	392,376	25,716	5,595,413		5,595,413	74,509	5,669,922		10
10a	Therapy	111,012			111,012		111,012		111,012		10a
11	Activities	195,340		15,844	211,184		211,184		211,184		11
12	Social Services	207,741		549	208,290		208,290		208,290		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Mgmt alloc of benef</b>							14,886	14,886		15
16	<b>TOTAL Health Care and Programs</b>	5,691,414	392,376	117,949	6,201,739		6,201,739	89,395	6,291,134		16
	<b>C. General Administration</b>										
17	Administrative	323,852		878,740	1,202,592		1,202,592	(878,740)	323,852		17
18	Directors Fees										18
19	Professional Services			413,214	413,214		413,214	19,684	432,898		19
20	Dues, Fees, Subscriptions & Promotions			51,040	51,040		51,040	(5,324)	45,716		20
21	Clerical & General Office Expenses	310,844	52,663	115,504	479,011		479,011	305,529	784,540		21
22	Employee Benefits & Payroll Taxes			1,479,438	1,479,438		1,479,438		1,479,438		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,022	8,022		8,022	22,038	30,060		24
25	Other Admin. Staff Transportation			17,077	17,077		17,077	(4,195)	12,882		25
26	Insurance-Prop.Liab.Malpractice			714,022	714,022		714,022	12,310	726,332		26
27	Other (specify):* <b>Mgmt alloc of benef</b>							43,371	43,371		27
28	<b>TOTAL General Administration</b>	634,696	52,663	3,677,057	4,364,416		4,364,416	(485,327)	3,879,089		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,468,772	1,129,913	4,448,592	13,047,277		13,047,277	(385,860)	12,661,417		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 &amp; ID Number

Symphony of Crestwood

#0051805

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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	
	<b>D. Ownership</b>											
30	Depreciation			273,246	273,246		273,246	6,243	279,489			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			459,338	459,338		459,338	(10,532)	448,806			32
33	Real Estate Taxes			762,795	762,795		762,795		762,795			33
34	Rent-Facility & Grounds			2,776,926	2,776,926		2,776,926	(196,759)	2,580,167			34
35	Rent-Equipment & Vehicles			446,273	446,273		446,273	5,503	451,776			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			4,718,578	4,718,578		4,718,578	(195,545)	4,523,033			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			40,126	40,126		40,126		40,126			38
39	Ancillary Service Centers		563,452	2,537,054	3,100,506		3,100,506		3,100,506			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			594,562	594,562		594,562		594,562			42
43	Other (specify):* <b>Non-Allowable Co</b>	149,544		541,650	691,194		691,194	(691,194)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	149,544	563,452	3,713,392	4,426,388		4,426,388	(691,194)	3,735,194			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,618,316	1,693,365	12,880,562	22,192,243		22,192,243	(1,272,599)	20,919,644			45

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

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# 0051805

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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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	(9,773)	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				9
10	Interest and Other Investment Income	(10,532)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,822)	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	(41,904)	43		18
19	Entertainment				19
20	Contributions	(6,299)	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	(293,583)	43		24
25	Fund Raising, Advertising and Promotional	(8,514)	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	(358,144)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (734,571)		\$	30

<b>BHF USE ONLY</b>					
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	
		<b>Amount</b>	<b>Reference</b>	
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)	(538,028)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (538,028)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (1,272,599)		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
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

Symphony of Crestwood

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Nonallowable marketing events	\$ (56,782)	43	1
2	Laboratory Costs	(34,710)	43	2
3	X-Ray Costs	(67,844)	43	3
4	Theft and Damages Loss	(212)	43	4
5	Marketing Salaries	(149,544)	43	5
6	Lobbying Expense	(10,199)	20	6
7	Non-Allowable Legal Fees	(18,451)	19	7
8	Vallet Parking	(16,207)	43	8
9	Non-Allowable Other Staff & Admin Transport	(4,195)	25	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(358,144)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V			N/A				3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		\$			\$	\$ * 0	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	\$	Symphony Financial Services, LLC	100.00%	\$ 987	\$ 987
16	V	6 Maintenance		Symphony Financial Services, LLC	100.00%	9,085	9,085
17	V	10 Nursing & Medical Records		Symphony Financial Services, LLC	100.00%	74,509	74,509
18	V	15 Other		Symphony Financial Services, LLC	100.00%	14,886	14,886
19	V	17 Administrative	878,740	Symphony Financial Services, LLC	100.00%		(878,740)
20	V	19 Professional Services		Symphony Financial Services, LLC	100.00%	38,135	38,135
21	V	20 Dues, Fees, Subscripts & Promos		Symphony Financial Services, LLC	100.00%	4,875	4,875
22	V	21 Clerical & General Office Exp		Symphony Financial Services, LLC	100.00%	305,529	305,529
23	V	24 Travel & Seminar		Symphony Financial Services, LLC	100.00%	22,038	22,038
24	V	26 Insurance-Prop, Liab & Malpractice		Symphony Financial Services, LLC	100.00%	12,310	12,310
25	V	27 Other		Symphony Financial Services, LLC	100.00%	43,371	43,371
26	V	30 Depreciation		Symphony Financial Services, LLC	100.00%	6,243	6,243
27	V	34 Rent-Facility & Grounds		Symphony Financial Services, LLC	100.00%	(196,759)	(196,759)
28	V	35 Rent-Equipment & Vehicles		Symphony Financial Services, LLC	100.00%	5,503	5,503
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 878,740			\$ 340,712	\$ * (538,028)

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

Facility Name &amp; ID Number

Symphony of Crestwood

# 0051805

Report Period Beginning:

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Ending:

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## 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	Debra Hartman	24.50	Symphony Aspen Ridge, LLC D/B/A Symphony Decatur		Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Hartman Family Fdn	4.50	Symphony Countryside, LLC D/B/A Countrysid Aurora		Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	4.50	Symphony Deerbrook, LLC D/B/A Symphony of Joliet		Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	4.50	Symphony Maple Crest, LLC D/B/A Maple Crest Belvidere		Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	4.50	Symphony Maple Ridge, LLC D/B/A Symphony Lincoln					5
6	Rena Dickman	4.50	Symphony McKinley, LLC D/B/A McKinley Co Decatur					6
7	Robert Hartman	4.00	Symphony Northwoods, LLC D/B/A Northwood Decatur					7
8	Jack Hartman	3.00						8
9	Joseph Hartman	3.00						9
10	David J. Hartman	20.00						10
11	Jay Flatt	3.00	Bronzeville Park	Chicago	NuCare Services	Lincolnwood	Bookeeping Mgmt	11
12	Gerry Jenich	10.00	California Gardens Corp.	Chicago	7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13	IBEX Mgmt Svces, LLC	10.00	Claremont Rehab. & Living	Buffalo Grove	Diamond Insurance	Northbrook	Work Comp Ins.	13
14			Claremont - Hanover Park	Hanover Park	Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			Claridge Imperial, LTD.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Jackson Corp	Chicago	JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			Monroe Pavillion	Chicago	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Renaissance at 87th Street	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			Renaissance at Midway	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			Renaissance at South Shore	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	20
21			Renaissance at Park South	Chicago	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			Aria Post Acute Care	Hillside				22
23			Seven Oaks	Glendale, Wiscosin				23
24			Renaissance East	Mesa, Arizona	* No expense paid by h			24
25			Renaissance West	Mesa, Arizona	entity, therefore no pa			25
26			Renaissance Village IL	Mesa, Arizona	** No expense of this r			26
27			Renaissance Village AL	Mesa, Arizona	allocated to homes			27
28								28
29								29
30								30

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## 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	<b>No owners receive compensation from this facility.</b>								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								<b>TOTAL</b>	\$	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 Symphony of Crestwood

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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 Symphony Financial Services, LLC  
 Street Address 7257 N. Lincoln Ave.  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number (847) 933-2600  
 Fax Number ( )

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Occupied Bed Days	418,769	\$ 5,138	\$	80,412	\$ 987	1
2	6	Maintenance	Occupied Bed Days	418,769	47,313		80,412	9,085	2
3	10	Nursing & Med Records - Sal	Occupied Bed Days	418,769	388,030	388,030	80,412	74,509	3
4	15	Other-Mgmt Alloc of Benefits	Occupied Bed Days	418,769	77,521		80,412	14,886	4
5	19	Professional Services-Legal	Occupied Bed Days	418,769	14,326		80,412	2,751	5
6	19	Professional Services-Other	Occupied Bed Days	418,769	184,271		80,412	35,384	6
7	20	Dues, Fees, Subscripts & Promoti	Occupied Bed Days	418,769	25,386		80,412	4,875	7
8	21	Clerical & Gen ofc exp -Salary	Occupied Bed Days	418,769	1,490,276	1,490,276	80,412	286,163	8
9	21	Clerical & Gen ofc exp -Salary	Occupied Bed Days	418,769	100,854		80,412	19,366	9
10	24	Travel & Seminar	Occupied Bed Days	418,769	114,768		80,412	22,038	10
11	26	Ins-Prop, Liab & Malpractice	Occupied Bed Days	418,769	64,109		80,412	12,310	11
12	27	Other-Mgmt Alloc of Benefits	Occupied Bed Days	418,769	225,869		80,412	43,371	12
13	30	Depreciation	Occupied Bed Days	418,769	32,512		80,412	6,243	13
14	34	Rent - Facility & Grounds	Occupied Bed Days	418,769	(1,024,677)		80,412	(196,759)	14
15	35	Rent - Equipment	Occupied Bed Days	418,769	17,271		80,412	3,316	15
16	35	Rent - Vehicles	Occupied Bed Days	418,769	11,389		80,412	2,187	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,774,356	\$ 1,878,306		\$ 340,712	25



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

B. Real Estate Taxes

<p><b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b></p>			
1. Real Estate Tax accrual used on 2013 report.		\$	<u>735,100</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>730,695</u> 2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(4,405)</u> 3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>767,200</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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>762,795</u> 7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2009	<u>532,779</u>	8
	2010	<u>542,455</u>	9
	2011	<u>653,708</u>	10
	2012	<u>700,096</u>	11
	2013	<u>730,695</u>	12
<u>2013 Tax Accrual = \$730,695 * 1.05 = \$767,229.75, Use \$767,200</u>			
<b>FOR BHF USE ONLY</b>			
	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

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.**



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

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

C. **Tax Bills**

Attach a copy of the original 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 Symphony of Crestwood

# 0051805 Report Period Beginning:

01/01/2014 Ending:

12/31/2014

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 91,960 B. General Construction Type: Exterior Stone Frame Steel Number of Stories 4

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>N/A</u>			\$	1
2					2
3	<b>TOTALS</b>			\$	3

Facility Name & ID Number Symphony of Crestwood# 0051805

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Architectural Fees	2012		30,284	1,514	20	1,514		3,212	9
10		Elevator - Electrical	2012		19,950	998	20	998		1,814	10
11		Exterior Aluminum	2012		52,666	2,633	20	2,633		4,788	11
12		Exterior Painting - Back Entrance	2012		53,000	2,650	20	2,650		5,461	12
13		Interior Painting - First Floor	2012		16,140	807	20	807		1,614	13
14		Interior Painting - Second Floor	2012		32,000	1,600	20	1,600		2,909	14
15		Front Entrance - West & S	2012		19,000	950	20	950		1,670	15
16		Cooling Tower - Replace	2012		31,138	1,556	20	1,556		3,113	16
17		Floor Coverings	2012		213,242	10,662	20	10,662		18,739	17
18		Elevator - Fix Car Sills	2012		242,100	12,105	20	12,105		21,275	18
19		Sprinkler System - Entire	2012		326,853	16,343	20	16,343		28,724	19
20		Standby Generator for Service Elevator	2012		55,000	11,000	5	11,000		22,917	20
21											21
22		Cast Iron sewer located on 1st floor	2013		2,500	125	20	125		212	22
23		Installing receptacles on hallway for wall mounting	2013		2,520	126	20	126		218	23
24		Demo/Carpentry drywall - Second Floor	2013		16,050	802	20	802		1,337	24
25		Contractor fees for facility renovation-Second Floor	2013		11,018	551	20	551		918	25
26		Wall Coverings and Painting-Second Floor	2013		18,932	946	20	946		1,577	26
27		Contractor fees for facility renovation-Elevator/Cooling Tower	2013		183,922	9,196	20	9,196		15,327	27
28		Wall coverings-Throughout Facility	2013		91,289	4,565	20	4,565		7,599	28
29		Demo/Carpentry Drywall-Throughout Facility	2013		46,300	2,315	20	2,315		3,858	29
30		Interior Electrical Alarms	2013		75,869	3,794	20	3,794		6,323	30
31		Electrical modifications standby generator	2013		38,193	1,909	20	1,909		3,182	31
32		Interior painting, wall coverings, demo and cap 2 sinks	2013		13,189	660	20	660		1,060	32
33		-Second Floor									33
34		Interior Painting - Second Floor	2013		5,500	550	10	550		1,008	34
35		Interior soffit enclosures, fittings, painting service-2nd Fl	2013		7,960	398	20	398		639	35
36		Floor Coverings-Third Floor Dialysis	2013		41,686	2,085	20	2,085		3,222	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 Symphony of Crestwood# 0051805

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	Custom Built Cabinetry-Nurse Station, Comp Wk Station	2013	14,140	707	20	707		1,135	37
38	Hallway and bathroom doors	2013	\$ 2,640	\$ 132	20	\$ 132	\$	\$ 212	38
39	Demo/Carpentry Drywall and plumbing-Fourth Fl Showers	2013	35,902	1,795	20	1,795		2,774	39
40	Replaced floor drain-Fourth Floor Showers	2013	2,900	145	20	145		215	40
41	Demo/Carpentry Drywall-Fourth Floor	2013	7,925	396	20	396		564	41
42	Contractor fees for facility renovation-Throughout Facility	2013	8,731	436	20	436		621	42
43	Interior Electrical Alarms	2013	51,532	2,577	20	2,577		3,670	43
44	Interior painting - 4th floor	2013	31,250	3,125	10	3,125		4,948	44
45	2nd floor north spa room floor coverings	2013	14,300	715	20	715		1,018	45
46	Sun Shade Installation	2013	9,620	481	20	481		685	46
47	Carpentry drywall, asphalt patching for trench and generator	2013	38,625	1,931	20	1,931		2,516	47
48	-Second Floor & Corridors								48
49	Painting - First floor	2013	12,800	1,280	10	1,280		1,813	49
50	Custom Built Cabinetry-First Floor Dialysis	2013	20,940	1,047	20	1,047		1,237	50
51	Demo Carpentry/Drywall Material and Labor-1st Fl Dialysis	2013	21,379	1,069	20	1,069		1,263	51
52	Installation of Louvers-Third Floor Dialysis	2013	151,750	7,587	20	7,587		8,967	52
53	Contractor fees for facility renovation-Throughout Facility	2013	28,436	1,422	20	1,422		1,681	53
54	Fire pump installation-raceways & conductors for tampers	2013	37,113	1,856	20	1,856		2,193	54
55	Exterior painting	2013	2,500	250	10	250		313	55
56	Conference Room wallpaper	2013	8,277	414	20	414		489	56
57	Roofing labor and materials	2013	7,100	355	20	355		420	57
58	Staining courtyard (3,450 sq ft)	2013	10,350	1,035	10	1,035		1,303	58
59									59
60	Plumbing Improvements	2014	6,450	269	20	269		269	60
61	-Cut 1-1/2" Galvanized & Gate Valve Replaced								61
62	-Port Ball Valve to Allow Water to 2,3, & 4th Floor								62
63	-Removed & Replaced Wall Hung Toilet, Sloan Flush Valve								63
64	Automatic Door	2014	5,995	250	20	250		250	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,176,956	\$ 120,114		\$ 120,114	\$	\$ 201,272	70

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

Facility Name &amp; ID Number Symphony of Crestwood

# 0051805

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 12A, Carried Forward		\$ 2,176,956	\$ 120,114		\$ 120,114	\$	\$ 201,272	1
2	Facility Remodeling	2014	446,362	13,599	20	13,599		13,599	2
3	-Demo/Carpentry/Drywall-Throughout Facility								3
4	-Permits-Throughout Facility								4
5	-General Contracting-Throughout Facility								5
6	-Rough in Temporary Dialysis Room								6
7	-2' Feeders to 3rd Flr to 1st Flr, & 2nd Floor Shower Room								7
8	-Demo Elec in Vestibule Entry								8
9	-F&I Piping and Trim into New Ceiling, Shower Remodel								9
10	-New Lobby Admissions Office								10
11	-Administrative Office, F7I Mill Work Wall Base								11
12	-F&I Vinyl Plank Floor & Wall Base - Breakroom								12
13	-Custom Counter Tops - Dialysis Office								13
14	-Add Reliable Dry Sidewall Sprinkler Head in Vestibule								14
15	- Dialysis Room on the 1st Floor								15
16	-Fire Prot, Floor Coverings, Interior Painting-1st & 3rd Fl								16
17	-Architectual Svc, Roof Repairs, Interior Elec-1st & 3rd Fl								17
18	-Alarms-First & Third Floor								18
19	-Gazebo								19
20	-Interior Electrical/Alarms-First Floor Dialysis								20
21	-Plumbing-First Floor								21
22	- Supervision-Throughout Facility								22
23	- Architect Fees-Throughout Facility								23
24	- Plumbing-Throughout Facility								24
25	- Demo, Carpentry, Drywall-Shower Room								25
26	- Pipe Existing Emergency Panel to New Panel-Shower Rm								26
27	- Plumbing-Shower Room								27
28	- Floor Covering-Shower Room								28
29	- Open Walls & Ceiling for Exhaust-1st Floor								29
30	- Exhaust fan for 11 Risers, Ductwork to Exterior-1st Fl								30
31	- Exhaust Discharge, Coring of Outside Walls-1st Floor								31
32	- Pour Concrete, Demo-1st Floor								32
33	- Third floor dialysis architecture fees								33
34	TOTAL (lines 1 thru 33)		\$ 2,623,318	\$ 133,713		\$ 133,713	\$	\$ 214,871	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	\$ 852,520	\$ 131,529	\$ 131,529	\$	5-7	\$ 258,997	71
72	Current Year Purchases	75,657	8,004	8,004		5-7	8,004	72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt. Co.	34,153		6,243	6,243	5-7	9,372	74
75	TOTALS	\$ 962,329	\$ 139,533	\$ 145,776	\$ 6,243		\$ 276,373	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	N/A			\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 3,585,647	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 273,246	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 279,489	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 6,243	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 491,244	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

Symphony of Crestwood

# 0051805

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: Diana Master Landlord, LLC

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:	1974	303	12/31/2011	\$ 2,770,473	10	10	3
4	Additions							4
5								5
6	Allocated from Mgmt. Co.				(196,759)			6
7	TOTAL		303		\$ 2,573,714			7

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	<u>/2015</u>	\$ <u>2,116,500</u>
-----	--------------	---------------------

13.	<u>/2016</u>	\$ <u>2,158,830</u>
-----	--------------	---------------------

14.	<u>/2017</u>	\$ <u>2,202,007</u>
-----	--------------	---------------------

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 10.

6,453

64,527

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 418,028

Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	SeeSch 14C		\$ 4,599	\$ 33,748	17
18					18
19					19
20					20
21	TOTAL		\$ 4,599	\$ 33,748	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: Symphony of Crestwood  
IDPH License ID Number: 0051805  
Fiscal Year End: 12/31/2014

**Schedule 14A**

**XIV. Rental Costs**

**Line 16 Rental Amount for Moveable Equipment**

<b>Rental Description</b>	<b>Amount</b>
Low Air Loss Mattress	137,353
Vac Freedom	58,306
Suction Machine	4,966
Oxygen Concentrator	39,081
BIPAP Unit, Devilbiss with humidifier	35,097
Floor Drum Machine	175
Mist Therapy Equip	6,300
Blood Pressure Machine	6,336
Spot Coolers	26
Ice Maker	6,720
Water System	2,304
Copiers	63,491
Computers	959
Muzak Services Music Sound	438
Kyocera-US Bank	50,996
Mailing System	2,163
Home Office Allocation	3,316
<b>Total - Line 16</b>	<b><u>418,028</u></b>

**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2014

**Schedule 14A**

**XIV. Rental Costs**

**Line 17 Rental Amount for Vehicles**

<b>Use</b>	<b>Model Year and Make</b>	<b>Monthly Lease Payment</b>	<b>Rental Expense for This Period</b>
Facility Use	Ford F250	780	7,811
Facility Use	Ford E350 Bus	1,405	9,835
Facility Use	Ford E350	1,405	1,807
Administrative	Audi S4	1,009	12,108
Allocated from Mgmt. Co.			2,187
<b>Total</b>		<b>4,599</b>	<b>33,748</b>

Facility Name & ID Number Symphony of Crestwood # 0051805 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

- (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	\$	12,588	\$	906,307	\$	12,588	\$	906,307	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,747		197,804		2,747		197,804	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	39(3)	hrs		12,496		899,706		12,496		899,706	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					550,842			550,842	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify): <u>See Schedule 16A</u>	39(3)					533,237				533,237	12	
13	Other (specify): <u>Oxygen</u>	39(2)						12,610			12,610	13	
14	TOTAL			\$	27,831	\$	2,537,054	\$	563,452	27,831	\$	3,100,506	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: Symphony of Crestwood  
IDPH License ID Number: 0051805  
Fiscal Year End: 12/31/2014

**Schedule 16A**

**XIV. Special Services (Direct Cost)**

**Line 12 Other (specify)**

<u>Description</u>	<u>Units</u>	<u>Amount</u>
5751 OTHER SERVICES - PRIVATE		226,870
5753 OTHER SERVICES-MEDICARE		854
5755 OTHER SERVICES - MEDICAID		241
5758 OTHER SERVICES-MAANGED CARE		194,600
5851 IV THERAPY - PRIVATE		2,175
5853 IV THERAPY-MEDICARE		10,198
5855 I.V. THERAPY-MEDICAID		12,325
5858 IV THERAPY-MANAGED CARE		15,800
15824 ORTHOPEDIC SURGEON CONSULTANT		30,000
15885 RESPIRATORY		30,674
15886 CARDIOLOGIST CONSULTANT		9,500
<b>Total - Line 12</b>	<b>-</b>	<b>533,237</b>

Facility Name & ID Number Symphony of Crestwood# 0051805Report Period Beginning: 01/01/2014

Ending:

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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 186,452	\$ 186,452	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>111,333</u> )	9,307,541	9,307,541	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,769	2,769	6
7	Other Prepaid Expenses	398,456	398,456	7
8	Accounts Receivable (owners or related parties)	224,400	224,400	8
9	Other(specify): <u>See Schedule 17A</u>	76,371	76,371	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 10,195,989	\$ 10,195,989	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,568,318	2,623,318	15
16	Equipment, at Historical Cost	983,176	962,329	16
17	Accumulated Depreciation (book methods)	(505,240)	(491,244)	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>Lease Cost</u>	45,169	45,169	22
23	Other(specify): <u>See Schedule 17A</u>	686,588	686,588	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 3,778,011	\$ 3,826,160	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 13,974,000	\$ 14,022,149	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,186,437	\$ 2,186,437	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	362,669	362,669	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	767,200	767,200	32
33	Accrued Interest Payable	2,101	2,101	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	3,453,835	3,453,835	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 6,772,242	\$ 6,772,242	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	11,010,650	11,010,650	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 11,010,650	\$ 11,010,650	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 17,782,892	\$ 17,782,892	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (3,808,892)	\$ (3,760,743)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 13,974,000	\$ 14,022,149	48

\*(See instructions.)

**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2014

**Schedule 17A**

**XV. Balance Sheet**

**Line 9 Current Assets Other (specify):**

<u>Description</u>	<b>After</b>	
	<b>Operating</b>	<b>Consolidation</b>
1106 PATIENT PERSONAL FUNDS	75,790	75,790
1128 WAGE ASSIGNMENT & GARNISHMENT	581	581
<b>Total - Line 9</b>	<b>76,371</b>	<b>76,371</b>

**XV. Balance Sheet**

**Line 23 Long-Term Assets Other (specify):**

<u>Description</u>	<b>After</b>	
	<b>Operating</b>	<b>Consolidation</b>
SECURITY DEPOSIT	263,867	263,867
REAL ESTATE ESCROW DEPOSIT	422,721	422,721
<b>Total - Line 23</b>	<b>686,588</b>	<b>686,588</b>

**XV. Balance Sheet**

**Line 36 Other Current Liabilities (specify):**

<u>Description</u>	<b>After</b>	
	<b>Operating</b>	<b>Consolidation</b>
1204 EXCHANGE FORMATION L/H	1,345,078	1,345,078
1206 DUE TO DPA	318,584	318,584
1209 SECURITY DEPOSIT PAYABLE	101,262	101,262
1210 OPERATING EXPENSES	201,752	201,752
1212 MANAGEMENT FEES - SYMPHONY	196,740	196,740
1214 INS WRKS COMP DEDUCT/SETTLEMENT	238,295	238,295
1220 ACCUMULATED AMORTIZATION DEFERRED F	(86,486)	(86,486)
1221 STATE UNEMPLOYMENT TAX	18,344	18,344

1222 FEDERAL UNEMPLOYMENT TAX	1,610	1,610
1223 SALES TAX	261	261
1224 PAYROLL TAXES OTHER	46,526	46,526
1226 ACCRUED EMPLOYEE BENEFITS	532,379	532,379
1232 FICA & W/H FED	165	165
1242 DUE TO IDPA - ADDTL IL BED TAX	71,134	71,134
1244 DUE TO TKG	66,043	66,043
1252 DUE TO NUCARE	39,153	39,153
1253 DUE TO SYMPHONY	284,186	284,186
1258 PATIENT PERSONAL FUNDS	78,809	78,809
<b>Total - Line 36</b>	<b>3,453,835</b>	<b>3,453,835</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(1,161,378)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Period Adjustment</b>	<b>(600)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(1,161,978)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(2,646,910)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Rounding</b>	<b>(4)</b>	<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(2,646,914)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(3,808,892)</b>	<b>24</b> *

\* 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 18,836,014	1
2	Discounts and Allowances for all Levels	(4,683,266)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 14,152,748</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,407,315	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 4,407,315</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	663,513	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	83,606	19
20	Radiology and X-Ray	64,339	20
21	Other Medical Services	163,280	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 974,738</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	10,532	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 10,532</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>		<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 19,545,333</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,481,122	31
32	Health Care	6,201,739	32
33	General Administration	4,364,416	33
<b>B. Capital Expense</b>			
34	Ownership	4,718,578	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,831,826	35
36	Provider Participation Fee	594,562	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 22,192,243</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(2,646,910)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (2,646,910)</b>	<b>43</b>

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,227,015	44
45	Private Pay - Net Inpatient Revenue	1,021,035	45
46	Medicare - Net Inpatient Revenue	2,204,348	46
47	Other-(specify) <u>Hospice</u>	701,764	47
48	Other-(specify) <u>Managed Care</u>	998,586	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 14,152,748</b>	<b>49</b>

\* 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.

^ Tax return prepared on a cash basis.

Facility Name & ID Number Symphony of Crestwood

# 0051805

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	1,925	1,997	\$ 113,421	\$ 56.79	1
2	Assistant Director of Nursing	2,074	2,189	85,123	38.88	2
3	Registered Nurses	37,641	40,649	1,265,381	31.13	3
4	Licensed Practical Nurses	68,489	73,122	1,842,254	25.19	4
5	CNAs & Orderlies	135,115	146,490	1,684,275	11.50	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,826	7,830	147,210	18.80	8
9	Activity Director	1,888	1,991	32,538	16.34	9
10	Activity Assistants	11,105	12,560	162,802	12.96	10
11	Social Service Workers	9,034	9,971	207,741	20.84	11
12	Dietician					12
13	Food Service Supervisor	5,763	6,057	150,504	24.85	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,690	37,283	429,913	11.53	15
16	Dishwashers					16
17	Maintenance Workers	3,546	3,889	81,213	20.88	17
18	Housekeepers	24,244	27,317	349,937	12.81	18
19	Laundry	10,858	12,687	131,095	10.33	19
20	Administrator	2,672	2,846	251,435	88.35	20
21	Assistant Administrator	1,886	2,046	72,417	35.39	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,775	14,992	310,844	20.73	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	1,949	2,128	32,026	15.05	31
32	Other Health C: See Schedule 20A	6,336	6,934	118,643	17.11	32
33	Other(specify) <u>Marketing</u>	4,420	4,889	149,544	30.59	33
34	TOTAL (lines 1 - 33)	382,234	417,866	\$ 7,618,316 *	\$ 18.23	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	\$ 28,807	1(3)	35
36	Medical Director	Monthly	75,840	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	5,066	10(3)	38
39	Pharmacist Consultant	Monthly	17,050	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	3,011	11(3)	44
45	Social Service Consultant	Monthly	549	12(2)	45
46	Other(specify) <u>Wound Care</u>	Monthly	3,600	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 133,923		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		N/A		51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name: Symphony of Crestwood  
IDPH License ID Number: 0051805  
Fiscal Year End: 12/31/2014

**Schedule 20A**

**XVIII. Staffing and Salary Costs**

**Line 32 Other Health Care (specify):**

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Ward Clerk	4,417	4,901	73,061	\$ 14.91
Alzheimer Director	1,919	2,033	45,582	\$ 22.42
<b>Total - Line 32 Other Health Care (specify):</b>	<b>6,336</b>	<b>6,934</b>	<b>118,643</b>	<b>\$ 17.11</b>



**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2014

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<b>Vendor</b>	<b>Type</b>	<b>Amount</b>
ZIR-MED	ELIGIBILITY VERIFICATION	816
MARKET MATRIX	SOCIAL MATRIX	671
NANCY HARTMAN	WEB HOSTING	27
ONSHIFT	ENTERPRISE IMPLEMENTATION	9,465
POINT B COMMUNICATIONS	WEB HOSTING	397
PROVINET	OUTSOURCED IT	1,920
TELEMEDICINE SOLUTIONS, LLC	WOUND ROUNDS CARE	25,046
WESCOME SOLUTIONS	DATA PROCESSING	42,941
EVAVULT INC	CLOUD BACKUP SERVICES	3,056
HDSI	DATA PROCESSING	5,858
IIT/SOURCETECH	OPERATOR MONTHLY SUPPORT FEE	1,380
JEREMY PIERSON	WEBSITE	172
KIPP COMPUTER SOLUTIONS	COMPUTER UPGRADE	100
CREATIVE TECHNOLOGY	MONTHLY IT SUPPORT	22,180
CURASPAN HEALTH GROUP	REFERRAL CENTRAL NETWORK PATIENT T	1,550
E-HEALTH DATA SOLUTIONS	CASEWATCH SERVICE	5,112
ABILITY NETWORK	SECURE EXCHANGE MANAGED SERV	1,938
ALLSCRIPTS	MGMT FACILITY	3,255
AON SOLUTIONS	RISK CONSOLE	1,716
BOA - M HARTMANT	WEB HOSTING	30
COMCAST	CABLE AND INTERNET	22,936
MCGLADREY LLP	ACCOUNTING	36,104
STONE POGRUND & KOREY	GENERAL LITIGATION	125
DOCUMENTATION SOLUTIONS	THERAPY COMPLIANCE AUDIT	2,202
HIPP LAW OFFICE	COLLECTIONS	18,451
IRA SILVERSTEIN	GUARDIAN LEGAL FEES	747

MUCH SHELIST	LEGAL	4,952
STONE, MCGUIRE & SIEGEL	LEGAL - COMPLIANCE	14,496
PINNACLE QUALITY INSIGHT	CUSTOMER SATISFACTION	1,110
SAS ARCHITECTS	ARCHITECTURAL SERVICES	690
SYMPHONY FINANCIAL	PROFESSIONAL FEES	148,898
THE JOINT COMMISSION	ACCREDITATION	2,900
ACHIEVE ACCREDITATION	ACCREDITATION	13,419
ELAINE WALKER	CREDITATION	63
FIRST REAL ESTATE SERV	APPRAISAL REPORTS	2,750
HK PAYROLL SERVICES	WORK TAX CREDIT	6,202
MERCER	MEDICAL STOP LOSS PRICING	438
NUCARE	PROFESSIONAL FEES	1,978
PERSONNEL PLANNERS, INC	QUARTERLY CLAIMS MANAGEMENT	5,307
ADMINISTRATION CONSULTANTS	ADMINISTRATION CONSULTING	1,818

**Total (agree to Schedule V, line 19, column 3)** 413,214

Allocated from Management Company Legal Fees	2,751
Allocated from Management Company Professional Services	35,384
Less: Non-Allowable Legal Fees	(18,451)

**Total (agree to Schedule V, line 19, column 8)** 432,899

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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Symphony of Crestwood# 0051805Report Period Beginning: 01/01/2014 Ending: 12/31/2014**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL Council LTC - \$20,707
- (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? 5-7 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 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. \$ 594,562  
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. \$ N/A 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? 5  
d. Have vehicle usage logs been maintained? Adequate records have been maintained.  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: McGladrey LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.