

Facility Name & ID Number Grosse Pointe Manor

0045203 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	99	Skilled (SNF)	99	36,135	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	99	TOTALS	99	36,135	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	339	100	2,959	3,398	8
9	SNF/PED					9
10	ICF	25,320	3,421	506	29,247	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,659	3,521	3,465	32,645	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.34%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve 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

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 1/1/2001

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1/1/2001 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 99 and days of care provided 2,959

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Grosse Pointe Manor # 0045203 Report Period Beginning: 01/01/17 Ending: 12/31/17

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	408,367	36,516	8,668	453,551		453,551		453,551		1
2	Food Purchase		219,848		219,848		219,848	(236)	219,612		2
3	Housekeeping	84,597	27,768		112,365		112,365		112,365		3
4	Laundry	63,473	10,276		73,749		73,749		73,749		4
5	Heat and Other Utilities			135,263	135,263		135,263	(1,267)	133,996		5
6	Maintenance	103,797	57,328	95,701	256,826		256,826	27,278	284,104		6
7	Other (specify):*							194	194		7
8	TOTAL General Services	660,234	351,736	239,632	1,251,602		1,251,602	25,969	1,277,571		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	1,942,320	118,429	25,876	2,086,625		2,086,625		2,086,625		10
10a	Therapy	1,840	133		1,973		1,973		1,973		10a
11	Activities	126,623	15,051	1,206	142,880		142,880		142,880		11
12	Social Services	47,442		2,730	50,172		50,172		50,172		12
13	CNA Training										13
14	Program Transportation			2,625	2,625		2,625		2,625		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,118,225	133,613	38,437	2,290,275		2,290,275		2,290,275		16
	C. General Administration										
17	Administrative	92,224			92,224		92,224	60,298	152,522		17
18	Directors Fees										18
19	Professional Services			170,876	170,876	(20,794)	150,082	(101,207)	48,875		19
20	Dues, Fees, Subscriptions & Promotions			68,572	68,572		68,572	(43,489)	25,083		20
21	Clerical & General Office Expenses	183,011	1,262	544,969	729,242		729,242	(407,368)	321,874		21
22	Employee Benefits & Payroll Taxes			580,872	580,872		580,872		580,872		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,033	5,033		5,033	319	5,352		24
25	Other Admin. Staff Transportation			2,193	2,193		2,193	3,266	5,459		25
26	Insurance-Prop.Liab.Malpractice			150,676	150,676		150,676	10,162	160,838		26
27	Other (specify):*							26,253	26,253		27
28	TOTAL General Administration	275,235	1,262	1,523,191	1,799,688	(20,794)	1,778,894	(451,766)	1,327,128		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,053,694	486,611	1,801,260	5,341,565	(20,794)	5,320,771	(425,796)	4,894,975		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

Grosse Pointe Manor

#0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			56,921	56,921		56,921	153,040	209,961			30
31	Amortization of Pre-Op. & Org.							(0)	(0)			31
32	Interest			11,319	11,319		11,319	131,929	143,248			32
33	Real Estate Taxes					20,794	20,794	267,682	288,476			33
34	Rent-Facility & Grounds			766,000	766,000		766,000	(766,000)				34
35	Rent-Equipment & Vehicles			9,124	9,124		9,124	11,991	21,115			35
36	Other (specify):*							23,433	23,433			36
37	TOTAL Ownership			843,364	843,364	20,794	864,158	(177,925)	686,233			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		63,759	391,275	455,034		455,034		455,034			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			234,396	234,396		234,396		234,396			42
43	Other (specify):*	129,156		3,625	132,781		132,781	(132,781)	(0)			43
44	TOTAL Special Cost Centers	129,156	63,759	629,296	822,211		822,211	(132,781)	689,430			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,182,850	550,370	3,273,920	7,007,140		7,007,140	(736,503)	6,270,637			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				4
5	Telephone, TV & Radio in Resident Rooms	(2,219)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(18,874)	30		9
10	Interest and Other Investment Income	(12,823)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(236)	02		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	(878)	21		18
19	Entertainment				19
20	Contributions	(200)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(217,630)	21		24
25	Fund Raising, Advertising and Promotional	(39,392)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(10,000)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(466,923)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (769,175)		\$	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)	32,672		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 32,672		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (736,503)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY

48		49		50		51		52	
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Grosse Pointe Manor

ID# 0045203
 Report Period Beginning: 01/01/17
 Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Sequestration Expense	\$ (31,797)	21	1
2	Guaranteed Partner Payment	(109,314)	21	2
3	Bank Charges	(13,024)	21	3
4	Non-Allowable Travel	(3,625)	43	4
5	Prior Period Office Expenses	(120,647)	21	5
6	Prior Period Professional Fees	(5,500)	19	6
7	Building Co.- Amortization	(51,243)	31	7
8	Building Co.- Bank Fees	(103)	21	8
9	Building Co.- Accounting Fees	(1,200)	19	9
10	Building Co.- Audit Fees	(13,098)	19	10
11	Building Co.- Franchise Tax	(250)	21	11
12	Additional R&M	19,884	06	12
13	Marketing Salary	(129,156)	43	13
14	PAC Dues	(7,326)	20	14
15	Non-Allowable Legal Fees	(500)	19	15
16	Real Estate Tax - Convenience Fee	(24)	33	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(466,923)		49

Grosse Pointe Manor

Report Period Beginning: ID# 0045203
 Ending: 01/01/17
 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Grosse Pointe Manor# 0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(236)											(236)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(2,219)		952									(1,267)	5
6	Maintenance	19,884		7,394									27,278	6
7	Other (specify):*			194									194	7
8	TOTAL General Services	17,429		8,540									25,969	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs													16
	C. General Administration													
17	Administrative				60,298								60,298	17
18	Directors Fees													18
19	Professional Services	(20,298)	14,298	(95,207)									(101,207)	19
20	Fees, Subscriptions & Promotions	(46,918)		3,429									(43,489)	20
21	Clerical & General Office Expenses	(503,643)	353	88,700	7,222								(407,368)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			319									319	24
25	Other Admin. Staff Transportation			3,266									3,266	25
26	Insurance-Prop.Liab.Malpractice		6,331	3,831									10,162	26
27	Other (specify):*			14,117		12,136							26,253	27
28	TOTAL General Administration	(570,859)	20,982	18,455	67,520	12,136							(451,766)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(553,430)	20,982	26,995	67,520	12,136							(425,796)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Grosse Pointe Manor # 0045203 Report Period Beginning: 01/01/17 Ending: 12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(18,874)	169,240	2,674									153,040	30
31	Amortization of Pre-Op. & Org.	(51,243)	51,243										(0)	31
32	Interest	(12,823)	143,114	1,638									131,929	32
33	Real Estate Taxes	(24)	264,731	2,975									267,682	33
34	Rent-Facility & Grounds		(766,000)										(766,000)	34
35	Rent-Equipment & Vehicles			11,991									11,991	35
36	Other (specify):*		23,433										23,433	36
37	TOTAL Ownership	(82,964)	(114,239)	19,278									(177,925)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(132,781)											(132,781)	43
44	TOTAL Special Cost Centers	(132,781)											(132,781)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(769,175)	(93,257)	46,273	67,520	12,136							(736,503)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 766,000	Grosse Pointe Manor Realty, LLC	100.00%	\$	(766,000)	1
2	V	32 Interest	74	Grosse Pointe Manor Realty, LLC	100.00%	143,188	143,114	2
3	V	36 MIP Insurance		Grosse Pointe Manor Realty, LLC	100.00%	23,433	23,433	3
4	V	33 Real Estate Taxes		Grosse Pointe Manor Realty, LLC	100.00%	264,731	264,731	4
5	V	26 Insurance		Grosse Pointe Manor Realty, LLC	100.00%	6,331	6,331	5
6	V	30 Depreciation		Grosse Pointe Manor Realty, LLC	100.00%	169,240	169,240	6
7	V	31 Amortization - Loan Costs		Grosse Pointe Manor Realty, LLC	100.00%	1,243	1,243	7
8	V	31 Amortization - Goodwill		Grosse Pointe Manor Realty, LLC	100.00%	50,000	50,000	8
9	V	21 Bank Fees		Grosse Pointe Manor Realty, LLC	100.00%	103	103	9
10	V	19 Audit Fees		Grosse Pointe Manor Realty, LLC	100.00%	13,098	13,098	10
11	V	19 Accounting Fees		Grosse Pointe Manor Realty, LLC	100.00%	1,200	1,200	11
12	V	21 Franchise Tax		Grosse Pointe Manor Realty, LLC	100.00%	250	250	12
13	V							13
14	Total		\$ 766,074			\$ 672,817	\$ * (93,257)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	DYNAMIC HEALTH CARE CONS.	100.00%	\$ 952	\$	952	15
16	V	6 REPAIRS & MAINT. - SALARIES		DYNAMIC HEALTH CARE CONS.	100.00%	2,887		2,887	16
17	V	6 REPAIRS & MAINT. - OTHER EXPENSE		DYNAMIC HEALTH CARE CONS.	100.00%	4,507		4,507	17
18	V	7 EMP. BEN-GEN SERV.		DYNAMIC HEALTH CARE CONS.	100.00%	194		194	18
19	V	19 PROFESSIONAL FEES		DYNAMIC HEALTH CARE CONS.	100.00%	554		554	19
20	V	20 DUES AND SUBSCRIPTIONS		DYNAMIC HEALTH CARE CONS.	100.00%	3,429		3,429	20
21	V	21 CLERICAL & GENERAL - SALARIES		DYNAMIC HEALTH CARE CONS.	100.00%	63,272		63,272	21
22	V	21 CLERICAL & GENERAL - OTHER EXPENSE		DYNAMIC HEALTH CARE CONS.	100.00%	25,428		25,428	22
23	V	24 SEMINARS AND TRAVEL		DYNAMIC HEALTH CARE CONS.	100.00%	319		319	23
24	V	25 AUTO EXP.		DYNAMIC HEALTH CARE CONS.	100.00%	3,266		3,266	24
25	V	26 INSURANCE		DYNAMIC HEALTH CARE CONS.	100.00%	3,831		3,831	25
26	V	27 EMP.BEN. - GEN. ADMIN.		DYNAMIC HEALTH CARE CONS.	100.00%	14,117		14,117	26
27	V	30 DEPRECIATION		DYNAMIC HEALTH CARE CONS.	100.00%	2,674		2,674	27
28	V	32 INTEREST		DYNAMIC HEALTH CARE CONS.	100.00%	1,638		1,638	28
29	V	33 REAL ESTATE TAXES		DYNAMIC HEALTH CARE CONS.	100.00%	2,975		2,975	29
30	V	19 REAL ESTATE TAX PROTEST FEES		DYNAMIC HEALTH CARE CONS.	100.00%	239		239	30
31	V	35 AUTO RENTAL		DYNAMIC HEALTH CARE CONS.	100.00%	11,499		11,499	31
32	V	35 EQUIPMENT RENTAL		DYNAMIC HEALTH CARE CONS.	100.00%	492		492	32
33	V								33
34	V	19 BOOKKEEPING SERVICE	96,000	DYNAMIC HEALTH CARE CONS.	100.00%			(96,000)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 96,000			\$ 142,273	\$ *	46,273	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	6 MAINT. CMP. - D. NEHMER	\$	DYNAMIC HEALTH CARE CONS.	100.00%	\$		15
16	V	17 ADMIN. CMP. - M. MAUER		DYNAMIC HEALTH CARE CONS.	100.00%	18,481	18,481	16
17	V	17 ADMIN. CMP. - M. AARON		DYNAMIC HEALTH CARE CONS.	100.00%			17
18	V	17 ADMIN. CMP. - F. AARON		DYNAMIC HEALTH CARE CONS.	100.00%			18
19	V	17 ADMIN. CMP. - D. AARON		DYNAMIC HEALTH CARE CONS.	100.00%	7,271	7,271	19
20	V	17 ADMIN. CMP. - S. GOLDSTEIN		DYNAMIC HEALTH CARE CONS.	100.00%			20
21	V	17 ADMIN. CMP. - R. AARON		DYNAMIC HEALTH CARE CONS.	100.00%			21
22	V	17 ADMIN. CMP. - S. HARAMARAS		DYNAMIC HEALTH CARE CONS.	100.00%			22
23	V	17 ADMIN. CMP. - D. KUFTA		DYNAMIC HEALTH CARE CONS.	100.00%			23
24	V	17 ADMIN. CMP. - H. ALTER		DYNAMIC HEALTH CARE CONS.	100.00%			24
25	V	17 ADMIN. CMP. - V. DAVIS (NON-OWNER)		DYNAMIC HEALTH CARE CONS.	100.00%	12,365	12,365	25
26	V	17 ADMIN. CMP. - VAR. (NON-OWNER)		DYNAMIC HEALTH CARE CONS.	100.00%			26
27	V	17 ADMIN. CMP. - CFO (NON-OWNER)		DYNAMIC HEALTH CARE CONS.	100.00%	22,181	22,181	27
28	V	21 CLERICAL CMP. - S. AARON		DYNAMIC HEALTH CARE CONS.	100.00%	7,176	7,176	28
29	V	21 CLERICAL CMP. - E. MARYLES		DYNAMIC HEALTH CARE CONS.	100.00%	46	46	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 67,520	\$ * 67,520	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	7 EMP. BEN.- D. NEHMER	\$	DYNAMIC HEALTH CARE CONS.	100.00%	\$		15
16	V	27 EMP. BEN.- M. MAUER		DYNAMIC HEALTH CARE CONS.	100.00%	3,479	3,479	16
17	V	27 EMP. BEN.- M. AARON		DYNAMIC HEALTH CARE CONS.	100.00%			17
18	V	27 EMP. BEN.- F. AARON		DYNAMIC HEALTH CARE CONS.	100.00%			18
19	V	27 EMP. BEN.- D. AARON		DYNAMIC HEALTH CARE CONS.	100.00%	735	735	19
20	V	27 EMP. BEN.- S. GOLDSTEIN		DYNAMIC HEALTH CARE CONS.	100.00%			20
21	V	27 EMP. BEN.- R. AARON		DYNAMIC HEALTH CARE CONS.	100.00%			21
22	V	27 EMP. BEN.- S. HARAMARAS		DYNAMIC HEALTH CARE CONS.	100.00%			22
23	V	27 EMP. BEN.- D. KUFTA		DYNAMIC HEALTH CARE CONS.	100.00%			23
24	V	27 EMP. BEN.- H. ALTER		DYNAMIC HEALTH CARE CONS.	100.00%			24
25	V	27 EMP. BEN.-V. DAVIS (NON-OWNER)		DYNAMIC HEALTH CARE CONS.	100.00%	3,316	3,316	25
26	V	27 EMP. BEN.- NON-OWNER		DYNAMIC HEALTH CARE CONS.	100.00%			26
27	V	27 EMP. BEN.- CFO (NON-OWNER)		DYNAMIC HEALTH CARE CONS.	100.00%	2,563	2,563	27
28	V	27 EMP. BEN.- S. AARON		DYNAMIC HEALTH CARE CONS.	100.00%	1,715	1,715	28
29	V	27 EMP. BEN.- E. MARYLES		DYNAMIC HEALTH CARE CONS.	100.00%	328	328	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 12,136	\$ * 12,136	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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	Esther Maryles	Owner	Clerical	12.50%	See Attached	0.26	0.92%	Alloc. Salary	\$ 46	21-07	1	
2	Marshall Mauer	Relative	Administrative	0	See Attached	3.7	7.39%	Alloc. Salary	18,481	17-07	2	
3	Dovie Mauer	Relative	Administrative	0	None	35	87.50%	Salary	92,224	17-01	3	
4	Chana Mauer Lifcisis	Owner	Dir of Nursing	12.50%	None	35	87.50%	Salary	87,997	10-01	4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 198,748		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 Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

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									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 Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 DYNAMIC HEALTH CARE CONS.
 Street Address 3359 W. MAIN STREET
 City / State / Zip Code SKOKIE, IL. 60076
 Phone Number (847) 679-8219
 Fax Number (847) 679-7377

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	PATIENT DAYS	371,884	11	\$ 10,844	\$ 32,645	\$ 952	1	
2	6	REPAIRS & MAINT. - SALARIE	PATIENT DAYS	371,884	11	32,891	32,645	2,887	2	
3	6	REPAIRS & MAINT. - OTHER E	PATIENT DAYS	371,884	11	51,340	32,645	4,507	3	
4	7	EMP. BEN-GEN SERV.	PATIENT DAYS	371,884	11	2,209	32,645	194	4	
5	19	PROFESSIONAL FEES	PATIENT DAYS	371,884	11	6,316	32,645	554	5	
6	20	DUES AND SUBSCRIPTIONS	PATIENT DAYS	371,884	11	39,064	32,645	3,429	6	
7	21	CLERICAL & GENERAL - SAL	PATIENT DAYS	371,884	11	720,780	720,780	32,645	63,272	7
8	21	CLERICAL & GENERAL - OTH	PATIENT DAYS	371,884	11	289,675	32,645	25,428	8	
9	24	SEMINARS AND TRAVEL	PATIENT DAYS	371,884	11	3,633	32,645	319	9	
10	25	AUTO EXP.	PATIENT DAYS	371,884	11	37,201	32,645	3,266	10	
11	26	INSURANCE	PATIENT DAYS	371,884	11	43,644	32,645	3,831	11	
12	27	EMP.BEN. - GEN. ADMIN.	PATIENT DAYS	371,884	11	160,819	32,645	14,117	12	
13	30	DEPRECIATION	PATIENT DAYS	371,884	11	30,466	32,645	2,674	13	
14	32	INTEREST	PATIENT DAYS	371,884	11	18,656	32,645	1,638	14	
15	33	REAL ESTATE TAXES	PATIENT DAYS	371,884	11	33,889	32,645	2,975	15	
16	19	REAL ESTATE TAX PROTEST	PATIENT DAYS	371,884	11	2,725	32,645	239	16	
17	35	AUTO RENTAL	PATIENT DAYS	371,884	11	130,997	32,645	11,499	17	
18	35	EQUIPMENT RENTAL	PATIENT DAYS	371,884	11	5,607	32,645	492	18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 1,620,756	\$ 753,671	\$ 142,273	25	

Facility Name & ID Number Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 DYNAMIC HEALTH CARE CONS.
 Street Address 3359 W. MAIN STREET
 City / State / Zip Code SKOKIE, IL. 60076
 Phone Number (847) 679-8219
 Fax Number (847) 679-7377

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	6	MAINT. CMP. - D. NEHMER	WGHTD. AVG. HOURS	40	7	58,337	58,337	-	1
2	17	ADMIN. CMP. - M. MAUER	WGHTD. AVG. HOURS	40	11	200,000	200,000	3.70	18,481
3	17	ADMIN. CMP. - M. AARON	WGHTD. AVG. HOURS	40	7	200,000	200,000	-	3
4	17	ADMIN. CMP. - F. AARON	WGHTD. AVG. HOURS	45	5	2,500	2,500	-	4
5	17	ADMIN. CMP. - D. AARON	WGHTD. AVG. HOURS	40	11	76,541	76,541	3.80	7,271
6	17	ADMIN. CMP. - S. GOLDSTEIN	WGHTD. AVG. HOURS	40	2	101,000	101,000	-	6
7	17	ADMIN. CMP. - R. AARON	WGHTD. AVG. HOURS	40	1	61,541	61,541	-	7
8	17	ADMIN. CMP. - S. HARAMARA	WGHTD. AVG. HOURS	30	3	71,909	71,909	-	8
9	17	ADMIN. CMP. - D. KUFTA	WGHTD. AVG. HOURS	40	7	147,753	147,753	-	9
10	17	ADMIN. CMP. - H. ALTER	WGHTD. AVG. HOURS	40	1	12,000	12,000	-	10
11	17	ADMIN. CMP. - V. DAVIS (NON-	WGHTD. AVG. HOURS	40	9	133,816	133,816	3.70	12,365
12	17	ADMIN. CMP. - VAR. (NON-OW	WGHTD. AVG. HOURS	45	7	252,333	252,333	-	12
13	17	ADMIN. CMP. - CFO (NON-OW)	WGHTD. AVG. HOURS	40	9	240,048	240,048	3.70	22,181
14	21	CLERICAL CMP. - S. AARON	WGHTD. AVG. HOURS	40	9	77,614	77,614	3.70	7,176
15	21	CLERICAL CMP. - E. MARYLE	WGHTD. AVG. HOURS	28	11	5,000	5,000	0.26	46
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,640,392	\$ 1,640,392	\$	67,520

Facility Name & ID Number Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 DYNAMIC HEALTH CARE CONS.
 Street Address 3359 W. MAIN STREET
 City / State / Zip Code SKOKIE, IL. 60076
 Phone Number (847) 679-8219
 Fax Number (847) 679-7377

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	7	EMP. BEN.- D. NEHMER	WGHTD. AVG. HOURS	40	7	6,305	-		1
2	27	EMP. BEN.- M. MAUER	WGHTD. AVG. HOURS	40	11	37,655	3.70	3,479	2
3	27	EMP. BEN.- M. AARON	WGHTD. AVG. HOURS	40	7	41,575	-		3
4	27	EMP. BEN.- F. AARON	WGHTD. AVG. HOURS	45	5	42,544	-		4
5	27	EMP. BEN.- D. AARON	WGHTD. AVG. HOURS	40	11	7,737	3.80	735	5
6	27	EMP. BEN.- S. GOLDSTEIN	WGHTD. AVG. HOURS	40	2	37,621	-		6
7	27	EMP. BEN.- R. AARON	WGHTD. AVG. HOURS	40	1	27,046	-		7
8	27	EMP. BEN.- S. HARAMARAS	WGHTD. AVG. HOURS	30	3	28,711	-		8
9	27	EMP. BEN.- D. KUFTA	WGHTD. AVG. HOURS	40	7	11,492	-		9
10	27	EMP. BEN.- H. ALTER	WGHTD. AVG. HOURS	40	1	1,095	-		10
11	27	EMP. BEN.-V. DAVIS (NON-OW	WGHTD. AVG. HOURS	40	9	35,890	3.70	3,316	11
12	27	EMP. BEN.- NON-OWNER	WGHTD. AVG. HOURS	45	7	68,533	-		12
13	27	EMP. BEN.- CFO (NON-OWNER	WGHTD. AVG. HOURS	40	9	27,736	3.70	2,563	13
14	27	EMP. BEN. - S. AARON	WGHTD. AVG. HOURS	40	9	18,548	3.70	1,715	14
15	27	EMP. BEN. - E. MARYLES	WGHTD. AVG. HOURS	28	11	35,535	0.26	328	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 428,023	\$	\$ 12,136	25

Facility Name & ID Number Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

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									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 Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

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									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 Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

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									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 Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

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									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 Grosse Pointe Manor

0045203 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 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									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 Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

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									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

Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge		X	Mortgage			\$	\$ 4,651,440			\$	143,188	1					
2													2					
3													3					
4													4					
5													5					
Working Capital																		
6	MB Financial		X	Line of Credit								11,319	6					
7													7					
8													8					
9	TOTAL Facility Related						\$	\$ 4,651,440			\$	154,507	9					
B. Non-Facility Related*																		
10	Interest Income		X									(12,823)	10					
11	Interest Income - Bldg Co.		X									(74)	11					
12	Allocated from Dynamic Healthcare											1,638	12					
13													13					
14	TOTAL Non-Facility Related						\$	\$			\$	(11,259)	14					
15	TOTALS (line 9+line14)						\$	\$ 4,651,440			\$	143,248	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 23,433 Line # 36

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Grosse Pointe Manor COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0045203
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda
 TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
2.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
3.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
4.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
5.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
6.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
7.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
8.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
9.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
10.	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
TOTALS			\$ <hr/> <hr/>	\$ <hr/> <hr/>

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? 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 Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior Brick _____ Frame _____ Number of Stories _____

C. Does the Operating Entity? [] (a) Own the Facility [X] (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? [X] (a) Own the Equipment [] (b) Rent equipment from a Related Organization. [X] (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).

None

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

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

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	Facility		2001	\$ 573,648	1
2					2
3	TOTALS			\$ 573,648	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99	2001	1972	\$ 4,511,328	\$ 169,240	40	\$ 112,783	\$ (56,457)	\$ 2,022,642	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		2001	35,727		20	1,277	1,277	21,739	9
10	Various		2002	15,299		20	437	437	6,775	10
11	Various		2003	5,998		20	171	171	2,485	11
12	Various		2004	10,101		20	289	289	3,896	12
13	Various		2005	11,312		20	323	323	4,040	13
14	Various		2006	51,277		20	1,569	1,569	38,366	14
15	Various		2007	13,696		20	237	237	13,360	15
16	Various		2008	17,400		20	870	870	8,319	16
17	Various		2011	9,085		20	233	233	1,502	17
18	Various		2012	9,229		20	259	259	3,759	18
19	Various		2013	12,520		20	879	879	3,982	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

*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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		725,434			36,292	36,292	178,245	67
68		38,940	998		1,113	115	27,073	68
69			56,921			(56,921)		69
70		\$ 5,467,346	\$ 227,159		\$ 156,733	\$ (70,426)	\$ 2,336,183	70

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

Facility Name & ID Number Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,467,346	\$ 227,159		\$ 156,733	\$ (70,426)	\$ 2,336,183	1
2	Electrical	2014	2,596		20	67	67	263	2
3	Electrical	2014	2,818		20	72	72	256	3
4	Security System	2014	2,730		20	390	390	1,398	4
5	Gaskets And Bolts	2014	5,055		20	1,011	1,011	3,286	5
6	Fire Alarm Equipment	2014	6,759		20	1,352	1,352	4,393	6
7	Window Treatments	2014	2,807		20	561	561	1,824	7
8	Window Treatments	2014	10,815		20	2,163	2,163	6,850	8
9	New Stair Modification	2014	15,400		20	395	395	1,234	9
10	Electrical Repairs	2015	10,570		20	302	302	705	10
11	Furnish / Install New Solid State Starter On Elevator	2015	3,895		20	111	111	241	11
12	Amp Transfer Switch For Emergency Lighting	2015	3,958		20	113	113	245	12
13	Elevator Work	2016	4,350		20	124	124	238	13
14	Fire Alarm Work	2016	2,719		20	544	544	997	14
15	Smoke Detectors	2016	3,882		20	776	776	1,423	15
16	Elevator Work	2016	4,350		20	124	124	228	16
17	Install New Power Unit / Keyswitch On Elevator # 1	2017	36,805		20	1,052	1,052	1,052	17
18	Fire Alarm System - Replace Simplex Mapnet Board	2017	3,153		20	60	60	60	18
19	Repiping - Rms 205/207, Boiler And Radiator Service	2017	4,632		20	99	99	99	19
20	Emergency Fire Panel Circuit - Core Drilling 2Nd To 1St Flr	2017	2,632		20	50	50	50	20
21	16 Position Annunciator Panel - 2Nd Floor Nurses Station	2017	4,372		20	62	62	62	21
22	Replace Dock Doors, Install Wiring, Electric Strikes	2017	17,772		20	254	254	254	22
23	Wall Repair In Kitchen Behind Stove	2017	3,311		20	95	95	95	23
24	Domestic Hot Water System Pump Repair	2017	4,032		20	202	202	202	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)		\$ 5,626,759	\$ 227,159		\$ 166,713	\$ (60,446)	\$ 2,361,638	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	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		\$ 5,626,759	\$ 227,159		\$ 166,713	\$ (60,446)	\$ 2,361,638	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 5,626,759	\$ 227,159		\$ 166,713	\$ (60,446)	\$ 2,361,638	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	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		\$ 5,626,759	\$ 227,159		\$ 166,713	\$ (60,446)	\$ 2,361,638	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 5,626,759	\$ 227,159		\$ 166,713	\$ (60,446)	\$ 2,361,638	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	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		\$ 5,626,759	\$ 227,159		\$ 166,713	\$ (60,446)	\$ 2,361,638	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 5,626,759	\$ 227,159		\$ 166,713	\$ (60,446)	\$ 2,361,638	34

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

Facility Name & ID Number Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	HVAC System Pipes	2008	13,550		20	678	678	6,101	9
10	Carpeting	2009	2,657		20	133	133	1,197	10
11	Security Camera	2009	3,128		20	156	156	1,405	11
12	Sprinkler Heads	2009	7,930		20	397	397	3,572	12
13	Acrylic Shower Stalls	2010	27,144		20	1,357	1,357	10,856	13
14	Phone System	2010	3,764		20	188	188	1,504	14
15	Hot Water Exchange	2010	15,356		20	768	768	6,144	15
16	Smoke Detectors/Dampers	2010	4,237		20	212	212	1,696	16
17	Hot Water Line	2010	33,945		20	1,697	1,697	13,576	17
18	Walk in Cooler	2011	115,337		20	5,767	5,767	40,369	18
19	Delay Egress Alarm System	2011	70,878		20	3,544	3,544	24,808	19
20	Delay Egress Alarm System	2011	4,850		20	243	243	1,701	20
21	Vinyl Floors	2011	4,151		20	208	208	1,828	21
22	Compressor for AC System	2011	29,584		20	1,479	1,479	10,353	22
23	2 Doors/Frames for Medication Rooms	2011	4,690		20	235	235	1,645	23
24	Porcelain Flooring in 1st Floor Lobby	2011	22,991		20	1,150	1,150	5,166	24
25	Wooden baseboards in 1st Floor Lobby	2013	2,577		20	129	129	645	25
26	2 Exterior buildings signs (affixed to the building)	2013	19,413		20	971	971	4,237	26
27	Vinyl Flooring in 6 resident rooms	2013	3,081		20	172	172	860	27
28	Quarry tile flooring in dishwashing area of kitchen	2013	2,993		20	150	150	750	28
29	Fire Sprinklers	2013	12,359		20	618	618	2,591	29
30	Exterior Lights on Building	2013	3,370		20	169	169	810	30
31	A/C Cooling Tower	2013	39,123		20	1,956	1,956	7,866	31
32	Parking Lot	2013	5,502		20	275	275	1,283	32
33	Therapy Room, Install new Cove Base,VCT, Sheet Vinyl, PVT	2016	18,890		20	944	944	1,888	33
34	TOTAL (lines 1 thru 33)		\$ 471,500	\$		\$ 23,596	\$ 23,596	\$ 152,851	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 12F, Carried Forward		\$ 471,500	\$		\$ 23,596	\$	\$ 152,851	1
2	Lighting, signage, evac signs, new drywall in resident rooms	2016	11,238		20	562	562	1,124	2
3	Vestibule & Lobby lighting, elevator flooring, wallcovering, lighting--	2016	242,696		20	12,135	12,135	24,270	3
4	--1st floor corridor & seating, wall covering, signage, corner guards--								4
5	--2nd floor corridor/resident rooms cove base, flooring, handrails--								5
6	--2nd floor resident bathroom flooring, roller shades, cove bases--								6
7	--plumbing, tile, millwork, grab bars, towel bars, wall mount sink--								7
8	--3rd floor corridor/resident bathrooms, carpet, tile, millwork--								8
9	--handrails, bumper guards, upholstered cornice, cove bases --								9
10	-wallcovering and paint 1st/2nd/3rd floors, corridors/resident rooms								10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 725,434	\$		\$ 36,292	\$ 12,697	\$ 178,245	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	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from Dynamic Healthcare Consultants	1993	38,940	998	35	1,113	115	27,073	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 38,940	\$ 998		\$ 1,113	\$ 115	\$ 27,073	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	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		\$ 38,940	\$ 998		\$ 1,113	\$ 115	\$ 27,073
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 38,940	\$ 998		\$ 1,113	\$ 115	\$ 27,073

**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	\$ 309,841	\$ 346	\$ 41,447	\$ 41,101	10	\$ 221,638	71
72	Current Year Purchases	3,398		680	680	10	680	72
73	Fully Depreciated Assets	138,887		28	28	10	138,801	73
74								74
75	TOTALS	\$ 452,125	\$ 346	\$ 42,155	\$ 41,809		\$ 361,118	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		2005 TOYOTA RAV 4	2006	\$ 18,500	\$	\$	\$	5	\$ 18,500	76
77		Allocated from Dynamic Healthcare		25,987	1,330	1,093	(237)	5	20,690	77
78										78
79										79
80	TOTALS			\$ 44,487	\$ 1,330	\$ 1,093	\$ (237)		\$ 39,190	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)	\$ 6,697,019	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 228,835	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 209,961	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (18,874)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,761,946	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number

Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

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								6
7	TOTAL				\$			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.	<u>/2018</u>	\$ _____
13.	<u>/2019</u>	\$ _____
14.	<u>/2020</u>	\$ _____

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

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

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: \$ 4,917 Description: See Attached Schedule

(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	Facility		\$	\$ 4,699	17
18	Allocated from Dynamic Healthcare Consultants			\$ 11,499	18
19					19
20					20
21	TOTAL		\$	\$ 16,198	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>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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	183,592	\$		\$	183,592	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				4,225				4,225	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				192,223				192,223	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescripts					58,974			58,974	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): _____											12
13	Other (specify): _____						11,235	4,785			16,020	13
14	TOTAL			\$		\$	391,275	\$	63,759	\$	455,034	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/17**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 217,028	\$ 241,661	1
2	Cash-Patient Deposits	33,162	33,162	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,539,255	1,539,255	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	99,908	120,689	6
7	Other Prepaid Expenses	2,723	2,723	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	58,740	282,728	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,950,816	\$ 2,220,218	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		573,648	13
14	Buildings, at Historical Cost		3,862,200	14
15	Leasehold Improvements, at Historical Cost	461,470	1,097,558	15
16	Equipment, at Historical Cost	344,438	932,300	16
17	Accumulated Depreciation (book methods)	(436,822)	(2,803,039)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	119,111	558,184	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 488,197	\$ 4,220,851	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,439,013	\$ 6,441,069	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 221,475	\$ 221,474	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	33,162	33,162	28
29	Short-Term Notes Payable		96,715	29
30	Accrued Salaries Payable	364,291	364,291	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,520	5,520	31
32	Accrued Real Estate Taxes(Sch.IX-B)		255,000	32
33	Accrued Interest Payable		11,822	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	9,602	9,602	35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>		53,761	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 634,050	\$ 1,051,347	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,554,725	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 4,554,725	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 634,050	\$ 5,606,072	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,804,963	\$ 834,997	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,439,013	\$ 6,441,069	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,414,448	1
2	Restatements (describe):		2
3	<u>Rounding</u>	(2)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,414,446	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	790,517	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(400,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 390,517	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,804,963	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Grosse Pointe Manor

0045203

Report Period Beginning: 01/01/17

Ending:

12/31/17

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,473,765	1
2	Discounts and Allowances for all Levels	(1,089,803)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,383,962	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,215,940	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,215,940	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	58,719	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	16,299	19
20	Radiology and X-Ray	2,780	20
21	Other Medical Services	9,134	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 86,932	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	12,823	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,823	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	98,000	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 98,000	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,797,657	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,251,602	31
32	Health Care	2,290,275	32
33	General Administration	1,799,688	33
B. Capital Expense			
34	Ownership	843,364	34
C. Ancillary Expense			
35	Special Cost Centers	587,815	35
36	Provider Participation Fee	234,396	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,007,140	40
41	Income before Income Taxes (line 30 minus line 40)**	790,517	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 790,517	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,864,429	44
45	Private Pay - Net Inpatient Revenue	731,272	45
46	Medicare - Net Inpatient Revenue	692,310	46
47	Other-(specify) <u>Hospice</u>	95,951	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,383,962	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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.

Facility Name & ID Number Grosse Pointe Manor

0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	1,307	2,097	\$ 87,997	\$ 41.96	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,470	12,571	394,612	31.39	3
4	Licensed Practical Nurses	16,720	17,851	510,027	28.57	4
5	CNAs & Orderlies	65,095	70,714	949,684	13.43	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	93	109	1,840	16.88	8
9	Activity Director	1,879	2,004	32,544	16.24	9
10	Activity Assistants	5,518	5,966	94,079	15.77	10
11	Social Service Workers	1,991	2,231	47,442	21.26	11
12	Dietician					12
13	Food Service Supervisor	1,673	1,808	32,209	17.81	13
14	Head Cook	6,034	6,597	100,318	15.21	14
15	Cook Helpers/Assistants	16,117	16,981	187,810	11.06	15
16	Dishwashers	7,774	8,086	88,030	10.89	16
17	Maintenance Workers	5,746	6,403	103,797	16.21	17
18	Housekeepers	6,465	7,188	84,597	11.77	18
19	Laundry	3,910	4,445	63,473	14.28	19
20	Administrator	1,389	1,744	92,224	52.88	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,445	8,069	183,011	22.68	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					31
32	Other Health Care(specify)					32
33	Other(specify)	4,040	4,480	129,156	28.83	33
34	TOTAL (lines 1 - 33)	164,666	179,344	\$ 3,182,850 *	\$ 17.75	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	176	\$ 8,668	01-03	35
36	Medical Director	96	6,000	09-03	36
37	Medical Records Consultant	29	2,002	10-03	37
38	Nurse Consultant	per chart	2,900	10-03	38
39	Pharmacist Consultant	96	1,800	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	18	1,206	11-03	44
45	Social Service Consultant	39	2,730	12-03	45
46	Other(specify)				46
47	MDS Consultant	Monthly	19,174	10-03	47
48					48
49	TOTAL (lines 35 - 48)	454	\$ 44,480		49

C. CONTRACT NURSES

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

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	
Dovie Mauer	Administrator	0	\$ 92,224	Workers' Compensation Insurance	\$ 76,166	IDPH License Fee	\$	
				Unemployment Compensation Insurance	29,962	Advertising: Employee Recruitment	4,635	
				FICA Taxes	243,489	Health Care Worker Background Check	1,531	
				Employee Health Insurance	228,055	(Indicate # of checks performed <u>153</u>)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	7,897	
				Other Employee Benefits	3,201	Licenses & Permits	7,591	
TOTAL (agree to Schedule V, line 17, col. 1)						Allocated from Dynamic Healthcare	3,429	
(List each licensed administrator separately.)			\$ 92,224					
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
Description			Amount				Less: Public Relations Expense ()	
			\$				Non-allowable advertising ()	
							Yellow page advertising ()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$					
(Attach a copy of any management service agreement)								
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
Stout Risius Ross	Management Cons (PY-ADJ)		\$ 5,500			\$	Out-of-State Travel	\$
Skidelsky & Associates	RE Tax Assessment		20,555					
Dynamic HC Consultants	Bookkeeping Services		96,000					
Personel Planners	Unemployment Consulting		1,515				In-State Travel	
Ability Networks	Data Processing		7,806					
Marcum LLP	Accounting		28,816					
See Attached	Legal Fees		2,277				Seminar Expense	5,033
Health Data Systems	Data Processing		8,407				Allocated from Dynamic Healthcare	319
							Entertainment Expense ()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 170,876				\$ 5,352	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Grosse Pointe Manor# 0045203

Report Period Beginning:

01/01/17

Ending:

12/31/17**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$14,652
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 43,771 Line 10
- (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. \$ 234,396
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. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100 % Ln 14
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? 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