



Facility Name & ID Number Bethesda Rehab & Senior Care

# 0012229 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	46	Skilled (SNF)	46	16,836	1
2		Skilled Pediatric (SNF/PED)			2
3	67	Intermediate (ICF)	67	24,522	3
4		Intermediate/DD			4
5	49	Sheltered Care (SC)	39	16,264	5
6		ICF/DD 16 or Less			6
7	162	TOTALS	152	57,622	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	2,156	3,450	3,735	9,341	8
9	SNF/PED					9
10	ICF	3,027	5,046	1,965	10,038	10
11	ICF/DD					11
12	SC		4,733		4,733	12
13	DD 16 OR LESS					13
14	TOTALS	5,183	13,229	5,700	24,112	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 41.85%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
Adult Day Care

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 1925

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 46 and days of care provided 1,059

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: 12/31/2016 Fiscal Year: 12/31/2016

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

**Facility Name:** Bethesda Rehab & Senior Care  
**IDPH License ID Number:** 0012229  
**Fiscal Year End:** 12/31/2016

**Schedule 2A**

**III. Statistical Data**  
**Bed Days Computation**

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Skilled (SNF)	46	1/1/16	12/31/16	366	16,836
<b>Total - Line 1, Column 4</b>					<u>16,836</u>

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Intermediate (ICF)	67	1/1/16	12/31/16	366	24,522
<b>Total - Line 3, Column 4</b>					<u>24,522</u>

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Sheltered Care (SC)	49	1/1/16	7/17/16	199	9,751
Sheltered Care (SC)	39	7/18/16	12/31/16	167	6,513
<b>Total - Line 3, Column 4</b>					<u>16,264</u>

Facility Name & ID Number Bethesda Rehab & Senior Care # 0012229 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

**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	330,718	31,011	180,610	542,339		542,339	(3,641)	538,698		1
2	Food Purchase		240,327		240,327		240,327	(56,039)	184,288		2
3	Housekeeping	172,391	60,913		233,304		233,304		233,304		3
4	Laundry	27,047	7,501		34,548		34,548		34,548		4
5	Heat and Other Utilities			171,236	171,236		171,236		171,236		5
6	Maintenance	132,353		157,673	290,026		290,026		290,026		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	662,509	339,752	509,519	1,511,780		1,511,780	(59,680)	1,452,100		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			8,713	8,713		8,713		8,713		9
10	Nursing and Medical Records	2,014,305	165,136	137,839	2,317,280		2,317,280		2,317,280		10
10a	Therapy										10a
11	Activities	130,134	23,573	23,606	177,313		177,313		177,313		11
12	Social Services	99,312			99,312		99,312		99,312		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,243,751	188,709	170,158	2,602,618		2,602,618		2,602,618		16
	<b>C. General Administration</b>										
17	Administrative	141,814		20,947	162,761		162,761		162,761		17
18	Directors Fees										18
19	Professional Services			200,496	200,496		200,496	(24,076)	176,420		19
20	Dues, Fees, Subscriptions & Promotions			27,616	27,616		27,616	(320)	27,296		20
21	Clerical & General Office Expenses	470,762	47,631	88,676	607,069		607,069	(13,405)	593,664		21
22	Employee Benefits & Payroll Taxes			772,678	772,678		772,678		772,678		22
23	Inservice Training & Education			8,465	8,465		8,465		8,465		23
24	Travel and Seminar			4,327	4,327		4,327		4,327		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			139,506	139,506		139,506		139,506		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	612,576	47,631	1,262,711	1,922,918		1,922,918	(37,801)	1,885,117		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,518,836	576,092	1,942,388	6,037,316		6,037,316	(97,481)	5,939,835		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 Bethesda Rehab & Senior Care

#0012229

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

## 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			464,306	464,306		464,306	43,066	507,372			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			38,980	38,980		38,980	(27,736)	11,244			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			10,200	10,200		10,200		10,200			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			513,486	513,486		513,486	15,330	528,816			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		95,825	135,675	231,500		231,500		231,500			39
40	Barber and Beauty Shops			9,912	9,912		9,912	(9,912)				40
41	Coffee and Gift Shops			5,495	5,495		5,495	(5,451)	44			41
42	Provider Participation Fee			168,616	168,616		168,616		168,616			42
43	Other (specify):* <b>Non-Allowable Cos</b>	201,688		397,317	599,005		599,005	(599,005)				43
44	<b>TOTAL Special Cost Centers</b>	201,688	95,825	717,015	1,014,528		1,014,528	(614,368)	400,160			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,720,524	671,917	3,172,889	7,565,330		7,565,330	(696,519)	6,868,811			45

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

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	(5,131)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,120)	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	43,066	30		9
10	Interest and Other Investment Income	(27,736)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(293)	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	(4,801)	43		18
19	Entertainment	(6,295)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(84,926)	43		24
25	Fund Raising, Advertising and Promotional	(71,562)	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	(534,721)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (696,519)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (696,519)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY							
48		49		50		51	
							52

Bethesda Rehab &amp; Senior Care

ID# 0012229

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Marketing Expense	\$ (164,556)	43	1
2	Collection Fees	(11,667)	43	2
3	Non-allowable legal fees	(24,076)	19	3
4	Offset jury duty revenue	(175)	21	4
5	Offset telephone revenue	(11,602)	21	5
6	Offset gift shop revenue	(5,451)	41	6
7	Medicare X-Ray & Lab Services	(15,771)	43	7
8	Life Enrichment Outings & Dinners	(27,000)	43	8
9	Real estate taxes - rental houses	(4,994)	43	9
10	Donor Expense	(1,332)	43	10
11	Barber/Beauty Offset	(9,912)	24	11
12	Lobbying offset	(320)	20	12
13	Offset miscellaneous income	(1,628)	21	13
14	Marketing Salary	(201,688)	43	14
15	Food Revenue Offset	(50,908)	2	15
16	Non-Food Revenue Offset	(3,641)	1	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>	(534,721)		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
N/A		N/A		N/A		

**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**

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	Association Board							1
2								2
3	Dirk Danker, Chair	0	N/A		N/A			3
4	Howard Hamilton, Vice Chair	0	N/A		N/A			4
5	MaryBeth Buschmann, Secretary	0	N/A		N/A			5
6	Suzanne Venema	0	N/A		N/A			6
7	Chandler Barnes	0	N/A		N/A			7
8	Mary Rasmusson	0	N/A		N/A			8
9	Laverne Schwartz	0	N/A		N/A			9
10	Elsa Jacobson	0	N/A		N/A			10
11								11
12	Foundation Board							12
13								13
14	David Hoyem	0	N/A		N/A			14
15	Jim McClanahan	0	N/A		N/A			15
16	John Stodden	0	N/A		N/A			16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Bethesda Rehab & Senior Care # 0012229 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	See PG6-Supp	Board of Directors	Administrative	0.00					\$	N/A	1
2											2
3	Note: No board member provided services to the nursing home during the reporting period. No business entity owned by a board member conducted business										3
4	transactions with the nursing home during the reporting period.										4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number Bethesda Rehab & Senior Care

# 0012229

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

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

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

Name of Related Organization N/A

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3		N/A							3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Bethesda Rehab & Senior Care

# 0012229

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	MB Bank-Series 12 Rev Bonds		X	Renovations/Improvements	35,878	12/15/2015	\$ 7,517,000	\$ 7,466,883	9/5/2023	0.0246	\$ 13,147	1								
2												2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	MB Financial Bank		X	Working Capital	Interest Monthly	4/30/12	200,000	410,000	4/30/2017	Prime	14,589	6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>				\$35,878.45		\$ 7,717,000	\$ 7,876,883			\$ 27,736	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12										Offset Interest Income		(27,736)	12							
13										Amortization of bonds		11,244	13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (16,492)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 7,717,000	\$ 7,876,883			\$ 11,244	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.)



**2015 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Norwegian Lutheran Bethesda D/B/A Bethesda Home and Ret COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0012229

CONTACT PERSON REGARDING THIS REPORT Paul Roberts

TELEPHONE (773) 836-3208 FAX #: (773) 622-8261

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2015 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 2015.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>N/A-not for profit</u>	<u>N/A</u>	\$ <u>                    </u>	\$ <u>                    </u>
2. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
3. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
4. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
5. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
6. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
7. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
8. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
9. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
10. <u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
	<b>TOTALS</b>	\$ <u>                    </u>	\$ <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? N/A 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

**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 Bethesda Rehab & Senior Care

# 0012229 Report Period Beginning:

01/01/2016 Ending:

12/31/2016

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 47,558 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories Four

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).

Apartment Buildings - 13 Units

Land - Sayre Avenue (formerly rental houses)

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>Facility</u>	<u>78,844</u>	<u>1919</u>	<u>\$ 11,392</u>	1
2					2
3	<b>TOTALS</b>	<b>78,844</b>		<b>\$ 11,392</b>	<b>3</b>

**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		1925	1925	\$ 182,722	\$		\$	\$	\$ 182,722	4
5		1955	1955	657,001	10,108	65	10,108		619,103	5
6	162	1991	1991	2,123,475	42,470	50	42,470		1,101,854	6
7		1997	1997	263,809	13,190	20	13,190		240,750	7
8										8
<b>Improvement Type**</b>										
9	Various		1956	4,130		64			4,130	9
10	Various		1957	4,771					4,771	10
11	Various		1958	14,177	141	62	141		13,689	11
12	Various		1960	27,510					27,510	12
13	Various		1966	15,090					15,090	13
14	Various		1970	434					434	14
15	Various		1975	5,599					5,599	15
16	Various		1976	10,615					10,615	16
17	Various		1978	12,100					12,100	17
18	Various		1985	8,596					8,596	18
19	Various		1986	1,436,330	28,613	25	28,613		1,436,330	19
20	Various		1987	6,537	218	30	218		6,429	20
21	Various		1988	50,000		20			50,000	21
22	Various		1991	1,358,192	46,356	Various	46,356		1,167,033	22
23	Various		1992	180,765					180,765	23
24	Various		1993	125,270					125,270	24
25	Various		1994	4,298					4,298	25
26	Various		1995	132,332		Various			132,332	26
27	Various		1996	136,115	2,607	Various	2,607		136,115	27
28	Various		1997	123,231		Various			123,231	28
29	Various		1998	124,461		Various			124,461	29
30	Various		1999	215,640		Various			215,640	30
31	Various		2000	1,119,263	57,254	Various	57,254		929,990	31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

**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	Improvements - Office	2001	\$ 4,721	\$	5	\$	\$	\$ 4,721	37
38	Carpeting	2001	810		5			810	38
39	Stair Landing	2001	7,180		10			7,180	39
40	Door Replacement	2001	18,583		10			18,583	40
41	Stair Landing	2001	1,260	63	20	63		992	41
42	Fire Alarm Study	2001	5,000	250	20	250		3,875	42
43	4th Floor Door Replacement	2001	4,972	249	20	249		3,816	43
44	Center Bldg Nurses Station	2001	11,803		10			11,803	44
45	3N Nurse Call System	2001	2,109		10			2,109	45
46	Roof Repair	2001	6,830		10			6,830	46
47	Signage	2001	2,270		10			2,270	47
48	Roof Repair	2001	19,407		10			19,407	48
49	Faucets	2001	9,116		10			9,116	49
50	Ceiling Repair	2001	1,563		10			1,563	50
51	Telephone Wiring	2001	1,535		10			1,535	51
52	Concrete Landing	2001	8,900	297	30	297		4,751	52
53	Boiler Replacement	2001	900	30	30	30		480	53
54	Boiler Replacement	2001	4,053	135	30	135		2,149	54
55	Ceiling	2001	405	14	30	14		221	55
56	Boiler Project	2001	582	19	30	19		296	56
57	Viking Room Lighting	2001	2,191		10			2,191	57
58	Draperies	2001	1,155		10			1,155	58
59	Fire Alarm	2001	1,297		10			1,297	59
60	Walk-in Freezer	2001	942		10			942	60
61	Carpeting	2001	3,580		5			3,580	61
62	Draperies	2001	1,968		5			1,968	62
63	Floor Coverings	2001	4,595		5			4,595	63
64	Carpeting	2001	7,160		5			7,160	64
65	Draperies	2001	1,088		3			1,088	65
66	Carpeting	2001	2,770		5			2,770	66
67	Security Camera	2001	160		5			160	67
68	Security System	2001	13,500		5			13,500	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,494,868	\$ 202,014		\$ 202,014	\$	\$ 7,021,770	70

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

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,494,868	\$ 202,014		\$ 202,014	\$	\$ 7,021,770	1
2	Faucets	2002	8,805		10			8,805	2
3	Plumbing Work	2002	810		5			810	3
4	Carpet/Vinyl Flooring	2002	2,095		5			2,095	4
5	Major Repairs	2002	1,558		5			1,558	5
6	Combination Locks	2002	5,092		5			5,092	6
7	Safety Gate	2002	1,383		10			1,383	7
8	Wall Rails	2002	1,387		10			1,387	8
9	Architect Fees	2002	643		10			643	9
10	Improvements-Activity Room	2002	54,789		10			54,789	10
11	Improvements-Activity Room	2002	811		10			811	11
12	1st Floor Flooring	2002	1,680		10			1,680	12
13	Flooring 1N	2002	11,650		5			11,650	13
14	Flooring 2N	2002	4,965		5			4,965	14
15	Electrical Work	2002	594		10			594	15
16	Brick Work	2002	1,020		10			1,020	16
17	Door Electrical Work	2002	510		10			510	17
18	Drywall and Hardware	2002	921		10			921	18
19	Ceiling Tile	2002	639		10			639	19
20	Access Control	2002	637		10			637	20
21	Access Control	2002	955		10			955	21
22	Dampers	2002	1,174		10			1,174	22
23	Freezer Repairs	2002	1,040		10			1,040	23
24	Elevator Repairs	2002	705		10			705	24
25	Sprinkler Repairs	2002	565		10			565	25
26	Freezer Repairs	2002	1,023		10			1,023	26
27	Freezer Repairs	2002	1,030		10			1,030	27
28	Landscaping	2003	62,514	4,168	15	4,168		55,920	28
29	Landscaping	2003	108	7	15	7		94	29
30	Landscaping	2003	40,940	2,729	15	2,729		36,615	30
31	Landscaping	2003	22,495	1,500	15	1,500		20,150	31
32	Auditorium Construction	2003	385,633	25,709	15	25,709		359,926	32
33	Fire Alarm	2003	58,250	3,883	15	3,883		51,450	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,171,289	\$ 240,010		\$ 240,010	\$	\$ 7,652,406	34

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

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,171,289	\$ 240,010		\$ 240,010	\$	\$ 7,652,406	1
2	Construction Monitoring	2003	18,954	1,264	15	1,264		16,748	2
3	Fire Alarm	2003	344,942	22,996	15	22,996		312,813	3
4	Auditorium Sound System	2003	1,840		5			1,840	4
5	Chiller	2003	12,733	849	15	849		11,391	5
6	Chiller	2003	25,467	1,698	15	1,698		22,781	6
7	A/C's	2003	4,840		5			4,840	7
8	A/C's	2003	1,234		5			1,234	8
9	Parking Lot resurfacing	2003	1,542	2	10	2		1,542	9
10	Smoke Detectors	2003	599		10			599	10
11	Circulator Pump	2003	1,071	1	10	1		1,071	11
12	Valve Bodies & Actuators	2003	1,017		10			1,017	12
13	Elevator Door Lock	2003	521	1	10	1		521	13
14	Faucets	2003	551	1	10	1		551	14
15	Walk-in Freezer Repair	2003	1,093	3	10	3		1,093	15
16	Carpet/Vinyl Flooring	2003	1,610		10			1,610	16
17	Carpet/Vinyl Flooring	2003	1,405		10			1,405	17
18	Roof/Gutter Repair	2003	15,190		10			15,190	18
19									19
20	Insolar Windows	2004	17,900		10			17,900	20
21	Nexus Technologies	2004	2,340	156	15	156		2,028	21
22	Convergint Technologies	2004	3,250	217	15	217		2,821	22
23	Studio One	2004	9,876		10			9,876	23
24	Noland Sales - Carpeting	2004	37,170		6			37,170	24
25									25
26	Elevator Upgrade	2006	203,667	5,092	20	5,092		51,103	26
27	Hot Water Heater Repairs	2006	27,730		5			27,730	27
28	Repair of Water Booster Pumps	2006	13,557		5			13,557	28
29	Fire Alarm Upgrade	2006	2,600		5			2,600	29
30	Elevator Electrical Repair	2006	7,871	332	12	332		3,976	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,931,859	\$ 272,622		\$ 272,622	\$	\$ 8,217,413	34

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

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,931,859	\$ 272,622		\$ 272,622	\$	\$ 8,217,413	1
2	Major repairs to Boiler	2007	13,099	1,310	10	1,310		11,982	2
3	Re-key Administrative Wing	2007	3,607		5			3,607	3
4	Tuckpointing West and North Buildings	2007	4,500	450	10	450		4,125	4
5	Garbage Disposal	2007	4,303		5			4,303	5
6									6
7	Removed nursing station, cabinets, electrical and	2008	3,775		5			3,775	7
8	made into a common area								8
9									9
10	Flooring - Floors 1, 2 & 3	2009	92,142		6			92,142	10
11	Tuckpointing West Building	2009	6,150	615	10	615		4,613	11
12	Boiler replacement/repair	2009	6,322	421	15	421		3,158	12
13	Electrical panel work	2009	5,427	362	15	362		2,715	13
14	Mural and awning	2009	2,947	389	10	389		2,870	14
15	Parking lot paving	2009	3,675	245	15	245		1,838	15
16									16
17	Reclass R&M - Air conditioning repairs	2009	8,143	814	10	814		6,105	17
18									18
19	Boiler Replacement	2010	13,479	899	15	899		5,841	19
20									20
21	Brick Masonry	2011	17,975	1,198	15	1,198		6,989	21
22	Concrete Piers	2011	10,657	710	15	710		3,668	22
23	Dining room lights & electrical	2011	3,943	263	15	263		1,512	23
24	Electrical town square	2011	3,846	256	15	256		1,430	24
25	Elevator fire shield	2011	4,511	301	15	301		1,606	25
26	Fire Dampers	2011	19,756	1,317	15	1,317		7,048	26
27	Heating Bathrooms	2011	9,667	644	15	644		3,677	27
28	Kitchen Electrical	2011	6,295	420	15	420		2,458	28
29	Locker Room-carpentry, painting	2011	3,925	262	15	262		1,572	29
30	Piping Smoke Detectors	2011	4,105	274	15	274		1,461	30
31	Point of care electrical	2011	3,500	233	15	233		1,359	31
32	Pumps & Seals	2011	7,957	523	5	523		7,957	32
33	Restrooms -tiling	2011	4,535	302	15	302		1,726	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,200,100	\$ 284,830		\$ 284,830	\$	\$ 8,406,950	34

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

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

## 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	<b>Totals from Page 12D, Carried Forward</b>		\$ 10,200,100	\$ 284,830		\$ 284,830	\$	\$ 8,406,950	1
2	Roof repair-flashing, tiles, slate	2011	39,088	2,606	15	2,606		14,099	2
3	Windows attic	2011	2,572	171	15	171		906	3
4									4
5	Damper shield plates	2012	5,143	343	15	343		2,256	5
6	Replace drain pipe over activities	2012	5,890	393	15	393		2,585	6
7	Elevator repairs	2012	2,687	179	15	179		1,103	7
8	Replace fire dampers	2012	8,428	562	15	562		3,229	8
9	New Roof/Masonry-North Building	2012	73,890	4,926	15	4,926		25,053	9
10	Air/Heat Registers	2012	37,691	2,513	15	2,513		11,786	10
11	Roof repairs-West & North Buildings	2012	11,420	761	15	761		2,793	11
12	Exhaust system-West Building	2012	63,021	4,201	15	4,201		15,408	12
13									13
14	Replace Garage Entry Door	2013	1,577	315	5	315		1,498	14
15	Repair/Remodel North Build Stairs	2013	3,228	215	15	215		914	15
16	Repairs to Heating System	2013	3,105	621	5	621		2,640	16
17	Repair/Remodel North Build Stairs	2013	4,012	802	5	802		3,210	17
18	Repair seal kit on Taco pump	2013	3,500	700	5	700		2,801	18
19	Install air vents/lines - pumps	2013	4,068	814	5	814		2,236	19
20	Kitchen Electrical Wiring	2013	12,050	2,410	5	2,410		9,038	20
21	Replace control board/ air handling	2013	9,553	1,911	5	1,911		4,793	21
22	Asphalt Repairs Parking Lot	2013	2,535					762	22
23									23
24	3rd floor shower room - north building	2014	6,800	680	10	680		1,700	24
25	2nd floor shower room - west building	2014	6,800	680	10	680		1,700	25
26	Tile & Materials 2W & 3N shower room	2014	5,397	540	10	540		1,349	26
27	Painting north stairwell, replace flow valve, replace seal kit, heatin	2014	7,847	785	10	785		1,961	27
28	Painting of north stairwell and west stairwell & remodel 2c sitting	2014	6,450	645	10	645		1,613	28
29	Repair seal kit on taco pump	2014	4,598	920	5	920		2,299	29
30	Pipe repairs from radiation	2014	3,508	702	5	702		1,754	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,534,958	\$ 314,224		\$ 314,224	\$	\$ 8,526,436	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 10,534,958	\$ 314,224		\$ 314,224	\$	\$ 8,526,436	1
2									2
3	Pump repairs for hot water and repair west building fan coils	2014	3,839	768	5	768		1,920	3
4	Removed existing and installed new flooring, cabinetry, lighting and paneling - 2 Central Sitting Room	2014	7,560	756	10	756		1,890	4
5	Removed existing and reinstall new flooring, cabinetry, lighting, trim, and added architectural room divide, counters and appliances - 2 Center Living room								5
6	Removed existing Fluorescent lighting in public hallways and replaced with new LED bulbs and fixtures - 3 North	2014	2,972	297	10	297		743	6
7	Removed existing and reinstall new fixtures, wall and floor tile, trim, lighting and grab bars. Reinstall original sinks and toilets - 3 North Bathing Room	2014	3,844	384	10	384		961	7
8	Heating System Survey	2014	7,043	704	10	704		1,761	8
9	Removed and replaced flooring, window treatments, lighting, trim and added new cabinetry, counter, appliances and architectural divide - 2 North Family Room	2014	5,460	546	10	546		1,365	9
10	Removal of existing fluorescent lighting and replaced with LED lights and fixtures - 3 West	2014	4,057	1,352	3	1,352		3,381	10
11	Removed and replaced flooring, window treatments, lighting, trim and added new cabinetry, counter, appliances and architectural divide, ice machine - 2 North Family Room	2014	3,239	1,080	3	1,080		2,699	11
12	LED lights and fixtures - 2 West and 3 North Bathrooms	2014	2,973	991	3	991		2,478	12
13	Repair pipe connecting hot water tank to pumping system in 1st floor mechanical room	2014	5,296	1,059	5	1,059		2,648	13
14	Removed existing Fluorescent lighting in public hallways and replaced with new LED bulbs and fixtures - 2 Center	2014	8,305	2,768	3	2,768		6,921	14
15	Install Exit Signs on exterior of Town Square garden/courtyard and retrofit with LED	2014	6,200	2,067	3	2,067		5,166	15
16	Hot water pump replacement in mechanical room on 1st floor	2014	7,190	2,397	3	2,397		5,991	16
17	3 North Hallways patched and painted. Removal of fluorescent bulbs and installed LED lighting in sitting area and work room - 3 North	2014	4,102	1,367	3	1,367		3,419	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,610,217	\$ 331,079		\$ 331,079	\$	\$ 8,568,574	34

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

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

**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	<b>Totals from Page 12F, Carried Forward</b>		\$ 10,610,217	\$ 331,079		\$ 331,079	\$	\$ 8,568,574	1
2	3 North Hallways and accounting office on first floor painted.	2014	6,813	2,271	3	2,271		5,678	2
3	Removal of fluorscent lighting and install new LED lighting in								3
4	offices on first floor accounting offices								4
5	Removed and replaced boilers in the HVAC -	2014	24,500	1,633	15	1,633		4,084	5
6	Main Boiler Room 1st Floor					-			6
7	Removed and replaced boilers in the HVAC -	2014	49,000	3,267	15	3,267		8,166	7
8	Main Boiler Room 1st Floor								8
9	Tuckpointing West Building on the southeast corner 4th Floor	2014	6,665	444	15	444		1,111	9
10	Hallway access to Town Square on first floor North Building,	2014	7,019	468	15	468		1,170	10
11	Removed and replaced flooring, lighting, rebuild walls, removed and								11
12	replaced door to laundry room and install paneling.								12
13	Removed existing fluorscent lighting in public hallways and replaced	2014	40,146	2,676	15	2,676		6,691	13
14	with new LED bulbs and fixtures - 1 North & Replaced hot water								14
15	heaters and storage tanks with new ducting and rooftop connections								15
16	in the first floor Mechanical Room								16
17									17
18									18
19	Boiler, replacement, basement - West building	2015	77,673	5,178	15	5,178		7,767	19
20	Chiller HVAC, replacement - Roof - West building	2015	72,273	4,818	15	4,818		7,227	20
21	Sitting and Bathing Areas	2015	60,193	4,013	15	4,013		6,019	21
22	-2 North Bathroom, re-tile floors, paint/tile/panel walls, new bath								22
23	fixtures								23
24	-3 North Bathroom, re-tile floors, paint/tile/panel walls, new bath								24
25	fixtures								25
26	-3 West Bathroom, re-tile floors, paint/tile/panel walls, new bath								26
27	fixtures								27
28	- 2 North Beauty Salon - paint walls, electrical, washing stations								28
29	- 3 North Sitting Area - re-tile floors, paint/tile/panel walls, new								29
30	bath fixtures, move walls								30
31	Dining Room Renovation, 3 North Dining Room	2015	33,465	2,231	15	2,231		3,347	31
32	- Tile flooring, panel/paint walls, add serving counters & space								32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,987,964	\$ 358,079		\$ 358,079	\$	\$ 8,619,834	34

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

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

## 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	<b>Totals from Page 12G, Carried Forward</b>		\$ 10,987,964	\$ 358,079		\$ 358,079	\$	\$ 8,619,834	1
2	Town Square Access Hallway - Ground floor, North Building	2015	11,776	785	15	785		1,178	2
3	-Tile flooring, panel walls								3
4	Boiler Control Valves - Basement - West Building	2015	8,192	546	15	546		819	4
5	- Valve replace								5
6	Plumbing - Crawl space - North Building - Pipe replacement	2015	3,017	201	15	201		301	6
7									7
8	Reclass RM to BI	2015	38,521	2,568	15	2,568		3,852	8
9	- HVAC Reset Due to Power Outage - Roof Top HVAC								9
10	- PM Post Inspection Repairs								10
11	- Repairs to Heating Unit Room W223 - 2 West								11
12	- Maintenance Contract								12
13	-Repairs, Adjustments, Cleaning Work to HVAC - HVAC room								13
14	-Boiler Reheat Repairs - Boiler Room								14
15	-Boiler Control Repairs, Relay, Gaskets, Oil Filter - Boiler room								15
16	-Control Valve Replacement - Third Floor Mechanical Room								16
17	-Mount, Install New Wascomat Washing Machine - Laundry room								17
18	-AC- Post Inspection Repairs - Out of Freon/Relief Valve Leaking								18
19	Roof Top Unit HVAC								19
20	-Filters replaced on all RTUs, belt replaced, compressor repairs								20
21	Roof Top Unit HVAC								21
22									22
23	Hot Water Pumps - North Building 3rd Floor	2016	2,636	132	10	132		132	23
24	Signage throughout the entire building	2016	3,026	151	10	151		151	24
25	Plumbing	2016	28,630	954	15	954		954	25
26	-Relocation of dual temp supply piping replacement going up								26
27	from 1 north bldg to 2 north bldg.								27
28	-Repair flow issues in piping - blockage at 1 center room 101								28
29	-Replace backpitched pipe in crawl space of North bldg basement								29
30	-Cut out 25' of galvanized pipe and replace in garage								30
31	Elevator Repair	2016	67,548	2,252	15	2,252		2,252	31
32									32
33	To reconcile to financials			(43,066)			43,066		33
34	TOTAL (lines 1 thru 33)		\$ 11,151,310	\$ 322,602		\$ 365,668	\$ 43,066	\$ 8,629,473	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	\$ 1,315,017	\$ 133,920	\$ 133,920	\$ -	3-10	\$ 1,166,786	71
72	Current Year Purchases	77,836	7,784	7,784	-	5	7,784	72
73	Fully Depreciated Assets	104,131			-		104,131	73
74					-			74
75	TOTALS	\$ 1,496,984	\$ 141,704	\$ 141,704	\$ -		\$ 1,278,701	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	Patient Care	Shuttle Van	1994	\$ 34,300	\$ -	\$ -	\$ -	5	\$ 34,300	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 34,300	\$ -	\$ -	\$ -		\$ 34,300	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)	\$ 12,693,986	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 464,306	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 507,372	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 43,066	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,942,474	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	East Building Renovation-Prior	\$ 1,478,812	\$ -	\$ -	86
87	Furnishings	6,074			87
88					88
89	Land - Sayre Avenue	1,883,678			89
90					90
91	TOTALS	\$ 3,368,564	\$ -	\$ -	91

G. Construction-in-Progress

	Description	Cost	
92	Strategic Planning	\$ 7,246,744	92
93	Construction in Progress		93
94			94
95		\$ 7,246,744	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 Bethesda Rehab & Senior Care

# 0012229

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

**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:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			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.	_____ /2017	\$ _____
13.	_____ /2018	\$ _____
14.	_____ /2019	\$ _____

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

N/A

N/A

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: \$ 10,200 Description: Senior TV equipment lease

(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			\$ <u>N/A</u>	\$	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	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.

**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	1,328	\$ 50,389	\$	1,328	\$ 50,389	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		213	9,312		213	9,312	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2)	hrs		940	75,477		940	75,477	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(3)	# of prescripts				95,825		95,825	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	<b>TOTAL</b>			\$	2,481	\$ 135,178	\$ 95,825	2,481	\$ 231,003	14

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

Facility Name & ID Number Bethesda Rehab & Senior Care

# 0012229

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 335,471	\$ 335,471	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 202,725 )	1,070,818	1,070,818	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments	32,157	32,157	5
6	Prepaid Insurance	36,276	36,276	6
7	Other Prepaid Expenses	56,917	56,917	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,531,639	\$ 1,531,639	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	3,280,663	3,280,663	11
12	Long-Term Investments	211,196	211,196	12
13	Land	13,589	11,392	13
14	Buildings, at Historical Cost	2,963,197	3,227,006	14
15	Leasehold Improvements, at Historical Cost	7,889,409	7,924,304	15
16	Equipment, at Historical Cost	1,436,440	1,531,284	16
17	Accumulated Depreciation (book methods)	(9,083,353)	(9,942,474)	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 (spe See Sch 17A	9,130,422	9,130,422	22
23	Other(specify): <u>Bond Cost - NET</u>	75,905	75,905	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 15,917,468	\$ 15,449,698	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 17,449,107	\$ 16,981,337	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 234,828	\$ 234,828	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	172,256	172,256	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	329,883	329,883	30
31	Accrued Taxes Payable (excluding real estate taxes)	91	91	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	16,305	16,305	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Sch 17A</u>	168,877	168,877	36
37	<u>Accrued Expenses</u>	175,279	175,279	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,097,519	\$ 1,097,519	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	410,000	410,000	39
40	Mortgage Payable			40
41	Bonds Payable	7,466,883	7,466,883	41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 7,876,883	\$ 7,876,883	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 8,974,402	\$ 8,974,402	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 8,474,705	\$ 8,006,935	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 17,449,107	\$ 16,981,337	48

\*(See instructions.)

**Facility Name:** Bethesda Rehab & Senior Care  
**IDPH License ID Number:** 0012229  
**Fiscal Year End:** 12/31/2016

**Schedule 17A**

**XV. Balance Sheet**

**Line 22 Long-Term Assets Other (specify):**

Description	Operating	After Consolidation
13050 Land - Sayre Avenue	1,883,678	1,883,678
18000 Construction In Progress	7,246,744	7,246,744
<b>Total - Line 23</b>	<b>9,130,422</b>	<b>9,130,422</b>

**XV. Balance Sheet**

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

Description	Operating	After Consolidation
20150 Due to HFS - Medicaid Cr. Bal	-	-
21500 FLEX Medical Liability	31	31
21600 FLEX Dependent Liability	70	70
22000 Valic Retirement Plan 403b	2,742	2,742
22100 401k - Voya	2,600	2,600
25310 Def Rev-AT&T Cell Tower Lease	33,434	33,434
29200 Estimated Asbestos Obligation	130,000	130,000
<b>Total - Line 36</b>	<b>168,877</b>	<b>168,877</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>8,600,158</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior period adjustment</b>	<b>(12,390)</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>8,587,768</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(113,063)</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>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(113,063)</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>8,474,705</b>	<b>24</b> *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Bethesda Rehab &amp; Senior Care

# 0012229

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

**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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,404,518	1
2	Discounts and Allowances for all Levels	(1,583,675)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 4,820,843	3
<b>B. Ancillary Revenue</b>			
4	Day Care	18,603	4
5	Other Care for Outpatients		5
6	Therapy	300,747	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 319,350	8
<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	5,451	12
13	Barber and Beauty Care	11,103	13
14	Non-Patient Meals	5,131	14
15	Telephone, Television and Radio	12,562	15
16	Rental of Facility Space		16
17	Sale of Drugs	91,094	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,403	19
20	Radiology and X-Ray	6,973	20
21	Other Medical Services	198,575	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 339,292	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	1,701,014	24
25	Interest and Other Investment Income***	184,027	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,885,041	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Sch 19A	33,192	28
28a	See Sch 19A	54,549	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 87,741	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 7,452,267	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,511,780	31
32	Health Care	2,602,618	32
33	General Administration	1,922,918	33
<b>B. Capital Expense</b>			
34	Ownership	513,486	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	845,912	35
36	Provider Participation Fee	168,616	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,565,330	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(113,063)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (113,063)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,868,986	44
45	Private Pay - Net Inpatient Revenue	1,910,451	45
46	Medicare - Net Inpatient Revenue	265,197	46
47	Other-(specify) <u>Sheltered Care Revenue</u>	606,229	47
48	Other-(specify) <u>Respite</u>	169,980	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 4,820,843	49

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

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

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

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

^ - This entity is a cash basis taxpayer"

**Facility Name:** Bethesda Rehab & Senior Care  
**IDPH License ID Number:** 0012229  
**Fiscal Year End:** 12/31/2016

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

	<u>Description</u>	<u>Amount</u>
31500	Miscellaneous Income	1,628
31610	Jury Duty Income	175
32900	Grants	31,000
34300	Vending Income	223
35630	Other Servs/Supply - Medicare	-
35870	Med Equip Income - IDPA ICF	166
	<b>Total - Line 28</b>	<b><u><u>33,192</u></u></b>

**XVII. Income Statement**

**Line 28a Other Revenue (specify):**

	<u>Description</u>	<u>Amount</u>
34600	Income - Joint Venture - HRA	-
34700	Income - Joint Venture - RRG	-
79900	Interco Food - Dietary	50,908
79905	Interco Non-Food - Dietary	3,641
	<b>Total - Line 28a</b>	<b><u><u>54,549</u></u></b>

Facility Name & ID Number Bethesda Rehab & Senior Care

# 0012229

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

**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	1,770	2,171	\$ 97,886	\$ 45.09	1
2	Assistant Director of Nursing	5,569	6,347	151,276	23.84	2
3	Registered Nurses	17,042	18,653	578,774	31.03	3
4	Licensed Practical Nurses	9,543	10,666	297,259	27.87	4
5	CNAs & Orderlies	57,341	63,494	850,768	13.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,816	2,048	46,900	22.90	9
10	Activity Assistants	5,008	5,563	83,234	14.96	10
11	Social Service Workers	2,914	3,581	99,312	27.73	11
12	Dietician					12
13	Food Service Supervisor	23,079	25,808	330,718	12.81	13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	6,601	7,218	132,353	18.34	17
18	Housekeepers	14,260	15,680	172,391	10.99	18
19	Laundry	1,737	2,065	27,047	13.10	19
20	Administrator	1,732	2,080	141,814	68.18	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,357	18,586	470,762	25.33	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	1,766	2,096	38,342	18.29	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Sch 20A</u>	5,276	5,937	201,688	33.97	33
34	TOTAL (lines 1 - 33)	171,813	191,992	\$ 3,720,524 *	\$ 19.38	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 8,713	9(3)	36
37	Medical Records Consultant	Monthly 780	10(3)	37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 5,090	10(3)	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant	Monthly 497	39(3)	41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 9,782	11(3)	44
45	Social Service Consultant			45
46	Other(specify) <u>Chaplain</u>	Monthly 11,578	11(3)	46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 36,440		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	35 \$ 2,039	10(3)	50
51	Licensed Practical Nurses	2,263 90,742	10(3)	51
52	Certified Nurse Assistants/Aides	1,719 39,188	10(3)	52
53	TOTAL (lines 50 - 52)	4,017 \$ 131,969		53

**Facility Name:** Bethesda Rehab & Senior Care  
**IDPH License ID Number:** 0012229  
**Fiscal Year End:** 12/31/2016

**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
Other Development	3,324	3,881	129,272	\$ 33.31
Marketing	1,952	2,056	72,416	\$ 35.22
<b>Total - Line 33 Other (specify):</b>	<b>5,276</b>	<b>5,937</b>	<b>201,688</b>	<b>\$ 33.97</b>

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Julie Boggess	Administrator	0	\$ 141,814	Workers' Compensation Insurance	\$ 107,713	IDPH License Fee	\$ 1,400	
				Unemployment Compensation Insurance	4,811	Advertising: Employee Recruitment	16,815	
				FICA Taxes	267,876	Health Care Worker Background Check (Indicate # of checks performed )		
				Employee Health Insurance	306,129	Patient Background Checks	2	
				Employee Meals	9,859	Miscellaneous Licenses & Fees	6,199	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Dues & Subscriptions	1,580	
				Employee Retirement	73,465	LeadingAge & AAHSA Dues	1,602	
				Employee Relations	(1,126)	Less: Lobbying Dues	(320)	
				Employee Life Insurance	3,951			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 141,814			Less: Public Relations Expense	( )	
B. Administrative - Other						Non-allowable advertising	( )	
Description			Amount			Yellow page advertising	( )	
Temp Employees - Admin			\$ 20,302					
Board of Directors Expense			645					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 20,947	TOTAL (agree to Schedule V, line 22, col.8)	\$ 772,678	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 27,296	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
See Sch 21C	See Sch 21C		\$ 200,496	N/A			Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	4,327
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 200,496	TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	\$ 4,327

\* Attach copy of IMRF notifications

\*\*See instructions.

**Facility Name:** Bethesda Rehab & Senior Care  
**IDPH License ID Number:** 0012229  
**Fiscal Year End:** 12/31/2016

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<b>Vendor</b>	<b>Type</b>	<b>Amount</b>
BKD	Accounting	46,420
Marcum LLP	Accounting	224
RSM US LLP	Accounting	15,560
On Shift	Computer Services	6,608
Unemployment Consultants	U/C Consulting	1,500
Consulting Actuarial Group, Inc	401(k) Retirement Plan Aug 0815	2,850
Kestra Advisory Services	Consulting	8,750
Employee Benefits Corporation	Consulting	350
CCC Technologies	Computer Services	34,359
Trustwave-Mailmax	Computer Services	1,530
Accural	Computer Services	(751)
GNXCOR Inc.	Computer Services - MaintenanceCare	1,354
Wescom Solutions, Inc.	Computer Services	25,584
Ability Network Inc.	Computer Services	4,632
COMS	Telephone & Security Camera Lease	2,600
CIT Technologies	Computer Services	9,874
PointClickCare	Computer Services	4,388
Chuhak & Tecson, P.C	Legal	7,487
Kreig Devault	Legal	2,928
Klein Dub & Holleb Ltd	Legal	15,176
Marcum	Accounting	75
Ungaretti & Harris	Legal	506
Reclasses/Accurals	Legal	8,491
<b>Total (agree to Schedule V, line 19, column 3)</b>		<b>200,496</b>
Less: Non-Allowable Legal Fees		(24,076)
<b>Total (agree to Schedule V, line 19, column 8)</b>		<b>176,420</b>

Facility Name & ID Number Bethesda Rehab & Senior Care# 0012229Report Period Beginning: 01/01/2016Ending: 12/31/2016**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. LeadingAge - \$ 1,602
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 42,324 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. \$ 168,616  
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? Yes Indicate the amount. \$ 5,131
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? Adequate records have been maintained  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? N/A  
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: BKD, 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