



Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd

# 0028860 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	<u>224</u>	Skilled (SNF)	<u>224</u>	<u>81,984</u>	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	<u>224</u>	<b>TOTALS</b>	<u>224</u>	<u>81,984</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			<u>10,687</u>	<u>10,687</u>	8
9	SNF/PED					9
10	ICF	<u>30,461</u>	<u>13,463</u>	<u>4,558</u>	<u>48,482</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	<b>TOTALS</b>	<u>30,461</u>	<u>13,463</u>	<u>15,245</u>	<u>59,169</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.17%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

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

YES  NO

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

Date started 10/9/84

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

YES  Date New Construction NO

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

YES  NO  If YES, enter number of beds certified 215 and days of care provided 8,037

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 & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 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	486,166	33,330	3,112	522,608		522,608		522,608		1
2	Food Purchase		363,253		363,253		363,253	(20)	363,233		2
3	Housekeeping	427,483	35,919		463,402		463,402	369	463,771		3
4	Laundry		25,546		25,546		25,546		25,546		4
5	Heat and Other Utilities			267,183	267,183		267,183	9,041	276,224		5
6	Maintenance	37,112		210,854	247,966		247,966	79,225	327,191		6
7	Other (specify):* <b>Mgmt Co.-Allocated B</b>							11,829	11,829		7
8	<b>TOTAL General Services</b>	950,761	458,048	481,149	1,889,958		1,889,958	100,444	1,990,402		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			75,400	75,400		75,400		75,400		9
10	Nursing and Medical Records	4,818,067	400,718	320,676	5,539,461		5,539,461	41,055	5,580,516		10
10a	Therapy										10a
11	Activities	193,486	17,394	5,542	216,422		216,422		216,422		11
12	Social Services	188,414		3,052	191,466		191,466		191,466		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Mgmt Co.-Allocated B</b>							5,356	5,356		15
16	<b>TOTAL Health Care and Programs</b>	5,199,967	418,112	404,670	6,022,749		6,022,749	46,411	6,069,160		16
	<b>C. General Administration</b>										
17	Administrative	131,409		1,736,935	1,868,344		1,868,344	(1,673,659)	194,685		17
18	Directors Fees										18
19	Professional Services			336,870	336,870		336,870	(34,301)	302,569		19
20	Dues, Fees, Subscriptions & Promotions			29,064	29,064		29,064	14,533	43,597		20
21	Clerical & General Office Expenses	194,963	24,036	37,618	256,617		256,617	807,886	1,064,503		21
22	Employee Benefits & Payroll Taxes			1,142,422	1,142,422		1,142,422		1,142,422		22
23	Inservice Training & Education			9,754	9,754		9,754	410	10,164		23
24	Travel and Seminar							1,239	1,239		24
25	Other Admin. Staff Transportation			1,419	1,419		1,419	13,508	14,927		25
26	Insurance-Prop.Liab.Malpractice			386,870	386,870		386,870	18,811	405,681		26
27	Other (specify):* <b>Mgmt Co.-Allocated B</b>							118,645	118,645		27
28	<b>TOTAL General Administration</b>	326,372	24,036	3,680,952	4,031,360		4,031,360	(732,928)	3,298,432		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,477,100	900,196	4,566,771	11,944,067		11,944,067	(586,073)	11,357,994		29

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

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd

#0028860

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			193,814	193,814		193,814	333,270	527,084		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			39,030	39,030		39,030	(3,247)	35,783		32
33	Real Estate Taxes							187,335	187,335		33
34	Rent-Facility & Grounds			1,631,947	1,631,947		1,631,947	(1,626,518)	5,429		34
35	Rent-Equipment & Vehicles			75,468	75,468		75,468	2,574	78,042		35
36	Other (specify):*										36
37	<b>TOTAL Ownership</b>			1,940,259	1,940,259		1,940,259	(1,106,586)	833,673		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		372,156	1,311,361	1,683,517		1,683,517		1,683,517		39
40	Barber and Beauty Shops			16,126	16,126		16,126		16,126		40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			428,615	428,615		428,615		428,615		42
43	Other (specify):* <b>Non-Allowable Cos</b>	37,516		375,091	412,607		412,607	(412,607)			43
44	<b>TOTAL Special Cost Centers</b>	37,516	372,156	2,131,193	2,540,865		2,540,865	(412,607)	2,128,258		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,514,616	1,272,352	8,638,223	16,425,191		16,425,191	(2,105,266)	14,319,925		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	(20)	2		4
5	Telephone, TV & Radio in Resident Rooms	(11,055)	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	39,541	30		9
10	Interest and Other Investment Income	(100,487)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(11,907)	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	(16,252)	43		18
19	Entertainment				19
20	Contributions	(1,030)	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	(244,854)	43		24
25	Fund Raising, Advertising and Promotional	(25,922)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(22,978)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(157,344)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (552,308)		\$	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)	(1,552,958)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,552,958)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (2,105,266)		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

Lexington Hlth Cr Ctr Lombrd

ID# 0028860

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Diagnostics managed care	\$ (3,040)	43	1
2	Labs - Part A	(22,943)	43	2
3	X-Rays - Part A	(15,112)	43	3
4	Marketing Salary	(37,516)	43	4
5	Trust Fees	(530)	43	5
6	State Replacement Tax	(15)	43	6
7	Reclass Repairs & Maintenance to LHI	(12,781)	6	7
8	Collections	(44,166)	19	8
9	Out of Period Legal	(8,043)	19	9
10	Tax Consulting	(2,106)	19	10
11	Salesforce.com Marketing	(6,491)	19	11
12	Non-Allowable Dues & Subscription	(2,764)	20	12
13	Non-Allowable Finance Charge Interest	(1,837)	32	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>	(157,344)		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	19 Professional Fees	\$	Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	\$ 200	\$ 200	1
2	V	20 Licenses & Permits		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	150	150	2
3	V	30 Depreciation		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	180,775	180,775	3
4	V	32 Interest Expense		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	78,539	78,539	4
5	V	33 Property Taxes		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	179,947	179,947	5
6	V	34 Rental Expense	1,631,947	Lexington Health Care Systems of Lombard Ltd. Ptsp.	**		(1,631,947)	6
7	V	43 State Replacement Tax		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	15	15	7
8	V	43 Trust Fees		Lexington Health Care Systems of Lombard Ltd. Ptsp.		530	530	8
9	V	43 Penalties		Lexington Health Care Systems of Lombard Ltd. Ptsp.		2	2	9
10	V	21 Admin & General		Lexington Health Care Systems of Lombard Ltd. Ptsp.		2	2	10
11	V			** The owners of Lexington Health Care Center of Lombard, Inc. own				11
12	V			100% of Lexington Health Care Systems of Lombard Limited Partnership.				12
13	V							13
14	Total		\$ 1,631,947			\$ 440,160	\$ * (1,191,787)	14

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd# 0028860Report Period Beginning: 01/01/2016 Ending: 12/31/2016

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 369	\$	369	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	8,150		8,150	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	344		344	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	547		547	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	83,904		83,904	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	7,751		7,751	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	351		351	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	11,829		11,829	22	
23	V	10 Medical consultant		Royal Management Corp.	**	3,061		3,061	23	
24	V	10 Management allocation - salaries		Royal Management Corp.	**	37,994		37,994	24	
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	5,356		5,356	25	
26	V	17 Management allocation - salaries		Royal Management Corp.	**	63,276		63,276	26	
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	16,939		16,939	27	
28	V	19 Professional fees		Royal Management Corp.	**	24,832		24,832	28	
29	V	20 Dues & subscriptions		Royal Management Corp.	**	2,523		2,523	29	
30	V	20 Advertising - help wanted		Royal Management Corp.	**	14,624		14,624	30	
31	V	21 Management allocation - salaries		Royal Management Corp.	**	778,316		778,316	31	
32	V	21 Bank charges		Royal Management Corp.	**	3,115		3,115	32	
33	V	21 Office supplies & printing		Royal Management Corp.	**	10,524		10,524	33	
34	V	21 Postage		Royal Management Corp.	**	3,917		3,917	34	
35	V	21 Telephone		Royal Management Corp.	**	12,012		12,012	35	
36	V								36	
37	V								37	
38	V	** The owners of Lexington Health Care Center of Lombard, Inc. own 100% of Royal Management Corp.								38
39	Total		\$			\$ 1,089,734	\$ *	1,089,734	39	

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	23 Inservice Training	\$	Royal Management Corp.	**	\$ 410	\$ 410
16	V	24 Travel & seminar		Royal Management Corp.	**	1,239	1,239
17	V	25 Auto expense		Royal Management Corp.	**	13,508	13,508
18	V	26 Insurance general		Royal Management Corp.	**	3,345	3,345
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	118,645	118,645
20	V	30 Depreciation		Royal Management Corp.	**	112,954	112,954
21	V	32 Interest		Royal Management Corp.	**	17,996	17,996
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,542	2,542
23	V	33 Property taxes		Royal Management Corp.	**	7,388	7,388
24	V	34 Rent expense		Royal Management Corp.	**	5,429	5,429
25	V	35 Equipment rental		Royal Management Corp.	**	1,579	1,579
26	V	17 Management fees	1,736,935	Royal Management Corp.	**		(1,736,935)
27	V	35 Auto Lease		Royal Management Corp.	**	995	995
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V	** The owners of Lexington Health Care Center of Lombard, Inc. own 100% of Royal Management Corp.					
39	Total		\$ 1,736,935			\$ 286,030	\$ * (1,450,905)

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

Facility Name &amp; ID Number

Lexington Hlth Cr Ctr Lombrd

# 0028860

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

## VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	James Samatas	33.33%	Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingtondale	Eastgate Manor	Algonquin	Supportive	1
2	John Samatas	33.33%	Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	of Algonquin, LLC		Living Facility	2
3	Cynthia Thiem	33.34%	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Vesta Mgmt	Lombard	Mgmt. Company	3
4			Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Group, LLC			4
5			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Lexington Square	Lombard	Independent and	5
6			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Life Care of		Assisted Living	6
7			Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	Lombard, LLC		Facility	7
8			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	Lexington Square	Elmhurst	Independent	8
9			Lexington HC Ctr. of Orland Park, Inc.	Orland Park	Life Care of		Living Facility	9
10					Elmhurst, LLC			10
11					Lexington Health	Lombard	Real Estate	11
12					Care Systems of		Property	12
13					Lombard Ltd. Pts			13
14					Royal Management	Lombard	Mgmt Company	14
15					Corporation			15
16					Lexington Financial	Lombard	Finance Company	16
17					Services, LLC			17
18					Heron Point	Lombard	Mgmt Company	18
19					Management Corp.			19
20					Samvest of	Lombard	Lessor	20
21					Lombard II, LLC			21
22					North Heron	Lombard	Finance Company	22
23					Investments, LLC			23
24					Lexington Home	Lombard	Home Health	24
25					Health Care, Inc.			25
26					Lexington Hospice	Lombard	Hospice	26
27					Services, LLC			27
28					Lexington Private	Lombard	Healthcare	28
29					Home Care			29
30					Merit Sleep Mgmt, LL	Lombard	Mgmt Company	30

Facility Name & ID Number

Lexington Hlth Cr Ctr Lombrd

# 0028860

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

**VII. RELATED PARTIES**

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1					Sambell of	Bloomingtondale	Real Estate	1
2					Bloomingtondale Ltd. Pts		Property	2
3					Sambell of Chicago	Chicago Ridge	Real Estate	3
4					Ridge Ltd. Ptsp.		Property	4
5					Sambell of Elmhurst	Elmhurst	Real Estate	5
6					II Ltd. Ptsp.		Property	6
7					Sambell of LaGrange	LaGrange	Real Estate	7
8					Ltd. Ptsp.		Property	8
9					Lexington Health Care	Lake Zurich	Real Estate	9
10					Systems of Lake Zurich		Property	10
11					Ltd. Ptsp.			11
12					Lexington Health Care	Orland Park	Real Estate	12
13					Systems of Orland		Property	13
14					Park Ltd. Ptsp.			14
15					Sambell of	Schaumburg	Real Estate	15
16					Schaumburg Ltd. Ptsp		Property	16
17					Sambell of	Streamwood	Real Estate	17
18					Streamwood Ltd. Ptsp		Property	18
19					Lexington Health Care	Wheeling	Real Estate	19
20					Systems of Wheeling		Property	20
21					Ltd. Ptsp.			21
22					Samvest of Algonquin	Algonquin	Real Estate	22
23					Ltd. Ptsp.		Property	23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 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	James Samatas	Owner/officer	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 10,552	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops.	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	7,340	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,787	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	14,658	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	20,940	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 63,276		13

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

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd

# 0028860

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

Name of Related Organization

Royal Management Corp.

Street Address

665 W. North Avenue, Suite 500

City / State / Zip Code

Lombard, IL 60148

Phone Number

( 630) 458-4700

Fax Number

( 630) 458-4796

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	3	Housekeeping supplies	Bed Days	724,314	10	\$ 3,263	\$ 81,984	\$ 369	1	
2	5	Utilities - gas & electric	Bed Days	724,314	10	72,000	81,984	8,150	2	
3	5	Utilities - water & sewer	Bed Days	724,314	10	3,036	81,984	344	3	
4	5	Utilities - maintenance office	Bed Days	724,314	10	4,835	81,984	547	4	
5	6	Management allocation - salaries	Bed Days	724,314	10	741,281	741,281	81,984	83,904	5
6	6	Repairs & maintenance	Bed Days	724,314	10	68,481	81,984	7,751	6	
7	6	Scavenger & exterminating	Bed Days	724,314	10	3,101	81,984	351	7	
8	7	Management allocation - employees	Bed Days	724,314	10	104,504	81,984	11,829	8	
9	10	Medical consultant	Bed Days	724,314	10	27,047	81,984	3,061	9	
10	10	Management allocation - salaries	Bed Days	724,314	10	335,674	335,674	81,984	37,994	10
11	15	Management allocation - employees	Bed Days	724,314	10	47,322	81,984	5,356	11	
12	17	Management allocation - salaries	Bed Days	724,314	10	559,036	559,036	81,984	63,276	12
13	19	Computer consultant & supplies	Bed Days	724,314	10	149,651	81,984	16,939	13	
14	19	Professional fees	Bed Days	724,314	10	219,386	81,984	24,832	14	
15	20	Dues & subscriptions	Bed Days	724,314	10	22,289	81,984	2,523	15	
16	20	Advertising - help wanted	Bed Days	724,314	10	129,203	81,984	14,624	16	
17	21	Management allocation - salaries	Bed Days	724,314	10	6,876,284	6,876,284	81,984	778,316	17
18	21	Bank charges	Bed Days	724,314	10	27,523	81,984	3,115	18	
19	21	Office supplies & printing	Bed Days	724,314	10	92,982	81,984	10,524	19	
20	21	Postage	Bed Days	724,314	10	34,606	81,984	3,917	20	
21	21	Telephone	Bed Days	724,314	10	106,126	81,984	12,012	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 9,627,630	\$ 8,512,275	\$ 1,089,734	25	

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd

# 0028860

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	23	Inservice Training	Bed Days	724,314	10	\$ 3,621	\$ 81,984	\$ 410	1
2	24	Travel and Seminar	Bed Days	724,314	10	10,947	81,984	1,239	2
3	25	Auto expense	Bed Days	724,314	10	119,337	81,984	13,508	3
4	26	Insurance general	Bed Days	724,314	10	29,556	81,984	3,345	4
5	27	Management allocation - employees	Bed Days	724,314	10	1,048,208	81,984	118,645	5
6	30	Depreciation	Bed Days	724,314	10	997,930	81,984	112,954	6
7	32	Interest	Bed Days	724,314	10	158,994	81,984	17,996	7
8	32	Amortization of mortgage costs	Bed Days	724,314	10	22,462	81,984	2,542	8
9	33	Property taxes	Bed Days	724,314	10	65,273	81,984	7,388	9
10	34	Rent expense	Bed Days	724,314	10	47,968	81,984	5,429	10
11	35	Equipment rental	Bed Days	724,314	10	13,953	81,984	1,579	11
12	35	Auto Lease	Bed Days	724,314	10	8,793	81,984	995	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,527,042	\$	\$ 286,030	25

Facility Name & ID Number

Lexington Hlth Cr Ctr Lombrd

# 0028860

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																				
2																				
3																				
4			Finance Charge - Insurance Policy							1,837										
5																				
<b>Working Capital</b>																				
6	Bank of America		X	Line of Credit	Varies	4/30/12	2500000	650,000	4/30/2017	Prime/Libor	19,570									
7	Shareholder Loan	X		Capital Improvements	Varies	7/16/08	499000	499,000	Demand	Prime	17,574									
8	Shareholder Loan	X		Working Capital	Varies	4/30/08	2230000	2,230,000	Demand	Prime	78,539									
9	<b>TOTAL Facility Related</b>						\$ 5,229,000	\$ 3,379,000			\$ 117,520									
<b>B. Non-Facility Related*</b>																				
10										Microsoft Software Interest	49									
11										Offset of Shareholder Interest	(96,113)									
12										Interest Income Offset	(4,374)									
13										See Sch 9A	18,701									
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (81,737)									
15	<b>TOTALS (line 9+line14)</b>						\$ 5,229,000	\$ 3,379,000			\$ 35,783									

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.)

Facility Name: Lexington Hlth Cr Ctr Lombrd  
 IDPH License ID Number: 0028860  
 Fiscal Year End: 12/31/2016

**Schedule 9A**

**IX. Interest Expense and Real Estate Tax Expense**

	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							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
	<b>Working Capital</b>												
6												6	
7												7	
8												8	
9	<b>TOTAL Facility Related</b>				<b>\$0.00</b>		<b>\$ 0</b>	<b>\$ 0</b>			<b>\$ 0</b>	9	
	<b>B. Non-Facility Related*</b>												
10											<b>Amortization of mortgage cost</b>	<b>2,542</b>	10
11											<b>Allocation of Management Costs</b>	<b>17,996</b>	11
12											<b>Non Allowable Finance Charge</b>	<b>(1,837)</b>	12
13													13
14	<b>TOTAL Non-Facility Related</b>				<b>\$0.00</b>		<b>\$ 0</b>	<b>\$ 0</b>				<b>\$ 18,701</b>	14

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

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2015 report.			\$	<b>199,200</b>	<b>1</b>
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.)		2015	\$	<b>186,772</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).			\$	<b>(12,428)</b>	<b>3</b>
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>192,375</b>	<b>4</b>
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>			\$		<b>5</b>
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>			\$	<b>7,388</b>	<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<b>187,335</b>	<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2011	<b>178,187</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	2012	<b>188,895</b>	<b>9</b>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2015 \$
	2013	<b>187,527</b>	<b>10</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$
	2014	<b>206,048</b>	<b>11</b>	<b>15</b>	LESS REFUND FROM LINE 6 \$
	2015	<b>186,772</b>	<b>12</b>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$
<a href="#">See attached real estate accrual sheet</a>					

**NOTES:**

- Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
- 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.**

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

FACILITY NAME Lexington Health Care Center of Lombard, Inc. COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0028660

CONTACT PERSON REGARDING THIS REPORT Karen Gillis

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

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

Enter the tax index number and real estate tax assessed for 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>06-19-307-002</u>	<u></u>	\$ <u>186,771.78</u>	\$ <u>186,771.78</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>	<u></u>	\$ <u></u>	\$ <u></u>
3. <u>05-01-202-021</u>	<u>Land &amp; Building</u>	\$ <u>249,002.30</u>	\$ <u>7,388.00</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>435,774.08</u></u>	\$ <u><u>194,159.78</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 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 Lexington Hlth Cr Ctr Lombrd

# 0028860 Report Period Beginning:

01/01/2016 Ending:

12/31/2016

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 78,770 B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Lombard Lexington Square Life Care, Inc.: Retirement Community; 261 units; 309,000 square feet

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

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

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>30,000</u>	<u>1984</u>	<u>\$ 616,761</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>22,198</u>	<u>2</u>
3	<b>TOTALS</b>	<b>30,000</b>		<b>\$ 638,959</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	215	1984	1984	\$ 3,661,472	\$	35	\$ 104,614	\$ 104,614	\$ 3,371,605	4
5	9	1995	1995	284,156	8,119	35	8,119		166,435	5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Building Improvements	1990		96,219		10			96,218	9
10	Leasehold Improvements Additions	1995		71,493		10			71,493	10
11	Building Improvements	1994		20,200		10			20,200	11
12	Building Improvements	1995		14,535	415	35	415		8,926	12
13	Building Improvements - dishwasher hood	1996		2,748		10			2,748	13
14	Building Improvements - outside painting	1996		11,308		10			11,308	14
15	Building Improvements - dining room	1996		3,752		10			3,752	15
16	Leasehold Improvements	1992		16,299	466	35	466		11,413	16
17	Leasehold Improvements	1994		21,836		10			21,836	17
18	Leasehold Improvements - 2nd floor	1996		19,319		10			18,353	18
19	Leasehold Improvements - bathroom rehal	1996		9,216		10			8,909	19
20	Leasehold Improvements - fan coil repairs	1996		6,669	191	35	191		3,879	20
21	Land Improvements	1993		2,985		15			2,985	21
22	Land Improvements	1995		4,596		15			4,595	22
23	Capitalized Repairs	1986		1,730		10			1,730	23
24	Building Improvements - basement	1996		18,993		10			18,993	24
25	Leasehold Improvements - Corner Guards	1997		520		10			520	25
26	Leasehold Improvements - Corridor flooring	1997		10,380		10			10,380	26
27	BI: Kitchen Rehab	1998		2,494		10			2,494	27
28	Wiring for MDS project	1998		3,365		10			3,365	28
29	Install Fire Sprinklers in Mechanical Rms	1998		4,600	131	35	131		2,428	29
30	Tile for Lobby	1998		20,530		10			20,530	30
31	Walk in Freezers/Coolers	1998		3,183	91	35	91		1,683	31
32	Fire Wall Repairs	1998		12,411	355	35	355		6,564	32
33	Underground storage tank	1998		2,613		10			2,613	33
34	Repave parking lot	1999		7,625		15			7,625	34
35	Lounge Floor Tile	1999		2,963		10			2,963	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 Lexington Hlth Cr Ctr Lombrd

# 0028860

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	Rewire Building	1999	\$ 9,083	\$ 260	35	\$ 260	\$	\$ 4,546	37
38	Heat exchanger for water heater	1999	1,660		5			1,660	38
39	Compressor and tank for freezer	1999	2,924		5			2,924	39
40	Plumbing Improvements	2000	2,833		10			2,833	40
41	Relocate 2nd floor sprinklers	2000	2,200	63	35	63		1,038	41
42	Water heater repairs	2000	3,831		5			3,831	42
43	Automatic door	2000	4,556	130	35	130		2,146	43
44	Install sprinklers	2001	6,082		10			6,082	44
45	Infrared curtains for elevator	2001	4,500		10			4,500	45
46	Elevator upgrade	2002	3,006		5			3,006	46
47	Condensor	2002	2,679		5			2,679	47
48	Resurfacing Parking Lot	2003	30,690	1,535	20	1,535		20,592	48
49	Plumbing loop repairs	2003	6,125		10			6,125	49
50	Fire alarm panel/call system	2003	8,495	425	20	425		5,913	50
51	Facility Rehab - Painting	2003	6,872		10			6,872	51
52	Facility Rehab - Floor Tile	2003	28,888	1,444	20	1,444		19,188	52
53	Nurse call system	2003	49,451	2,473	20	2,473		32,353	53
54	Brick paved sidewalk/entryway	2003	5,855	293	20	293		3,930	54
55	Facility redecorating - painting/wallpaper	2003	314,478	15,724	20	15,724		220,136	55
56	Fire alarm panel/call system	2003	276,327	13,816	20	13,816		193,426	56
57	Floor Tile	2003	58,720	2,936	20	2,936		41,104	57
58	Carpeting/cove base	2003	29,518		10			29,518	58
59	Water heater	2004	9,209		10			9,209	59
60	Kitchen sewer and dishroom	2004	31,233	1,562	20	1,562		18,873	60
61	Landscaping	2005	3,255	163	20	163		1,860	61
62	HVAC	2005	8,028	401	20	401		4,479	62
63	Kitchen sewer, dishroom and ceiling	2005	22,924	1,146	20	1,146		13,275	63
64	Lobby and reception redecorating - painting/wallpaper	2005	37,999	1,900	20	1,900		22,167	64
65	Rehab therapy room - electrical, carpet, tile	2005	66,393	3,320	20	3,320		38,732	65
66	Rehab 1st floor therapy room - electrical, carpet, tile	2005	39,341	1,967	20	1,967		22,948	66
67	Wallpaper, tile, electrical for transitional unit	2005	22,946	1,147	20	1,147		13,478	67
68	Window treatments	2005	8,053	403	20	403		4,667	68
69	Tile, flooring, and wallpaper	2005	57,699	2,885	20	2,885		33,418	69
70	TOTAL (lines 4 thru 69)		\$ 5,504,063	\$ 63,761		\$ 168,375	\$ 104,614	\$ 4,704,051	70

\*\*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 12A, Carried Forward</b>		\$ 5,504,063	\$ 63,761		\$ 168,375	\$ 104,614	\$ 4,704,051	1
2	Countertops	2005	845		5			845	2
3	Curtains and blinders	2005	4,672		5			4,672	3
4	Mini scroll	2005	527		5			527	4
5	Medical Records Storage/Office Room	2006	5,901	148	40	148		1,504	5
6	Office Remodel	2006	5,537	138	40	138		1,380	6
7	Piping	2006	4,511	301	15	301		3,110	7
8	HVAC	2006	7,985	200	40	200		2,000	8
9	Emergency A/C	2006	9,385	235	40	235		2,350	9
10	Adm Office-HVAC	2006	6,421	161	40	161		1,676	10
11	Sink installation	2006	2,561	64	40	64		688	11
12	Land Improvements Patio	2006	23,736	1,582	15	1,582		16,348	12
13	Brick Pavers	2007	8,500	567	15	567		5,481	13
14	Landscaping	2007	16,420	821	20	821		7,731	14
15	Parking Lot	2007	13,219	661	20	661		6,224	15
16	Roof	2007	9,800	490	20	490		4,778	16
17	HVAC	2007	8,197	410	20	410		3,895	17
18	LHI-Emergency A/C	2007	11,126	556	20	556		5,097	18
19	LHI-Plumbing & Sprinkler	2007	6,799	680	10	680		6,290	19
20	Automatic Doors in Common Areas	2007	20,874	1,044	20	1,044		9,831	20
21	Tike System & Foundation	2007	4,500	225	20	225		2,044	21
22	Exterior of Building Painting	2007	16,600	830	20	830		7,678	22
23	Landscaping	2008	21,600	1,440	15	1,440		12,600	23
24	Parking Lot	2008	9,625	481	20	481		4,129	24
25	Roof Repair	2008	11,001	550	20	550		4,583	25
26	HVAC	2008	20,164	1,102	20	1,102		9,361	26
27	Sink and Toilet	2008	4,000	400	10	400		3,467	27
28	Elevator Upgrades	2008	171,955	4,299	40	4,299		35,467	28
29	Metal Doors	2008	3,907	195	20	195		1,707	29
30	Basement Renovation	2008	25,195	1,260	20	1,260		10,920	30
31	Trash Compactor	2008	11,590	580	20	580		4,930	31
32	Painting Gazebo	2008	4,450	223	20	223		1,876	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,975,666	\$ 83,404		\$ 188,018	\$ 104,614	\$ 4,887,240	34

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

Facility Name &amp; ID Number Lexington Hlth Cr Ctr Lombrd

# 0028860

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>		\$ 5,975,666	\$ 83,404		\$ 188,018	\$ 104,614	\$ 4,887,240	1
2	2nd floor remodel-Electric, flooring,painting	2008	561,165		27	20,406	20,406	164,949	2
3	Kitchen Upgrade-Carpentry, painting, plumbing	2008	18,364		27	668	668	5,400	3
4	1st floor remodel-painting, electrical, flooring,plumbing	2008	547,836		27	19,921	19,921	177,629	4
5	Irrigation System	2009	14,235	949	15	949		7,038	5
6	Landscaping Enhancements	2009	22,005	1,467	15	1,467		11,003	6
7	Roof	2009	139,578	6,979	20	6,979		51,761	7
8	Fan Coil	2009	5,607	280	20	280		2,171	8
9	Quick Connectors	2009	5,300	265	20	265		2,032	9
10	Room Convactor	2009	4,962	248	20	248		1,798	10
11	Nurse Call System	2009	35,509	1,291	27	1,291		9,464	11
12	Electrical key pad	2009	5,995	218	27	218		1,617	12
13	PT Room Countertops	2009	4,050	147	27	147		1,042	13
14	2nd floor remodel-Electric, flooring,painting	2009	2,935	107	27	107		838	14
15	Patio Pergola	2009	10,849	542	20	542		3,885	15
16	Landscaping/Retaining wall	2010	4,741	316	15	316		2,054	16
17	Ejector Pump	2010	6,983	466	15	466		3,028	17
18	Parking lot repair/signs	2010	8,970	533	15	533		4,738	18
19	Repair Roof	2010	24,000	1,200	20	1,200		7,300	19
20	Key pad entrance	2010	3,085	308	10	308		2,080	20
21	Canopy	2010	2,567	257	10	257		1,691	21
22	Exhaust HVAC	2010	4,003	146	27	146		900	22
23	Drainline	2010	4,130	151	27	151		918	23
24	Pantry carpentry,electrical,plumbing	2010	7,566	276	27	276		1,771	24
25	Paint over bed lights	2010	6,319	231	27	231		1,539	25
26	Library/Lounge carpentry,painting,signs	2010	8,441	308	27	308		1,951	26
27	Second floor doors	2010	3,144	314	10	314		2,120	27
28	Med Room carpentry,plumbing	2010	7,678	280	27	280		1,797	28
29	Patio Pergola	2010	11,695		5			11,695	29
30	Stamped concrete	2010	15,862	1,057	15	1,057		7,047	30
31	Office carpentry, flooring,electrical,painting,plumbing,signs	2010	64,446	1,793	27	1,793		32,454	31
32	3rd floor remodel-carpentry,plumbing,electrical,painting	2010	753,399		27	60,085	60,085	395,559	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,291,085	\$ 103,533		\$ 309,227	\$ 205,694	\$ 5,806,509	34

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

Facility Name &amp; ID Number Lexington Hlth Cr Ctr Lombrd

# 0028860

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>		\$ 8,291,085	\$ 103,533		\$ 309,227	\$ 205,694	\$ 5,806,509	1
2									2
3	Office Remodel - carpentry,plumbing,electrical,painting	2011	11,187	407	27	407		2,306	3
4	Front Entrance remodel of kitchen doors	2011	3,584	130	27	130		650	4
5	Remodel Shower Room - Carpentry, Flooring, Electrical,	2011	53,886	1,959	27	1,959		10,285	5
6	-Plumbing, Showers, Millwork & Painting								6
7	Boiler Coll HVAC	2011	3,175	115	27	115		634	7
8	Roof Top Unit HVAC	2011	40,890	1,487	27	1,487		7,807	8
9	Fire Dampers HVAC	2011	67,012	2,437	27	2,437		12,388	9
10	Remodel Laundry Room - Electrical, Painting and Flooring	2011	9,814	357	27	357		1,934	10
11	Replace Doors on 1st Floor	2011	57,237	2,081	27	2,081		10,578	11
12	Replace doors on 2nd Floor	2011	39,952	1,453	27	1,453		7,749	12
13	Doctors office-keys, painting, flooring	2012	5,484	199	27	199		415	13
14	Generator Exhaust	2012	21,590	785	27	785		3,663	14
15	Sprinklers in building - Front Canopy & Lobby Area	2012	11,558	420	27	420		1,750	15
16	Replace sanitary pipe	2012	5,800	211	27	211		967	16
17	Replace lights, mirrors in 1st floor resident rooms	2012	10,962	399	27	399		1,795	17
18	Replacement faucets in 1st floor resident rooms	2012	6,410	233	27	233		1,029	18
19	EMR Wiring- Entire Facility	2012	18,690	680	27	680		2,833	19
20									20
21	Fence- Entire Facility	2013	5,840	389	15	389		1,232	21
22	Sprinkler Heads- Entire Facility	2013	25,361	922	27	922		3,381	22
23	Holding Tank- Kitchen	2013	25,724	935	27	935		2,805	23
24									24
25	R/M Reclass: Generator transfer switch in Mechanical Room	2014	4,681		12	390	390	975	25
26	R/M Reclass: Landscaping for flowers around main entrance	2014	2,840		15	189	189	474	26
27									27
28	Add EMR Wiring 1st floor	2015	5,268	192	27	192		303	28
29	Replaced four boilers in boiler room	2015	173,357	6,304	27	6,304		6,829	29
30	R/M Reclass: Sealcoating and paving parking lot	2015	4,200		20	210	210	315	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,905,588	\$ 125,628		\$ 332,111	\$ 206,483	\$ 5,889,606	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,905,588	\$ 125,628		\$ 332,111	\$ 206,483	\$ 5,889,606	1
2									2
3	Chair Rail Installation in First and Second Floor Rooms	2016	10,199		27				3
4	R&M Reclass: Doors Installation on: 2nd and 3rd Floors North Si	2016	5,786		10	289	289	289	4
5	and South Side Shower Entrances								5
6	R/M Reclass: Underground Sanitary Pipe Replacement in the Low	2016	2,500		15	83	83	83	6
7	Level Entrance to Ramp Area and Back Elevator Hallway								7
8	R/M Reclass: Fire Pump Overhaul and New Gauge Tap and Gaug	2016	4,495		15	150	150	150	8
9	Installation in the Fire Pump Room in the Basement								9
10									10
11	Reconcile to book			301			(301)		11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,928,568	\$ 125,929		\$ 332,633	\$ 206,704	\$ 5,890,129	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>		\$ 8,928,568	\$ 125,929		\$ 332,633	\$ 206,704	\$ 5,890,129	1
2									2
3	Building-management company	2002	307,173		40	9,331	9,331	136,294	3
4	HVAC, electrical, security system-management company	2003	2,698		30	663	663	2,143	4
5	Key card system-management company	2004	424		20	22	22	263	5
6	VAV TX controls-management compnay	2005	129		20	7	7	76	6
7	Building Improvements-management company	2006	94		20	6	6	64	7
8	Building Improvements-management company	2008	14,885		20	170	170	6,505	8
9	Building Improvements-management company	2009	2,779		20	53	53	1,128	9
10	Building Improvements-management company	2010	2,708		20	51	51	1,041	10
11	Building Improvements-management company	2011	1,911		20	91	91	489	11
12	Building Improvements-management company	2012	6,604		20	13	13	1,129	12
13	Building Improvements-management company	2013	4,990		20	371	371	1,187	13
14	Building Improvements-management company	2014	2,701		20	276	276	678	14
15	Building Improvements-management company	2015	475		20	59	59	87	15
16	Building Improvements-management company	2016	7,836		20	225	225	225	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,283,975	\$ 125,929		\$ 343,971	\$ 218,042	\$ 6,041,438	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd

# 0028860

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	\$ 729,509	\$ 66,864	\$ 80,475	\$ 13,611	5-10	\$ 656,530	71
72	Current Year Purchases	11,858	1,021	1,021	-	7	1,021	72
73	Fully Depreciated Assets	708,213			-	5 - 7	708,213	73
74	Allocated from Mgmt. Co.	637,099		98,679	98,679	5 - 7	525,687	74
75	TOTALS	\$ 2,086,679	\$ 67,885	\$ 180,175	\$ 112,290		\$ 1,891,450	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	-		\$	76
77							-			77
78							-			78
79	Allocated from Mgmt. Co.			57,433		2,938	2,938	5	50,999	79
80	TOTALS			\$ 57,433	\$ -	\$ 2,938	\$ 2,938		\$ 50,999	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)	\$ 12,067,046	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 193,814	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 527,084	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 333,270	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,983,887	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.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocated from Management Compar				5,429			6
7	TOTAL				\$ 5,429			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 \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ 77,047 Description: Copier: \$7,302, Postage: \$240, Printer: \$4,760, Oxygen: \$21,292, Med Equip: \$41,874, Mgmt Alloc.: \$1,579

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20	Allocated from Management Company			995	20
21	TOTAL		\$	\$ 995	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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b> <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			
		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	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	\$	9,117	\$ 394,937	\$	9,117	\$ 394,937							1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,539	156,341		2,539	156,341							2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39(3)	hrs		16,670	759,171		16,670	759,171							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						365,875						365,875	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Ambulance</u>	39(3)				912								912		12
13	Other (specify): <u>See Sch 16A</u>	39(2)							6,281					6,281		13
14	TOTAL			\$				28,326	\$ 1,311,361	\$	372,156		28,326	\$	1,683,517	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:** Lexington Hlth Cr Ctr Lombrd  
**IDPH License ID Number:** 0028860  
**Fiscal Year End:** 12/31/2016

**Schedule 16A**

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

**Line 13 Other (specify)**

<u>Description</u>	<u>Ref</u>	<u>Amount</u>
Oxygen	39(2)	5,572
DME	39(2)	709
<b>Total - Line 13</b>		<b><u><u>6,281</u></u></b>

**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	\$ 1,983,126	\$ 2,346,718	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,037,257</u> )	3,673,965	3,673,965	3
4	Supply Inventory (priced at _____ )			4
5	Short-Term Investments			5
6	Prepaid Insurance	154,348	154,348	6
7	Other Prepaid Expenses	14,563	14,563	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>PA Interest Receivable</b>	11,700	11,700	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,837,702	\$ 6,201,294	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		638,959	13
14	Buildings, at Historical Cost		3,661,472	14
15	Leasehold Improvements, at Historical Cost	3,089,202	5,622,503	15
16	Equipment, at Historical Cost	493,852	2,144,112	16
17	Accumulated Depreciation (book methods)	(1,913,613)	(7,983,887)	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 _____)			22
23	Other(specify): _____			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,669,441	\$ 4,083,159	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,507,143	\$ 10,284,453	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 399,460	\$ 399,460	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	650,000	650,000	29
30	Accrued Salaries Payable	485,126	485,126	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,844	22,844	31
32	Accrued Real Estate Taxes(Sch.IX-B)		192,375	32
33	Accrued Interest Payable		6,889	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	3,203,803	1,112,493	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,761,233	\$ 2,869,187	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	499,000	2,729,000	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 (sum of lines 39 thru 44)</b>	\$ 499,000	\$ 2,729,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,260,233	\$ 5,598,187	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,246,910	\$ 4,686,266	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 7,507,143	\$ 10,284,453	48

\*(See instructions.)

**Facility Name:** Lexington Hlth Cr Ctr Lombrd  
**IDPH License ID Number:** 0028860  
**Fiscal Year End:** 12/31/2016

**Schedule 17A**

**XV. Balance Sheet**

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

<b>Account No.</b>	<b>Description</b>	<b>Operating</b>	<b>After Consolidation</b>
00-10140-00	Cash Patient Trust	12,738	12,738
00-13040-00	Rent Receivable	0	(2,093,310)
00-14530-00	Prepaid Insurance	43,339	43,339
00-21030-00	COBRA	(3,517)	(3,517)
00-21040-00	Withholding - Dental Insurance	(1,426)	(1,426)
00-21050-00	Withholding - EP/CI/WL	(29,470)	(29,470)
00-21060-00	Withholding - Short Term Disability	19,789	19,789
00-21065-00	Life Insurance Withholding	9,993	9,993
00-21085-00	Vision Withholding	(357)	(357)
00-21100-00	401K Withholding	(838)	(838)
00-22030-00	Accrued Expenses	252,316	252,316
00-22040-00	Accrued Resident Tax	81,386	81,386
00-22060-00	Accrued Royal / Vesta Mgmt Fees	39,107	39,107
00-22120-00	Accrued Rent	2,093,310	2,093,310
00-22140-00	Accrued Insurance	27,766	27,766
00-22270-00	Due to Patient Trust Fund	(11,021)	(11,021)
00-22330-00	Advance - Biweekly Part A Payment	5,076	5,076
00-22360-00	Uncollectible Part A Co Pvts	(52,467)	(52,467)
00-23530-00	Due to - Royal Operations	21,699	21,699
00-23720-00	Due to/from Republic Construction	3,634	3,634
00-23730-00	Due to Bloomingdale	(820)	(820)
00-23750-00	Due to LHCC Elmhurst	53	53
00-23760-00	Due to LaGrange	981	981
00-23780-00	Due to/from LHC System of Lombard	(2,000)	0
00-23830-00	Due to/from Square Lombard	(228,192)	(228,192)
00-23850-00	Due to/from Schaumburg	160	160
00-24400-00	Professional Liabilities Claims	922,564	922,564
	<b>Total - Line 36</b>	<b>3,203,803</b>	<b>1,112,493</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>2,667,959</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Post closing adjustment</b>	<b>10,653</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>2,678,612</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>198,298</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>(630,000)</b>	<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>(431,702)</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>2,246,910</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	\$ 22,110,488	1
2	Discounts and Allowances for all Levels	(11,102,792)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,007,696	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,412,012	6
7	Oxygen	6,801	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 4,418,813	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		12
13	Barber and Beauty Care	18,887	13
14	Non-Patient Meals	20	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	634,207	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	184,449	19
20	Radiology and X-Ray	25,248	20
21	Other Medical Services	329,795	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,192,606	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	4,374	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 4,374	26
<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>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,623,489	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,889,958	31
32	Health Care	6,022,749	32
33	General Administration	4,031,360	33
<b>B. Capital Expense</b>			
34	Ownership	1,940,259	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,112,250	35
36	Provider Participation Fee	428,615	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 16,425,191	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	198,298	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 198,298	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,004,676	44
45	Private Pay - Net Inpatient Revenue	1,952,359	45
46	Medicare - Net Inpatient Revenue	1,676,002	46
47	Other-(specify) <u>Managed Care</u>	374,659	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 11,007,696	49

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

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

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

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

^ - Entity is a Cash Basis Taxpayer

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd

# 0028860

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	1,748	2,088	\$ 127,367	\$ 61.00	1
2	Assistant Director of Nursing	2,922	3,795	145,963	38.46	2
3	Registered Nurses	35,640	43,595	1,473,448	33.80	3
4	Licensed Practical Nurses	25,284	30,817	809,968	26.28	4
5	CNAs & Orderlies	96,612	113,421	1,668,787	14.71	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,821	2,146	44,335	20.66	9
10	Activity Assistants	10,176	11,846	149,151	12.59	10
11	Social Service Workers	8,398	9,525	188,414	19.78	11
12	Dietician	1,846	2,128	47,886	22.50	12
13	Food Service Supervisor	1,793	2,162	47,176	21.82	13
14	Head Cook	1,868	2,162	64,443	29.81	14
15	Cook Helpers/Assistants	26,201	30,359	326,661	10.76	15
16	Dishwashers					16
17	Maintenance Workers	1,823	2,098	37,112	17.69	17
18	Housekeepers	32,658	38,929	427,483	10.98	18
19	Laundry					19
20	Administrator	1,697	2,037	131,409	64.51	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,234	10,047	194,963	19.41	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	1,176	1,551	25,692	16.56	31
32	Other Health C: <u>Memory Care</u>	18,352	23,106	566,842	24.53	32
33	Other(specify) <u>Marketing</u>	1,021	1,024	37,516	36.64	33
34	TOTAL (lines 1 - 33)	279,270	332,835	\$ 6,514,616 *	\$ 19.57	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	Monthly 75,400	9(3)	36
37	Medical Records Consultant	Monthly 406	10(3)	37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 12,362	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 2,352	11(3)	44
45	Social Service Consultant	Monthly 2,880	12(3)	45
46	Other(specify) <u>Pulmonary</u>	Monthly 34,018	10(3)	46
47	<u>Post Acute Consultant</u>	Monthly 1,956	10(3)	47
48	<u>See Sch 20B</u>	Monthly 12,211	10(3) & 10(7)	48
49	TOTAL (lines 35 - 48)	\$ 141,585		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	161 \$ 10,271	10(3)	50
51	Licensed Practical Nurses	1,173 50,987	10(3)	51
52	Certified Nurse Assistants/Aides	10,502 201,525	10(3)	52
53	TOTAL (lines 50 - 52)	11,836 \$ 262,783		53

**Facility Name:** Lexington Hlth Cr Ctr Lombrd  
**IDPH License ID Number:** 0028860  
**Fiscal Year End:** 12/31/2016

**Schedule 20A**

**XVIII. Staffing and Salary Costs**

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

<b>Description</b>	<b># of Hrs. Actually Worked</b>	<b># of Hrs. Paid and Accrued</b>	<b>Total Salaries</b>	<b>Average Hourly Wage</b>
Accounts Coordinator	1,906	2,367	32,885	\$ 13.89
Admissions	3,076	3,884	85,627	\$ 22.04
Clinical Coordinator	2,648	3,344	118,309	\$ 35.38
Dietetic Technician	1,736	2,042	35,479	\$ 17.37
MDS	2,985	3,892	137,630	\$ 35.37
Staffing Coordinator	1,646	2,059	31,430	\$ 15.27
Transitional Care Nurse	1,325	1,697	57,097	\$ 33.64
Unit Secretary	3,030	3,820	68,384	\$ 17.90
<b>Total - Line 32 Other Health Care (specify):</b>	<b>18,352</b>	<b>23,106</b>	<b>566,842</b>	<b>\$ 24.53</b>

**Facility Name:** Lexington Hlth Cr Ctr Lombrd  
**IDPH License ID Number:** 0028860  
**Fiscal Year End:** 12/31/2016

**Schedule 20B**

**XVIII. Staffing and Salary Costs**

**Line 48 Other Consultants (specify):**

	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference
Telemedicine Consultant	Monthly	9,150	10(3)
Medical Consultant	Monthly	3,061	10(7)
Total Line 48		12,211	

**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	
Danielle Gilbert	Administrator	0	\$ 64,238	Workers' Compensation Insurance	\$ 224,152	IDPH License Fee	\$ 1,990	
Patricia Stoudt	Administrator	0	67,171	Unemployment Compensation Insurance	51,936	Advertising: Employee Recruitment	6,720	
				FICA Taxes	481,774	Health Care Worker Background Check		
				Employee Health Insurance	324,903	(Indicate # of checks performed <u>11</u> )	130	
				Employee Meals		Patient Background Checks	46	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fess	4,880	
				401K	22,663	Miscellaneous Dues & Subscriptions	8,475	
				Other Employee Benefits	35,371	Less: Non-Allowable Dues	(2,764)	
				Uniform Allowance	1,623	Management Company Allocation	17,297	
						IHCA / AHCA	6,323	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 1,142,422	\$ 43,597		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees-Royal Operating			\$ 1,267,788	N/A			Out-of-State Travel	\$
Management Fees-Vesta Mgmt.			469,147					
Eliminated in Column 7							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,736,935				Seminar Expense	
							Management Company Allocation	1,239
C. Professional Services							Entertainment Expense	( )
Vendor/Payee	Type	Amount					(agree to Sch. V, line 24, col. 8)	
Attadale	Operations Consulting	\$ 9,990					TOTAL	\$ 1,239
Cassiday Schade, LLP	Legal	135,118						
Grabowski Law Center, LLC	Collections	360						
RSM US LLP	Accounting	40,877						
Much Shelist- Legal	Legal	7,635						
Much Shelist- Collections	Collections	43,806						
Personnel Planners	U/C Consulting	2,325						
Pension Administrators	401K Administration	1,100						
Duane Morris	Legal	328						
SB2, Inc.	Medicaid Consulting	2,484						
Secretary of State	Filing Fees	125						
See Schedule 21C	Various	92,722						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 336,870	TOTAL		\$		

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name: Lexington Hlth Cr Ctr Lombrd  
 IDPH License ID Number: 0028860  
 Fiscal Year End: 12/31/2016

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**  
**C. Professional Services**

Vendor	Type	Amount
Jefferies	Tax Consulting	2,106
Voya	Financial	5
North Heron Insurance	Insurance Settlement	15,466
Infor	Computer Services	3,657
MHC	Computer Services	873
NTT Data	Computer Services	7,428
Rec Amort Oth Ppd=10/16	Computer Services	566
Ability	Computer Services	5,980
Availity	Computer Services	252
Avatier	Computer Services	177
Cinetec	Computer Services	851
Citrix	Computer Services	702
CorePoint	Computer Services	1,567
DocuSign	Computer Services	462
eHealth	Computer Services	863
HlthMedx	Computer Services	15,055
Info Control	Computer Services	2,481
Nat'l Data Care	Computer Services	1,002
On Shift	Computer Services	10,536
Provinet	Computer Services	112
Quote	Computer Services	(900)
Relias	Computer Services	9,594
Sales Force	Computer Services	6,491
Soft Choice	Computer Services	10,136
Sophos	Computer Services	(5,766)
Sybria	Computer Services	2,200
Tableau Software Inc.	Computer Services	411
Natioal Datacare Corp.	Computer Services	742
Microcenter	Computer Services	78
Microsoft Sales Tax Refund	Computer Services	(405)
	<b>Total of Above</b>	<b>92,722</b>
	<b>Total (agree to Schedule V, line 19, column 3)</b>	<b>336,870</b>
	Less:	
	Insurance Settlement Reclass	(15,466)
	Non-allowable tax consulting	(2,106)
	Salesforce.com	(6,491)
	Out of Period Legal	(8,043)
	Non-allowable Legal	(44,166)
	<b>Total Disallowance</b>	<b>(76,272)</b>
	Allocated from Real Estate	
	Secretary of State	200
	Samvest of Lombard	
	Accounting	137
	Filing Fees	10
		<b>147</b>
	Allocated from Mgmt Co.	
	RSM US LLP	Accounting 3,757
	Marcum LLP	Accounting 449
	Gilson Labus & Silverman	Accounting 116
	Illinois Secretary of State	Filing Fees 54
	LaSalle Network	Recruiting/Finance 2,612
	Callan Associates, Ltd.	Recruiting 13,988
	Pension Administrators, Inc.	401K Administration 448
	Voya Financial	401K Administration 18
	Gene Whitehorn	Medicaid Reimb Specialist 2,017
	M. Werner Consulting	Financial Consultant 1,073
	M. Rodeghier Consulting	Process Improvement Consultant 81
	Wordy.com	Proofreading 72
	Computer Services	Computer Consulting 16,939
		<b>41,624</b>
	<b>Total (agree to Schedule V, line 19, column 8)</b>	<b>302,569</b>

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd# 0028860Report 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? No  
If YES, give association name and amount. IHCA & AHCA - \$6,323
- (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? 5-7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 56,424 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. \$ 428,615  
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. \$ - Has any meal income been offset against related costs? Yes Indicate the amount. \$ 20
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? Adequate records have been maintained  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees