

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.

0042739 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	203	Skilled (SNF)	203	74,095	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	203	TOTALS	203	74,095	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	4 Other	5 Total	
8	SNF			18,274	18,274	8
9	SNF/PED					9
10	ICF	27,315	9,394	4,006	40,715	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	27,315	9,394	22,280	58,989	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.61%

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

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

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

YES NO

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

Date started 6/4/91

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

YES Date New Construction NO

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

YES NO If YES, enter number of beds certified 203 and days of care provided 10,491

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

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

Facility Name & ID Number Lexington Health Care Center of Chicago Ric # 0042739 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	515,952	32,893	7,812	556,657		556,657	-	556,657		1
2	Food Purchase		380,275		380,275		380,275	(419)	379,856		2
3	Housekeeping	420,634	44,622	-	465,256		465,256	301	465,557		3
4	Laundry	-	28,038	-	28,038	-	28,038	-	28,038		4
5	Heat and Other Utilities			261,529	261,529		261,529	8,640	270,169		5
6	Maintenance	37,770	-	169,719	207,489		207,489	126,179	333,668		6
7	Other (specify):* Mgmt Co.-Allocated P	-	-	-	-		-	15,714	15,714		7
8	TOTAL General Services	974,356	485,828	439,060	1,899,244	-	1,899,244	150,415	2,049,659		8
	B. Health Care and Programs										
9	Medical Director	-	-	111,600	111,600		111,600	-	111,600		9
10	Nursing and Medical Records	5,759,855	454,987	123,387	6,338,229		6,338,229	25,667	6,363,896		10
10a	Therapy	-	-	-	-		-	-	-		10a
11	Activities	142,662	21,599	13,172	177,433		177,433	-	177,433		11
12	Social Services	184,831	-	3,396	188,227		188,227	-	188,227		12
13	CNA Training	-	-	-	-		-	-	-		13
14	Program Transportation	-	-	-	-		-	-	-		14
15	Other (specify):* Mgmt Co.-Allocated P	-	-	-	-		-	3,410	3,410		15
16	TOTAL Health Care and Programs	6,087,348	476,586	251,555	6,815,489	-	6,815,489	29,077	6,844,566		16
	C. General Administration										
17	Administrative	79,040	-	1,723,290	1,802,330		1,802,330	(1,662,452)	139,878		17
18	Directors Fees			-	-		-	-	-		18
19	Professional Services			237,966	237,966		237,966	(32,610)	205,356		19
20	Dues, Fees, Subscriptions & Promotions			51,305	51,305		51,305	8,044	59,349		20
21	Clerical & General Office Expenses	363,658	37,102	85,869	486,629		486,629	825,243	1,311,872		21
22	Employee Benefits & Payroll Taxes			1,174,238	1,174,238		1,174,238	-	1,174,238		22
23	Inservice Training & Education			9,191	9,191		9,191	517	9,708		23
24	Travel and Seminar			140	140		140	908	1,048		24
25	Other Admin. Staff Transportation		-	3,738	3,738		3,738	14,457	18,195		25
26	Insurance-Prop.Liab.Malpractice			601,119	601,119		601,119	9,152	610,271		26
27	Other (specify):* Mgmt Co.-Allocated P	-	-	-	-		-	113,479	113,479		27
28	TOTAL General Administration	442,698	37,102	3,886,856	4,366,656	-	4,366,656	(723,262)	3,643,394		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,504,402	999,516	4,577,471	13,081,389	-	13,081,389	(543,770)	12,537,619		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.

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			89,717	89,717		89,717	279,868	369,585			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			4,600	4,600		4,600	298,403	303,003			32
33	Real Estate Taxes			-	-		-	736,929	736,929			33
34	Rent-Facility & Grounds			2,053,856	2,053,856		2,053,856	(2,045,392)	8,464			34
35	Rent-Equipment & Vehicles			82,199	82,199		82,199	2,103	84,302			35
36	Other (specify):*			-	-		-	-	-			36
37	TOTAL Ownership			2,230,372	2,230,372	-	2,230,372	(728,089)	1,502,283			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	596,261	2,004,733	2,600,994		2,600,994	-	2,600,994			39
40	Barber and Beauty Shops	-	-	10,022	10,022		10,022	(10,022)	-			40
41	Coffee and Gift Shops	-	-	2,833	2,833		2,833	-	2,833			41
42	Provider Participation Fee			409,504	409,504		409,504	-	409,504			42
43	Other (specify):* Non-Allowable Cos	113,415	-	836,002	949,417		949,417	(949,417)	-			43
44	TOTAL Special Cost Centers	113,415	596,261	3,263,094	3,972,770	-	3,972,770	(959,439)	3,013,331			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,617,817	1,595,777	10,070,937	19,284,531	-	19,284,531	(2,231,298)	17,053,233			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	(419)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,591)	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	1,533	30		9
10	Interest and Other Investment Income	5,568	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,814)	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	(10,528)	43		18
19	Entertainment				19
20	Contributions	(100)	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	(713,509)	43		24
25	Fund Raising, Advertising and Promotional	(19,221)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(213)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(208,921)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (972,215)		\$	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)	(1,259,083)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,259,083)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,231,298)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

Lexington Health Care Center of Chicago Ridge, Inc.

ID# 0042739

Report Period Beginning: 01/01/17

Ending: 12/31/17

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Trust Fees	\$ (75)	43	1
2	Labs - Part A	(32,746)	43	2
3	X-Rays - Part A	(22,272)	43	3
4	Diagnostics Managed Care	(9,700)	43	4
5	Non-Allowable Legal Fees	(86,124)	19	5
6	Pharmacy consolidated billings	(1,308)	43	6
7	Marketing Salary	(113,415)	43	7
8	Marketing Offset (Salesforce)	(10,021)	19	8
9	Unrealized loss on FMV swap	83,638	43	9
10	Lobbying Dues	(4,677)	20	10
11	Non-Allowable Fees	(200)	20	11
12	Non-Allowable Finance Charge	(1,999)	32	12
13	Barber and beauty shop income	(10,022)	40	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	Total	(208,921)		49

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	43 Gain and loss on disposal of assets	\$	Sambell of Chicago Ridge Limited Partnership	**	\$ 19,206	\$ 19,206	1
2	V	19 Professional Fees		Sambell of Chicago Ridge Limited Partnership	**	203	203	2
3	V	30 Depreciation		Sambell of Chicago Ridge Limited Partnership	**	214,158	214,158	3
4	V	32 Interest expense		Sambell of Chicago Ridge Limited Partnership	**	252,910	252,910	4
5	V	32 Amortization of mortgage costs		Sambell of Chicago Ridge Limited Partnership	**	21,705	21,705	5
6	V	33 Property tax		Sambell of Chicago Ridge Limited Partnership	**	730,256	730,256	6
7	V	34 Rental expense	2,050,256	Sambell of Chicago Ridge Limited Partnership	**		(2,050,256)	7
8	V	43 Trust fees		Sambell of Chicago Ridge Limited Partnership	**	75	75	8
9	V	43 Unrealized loss on FMV swap	102,844	Sambell of Chicago Ridge Limited Partnership	**		(102,844)	9
10	V							10
11	V			** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100%				11
12	V			of Sambell of Chicago Ridge Limited Partnership				12
13	V							13
14	Total		\$ 2,153,100			\$ 1,238,513	\$ * (914,587)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 301	\$	301	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	7,716		7,716	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	322		322	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	602		602	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	118,268		118,268	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	7,593		7,593	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	318		318	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	15,714		15,714	22	
23	V	10 Management allocation - salaries		Royal Management Corp.	**	25,667		25,667	23	
24	V	15 Management allocation - employee benefits		Royal Management Corp.	**	3,410		3,410	24	
25	V	17 Management allocation - salaries		Royal Management Corp.	**	60,838		60,838	25	
26	V	19 Computer consultant & supplies		Royal Management Corp.	**	36,361		36,361	26	
27	V	19 Professional fees		Royal Management Corp.	**	26,971		26,971	27	
28	V	20 Dues & subscriptions		Royal Management Corp.	**	1,478		1,478	28	
29	V	20 Advertising - help wanted		Royal Management Corp.	**	11,443		11,443	29	
30	V	21 Management allocation - salaries		Royal Management Corp.	**	793,216		793,216	30	
31	V	21 Bank charges		Royal Management Corp.	**	3,203		3,203	31	
32	V	21 Office supplies & printing		Royal Management Corp.	**	12,946		12,946	32	
33	V	21 Postage		Royal Management Corp.	**	3,833		3,833	33	
34	V	21 Telephone		Royal Management Corp.	**	12,045		12,045	34	
35	V								35	
36	V								36	
37	V								37	
38	V	** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Royal Management Corp.								38
39	Total		\$			\$ 1,142,245	\$ *	1,142,245	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.	**	\$ 517	\$ 517	
16	V	24 Travel & seminar		Royal Management Corp.	**	908	908	
17	V	25 Auto expense		Royal Management Corp.	**	14,457	14,457	
18	V	26 Insurance general		Royal Management Corp.	**	9,152	9,152	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	113,479	113,479	
20	V	30 Depreciation		Royal Management Corp.	**	64,177	64,177	
21	V	32 Interest		Royal Management Corp.	**	17,873	17,873	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,346	2,346	
23	V	33 Property taxes		Royal Management Corp.	**	6,673	6,673	
24	V	34 Rent expense		Royal Management Corp.	**	4,864	4,864	
25	V	35 Equipment rental		Royal Management Corp.	**	1,486	1,486	
26	V	17 Management fees	1,723,290	Royal Management Corp.	**		(1,723,290)	
27	V	35 Auto Lease		Royal Management Corp.	**	617	617	
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 Chicago Ridge, Inc. own 100% of Royal Management Corp.						
39	Total		\$ 1,723,290			\$ 236,549	\$ * (1,486,741)	

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

Facility Name & ID Number Lexington Health Care Center of Chicago Ri # 0042739 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	John Samatas	Owner/Officer	Admin/Plant Ops	33.33	See Sch 7A	See Sch 7B	See Sch 7B	Salary	\$ 6,640	L17, C7	1
2	James Samatas	Owner/Officer	Administrative	33.33	See Sch 7A	See Sch 7B	See Sch 7B	Salary	9,559	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	33.34	See Sch 7A	See Sch 7B	See Sch 7B	Salary	8,853	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Sch 7A	See Sch 7B	See Sch 7B	Salary	12,416	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Sch 7A	See Sch 7B	See Sch 7B	Salary	16,370	L17, C7	5
6	Phil Thiem	Executive Committee	Administrative	0.00	See Sch 7A	See Sch 7B	See Sch 7B	Salary	2,564	L17, C7	6
7	Jeremy Samatas	Executive Committee	Administrative	0.00	See Sch 7A	See Sch 7B	See Sch 7B	Salary	4,437	L17, C7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 60,838		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 Health Care Center of Chicago Ridge, Inc. # 0042739 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 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

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 Available	722,335	10	2,937	74,095	301	1	
2	5	Utilities - gas & electric	Bed Days Available	722,335	10	75,222	74,095	7,716	2	
3	5	Utilities - water & sewer	Bed Days Available	722,335	10	3,135	74,095	322	3	
4	5	Utilities - maintenance office	Bed Days Available	722,335	10	5,869	74,095	602	4	
5	6	Management allocation - salaries	Bed Days Available	722,335	10	1,152,969	1,152,969	74,095	118,268	5
6	6	Repairs & maintenance	Bed Days Available	722,335	10	74,022	74,095	7,593	6	
7	6	Scavenger & exterminating	Bed Days Available	722,335	10	3,102	74,095	318	7	
8	7	Management allocation - employees	Bed Days Available	722,335	10	153,196	74,095	15,714	8	
9	10	Management allocation - salaries	Bed Days Available	722,335	10	250,218	250,218	74,095	25,667	9
10	15	Management allocation - employees	Bed Days Available	722,335	10	33,247	74,095	3,410	10	
11	17	Management allocation - salaries	Bed Days Available	722,335	10	593,100	593,100	74,095	60,838	11
12	19	Computer consultant & supplies	Bed Days Available	722,335	10	354,473	74,095	36,361	12	
13	19	Professional fees	Bed Days Available	722,335	10	262,937	74,095	26,971	13	
14	20	Dues & subscriptions	Bed Days Available	722,335	10	14,411	74,095	1,478	14	
15	20	Advertising - help wanted	Bed Days Available	722,335	10	111,560	74,095	11,443	15	
16	21	Management allocation - salaries	Bed Days Available	722,335	10	7,732,875	7,732,875	74,095	793,216	16
17	21	Bank charges	Bed Days Available	722,335	10	31,229	74,095	3,203	17	
18	21	Office supplies & printing	Bed Days Available	722,335	10	126,211	74,095	12,946	18	
19	21	Postage	Bed Days Available	722,335	10	37,365	74,095	3,833	19	
20	21	Telephone	Bed Days Available	722,335	10	117,421	74,095	12,045	20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 11,135,499	\$ 9,729,162	\$ 1,142,245	25	

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc. # 0042739 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 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)

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 Available	722,335	10	5,038	74,095	517	1
2	24	Travel and Seminar	Bed Days Available	722,335	10	8,850	74,095	908	2
3	25	Auto expense	Bed Days Available	722,335	10	140,934	74,095	14,457	3
4	26	Insurance general	Bed Days Available	722,335	10	89,225	74,095	9,152	4
5	27	Management allocation - employee	Bed Days Available	722,335	10	1,106,283	74,095	113,479	5
6	30	Depreciation	Bed Days Available	722,335	10	625,643	74,095	64,177	6
7	32	Interest	Bed Days Available	722,335	10	174,244	74,095	17,873	7
8	32	Amortization of mortgage costs	Bed Days Available	722,335	10	22,869	74,095	2,346	8
9	33	Property taxes	Bed Days Available	722,335	10	65,056	74,095	6,673	9
10	34	Rent expense	Bed Days Available	722,335	10	47,418	74,095	4,864	10
11	35	Equipment rental	Bed Days Available	722,335	10	14,486	74,095	1,486	11
12	35	Auto Lease	Bed Days Available	722,335	10	6,017	74,095	617	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					\$ 2,306,063	\$	\$ 236,549	25

Facility Name & ID Number Lexington Health Care Center of Chicago Ric # 0042739 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	2		3	4	5	6		7	8	9	10	
		Related**					Amount of Note						Reporting Period Interest Expense
	Name of Lender	YES	NO	Purpose of Loan	Monthly Payment Required	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)			
	A. Directly Facility Related												
	Long-Term												
1	Lexington Financial						\$					\$	1
2	Services II, L.L.C.	X		Mortgage	Varies	4/30/07	6,908,000		9/15/2017	Libor + 1.25%		170,216	2
3	MB Financial		X	Mortgage	Fixed Prin,Var Int	9/15/2017	5,112,015	5,060,895	9/15/2019	Libor + 3.5%		76,443	3
4	Sambell of Elmhurst LP		X	Mortgage	Varies	9/15/2017	418,014	418,014	9/15/2019	Libor + 3.5%		6,251	4
5				Finance Charge - Insurance Policy								1,999	5
	Working Capital												
6	American Chartered Bank		X	Line of Credit	Varies	3/25/2016	5,600,000		9/15/2017	Libor + 2.5%		2,090	6
7	MB Financial		X	Line of Credit	Varies	9/15/2017	2,000,000		9/15/2019	Libor + 2.5%			7
8													8
9	TOTAL Facility Related						\$ 20,038,029	\$ 5,478,909				\$ 256,999	9
	B. Non-Facility Related*												
10										Amortization of loan cost		21,705	10
11										Allocated from Mgmt Co.		20,219	11
12										Interest Income offset		5,568	12
13										See Sch 9A		(1,488)	13
14	TOTAL Non-Facility Related						\$	\$				\$ 46,004	14
15	TOTALS (line 9+line14)						\$ 20,038,029	\$ 5,478,909				\$ 303,003	15

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

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

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

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/17

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				
	A. Directly Facility Related											
	Long-Term											
1							\$	\$			\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				\$0.00		\$ 0	\$ 0			\$ 0	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related				\$0.00		\$ 0	\$ 0			\$ (1,488)	14

Microsoft interest 511
 Non-Allowable Finance Charge (1,999)

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 2016 report.			\$	<u>796,000</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2016		\$	<u>788,061</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>(7,939)</u>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>859,200</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	<u>62,764</u>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.		Alloc Fr. Mgmt Co.		<u>6,673</u>	
TOTAL REFUND \$ <u>183,769</u> For <u>2013 & 2014</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	<u>(183,769)</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>736,929</u>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	<u>632,918</u>	8
	2013	<u>687,920</u>	9
	2014	<u>757,166</u>	10
	2015	<u>773,127</u>	11
	2016	<u>788,061</u>	12

[See attached real estate accrual sheet](#)

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Health Care Center of Chicago Ridge, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042739

CONTACT PERSON REGARDING THIS REPORT Karen Gillis

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 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 2016.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>24-18-200-030-0000</u>	<u></u>	\$ <u>763,105.38</u>	\$ <u>763,105.38</u>
2.	<u>24-07-311-012-0000</u>	<u>Land & Building</u>	\$ <u>24,955.50</u>	\$ <u>24,955.50</u>
3.	<u>Royal Management Corp (Samvest of Lombard II)</u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u>05-01-202-021</u>	<u>Land & Building</u>	\$ <u>257,788.00</u>	\$ <u>6,673.00</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>
TOTALS			\$ <u><u>1,045,848.88</u></u>	\$ <u><u>794,733.88</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Health Care Center of Chicago Ridge, Inc.

0042739 Report Period Beginning:

01/01/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 85,551 B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 3

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

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

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

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

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

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

N/A

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>31,000</u>	<u>1989</u>	<u>\$ 505,000</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>22,899</u>	<u>2</u>
3	TOTALS	31,000		\$ 527,899	3

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.

0042739

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	203		1991	1991	\$ 5,143,342	\$ -	35	\$ 146,951	\$ 146,951	\$ 3,906,484	4
5			1995	1995	97,352	2,781	35	2,781		62,579	5
6											6
7											7
8											8
	Improvement Type**										
9		Leasehold Improvements	1993		2,694	77	35	77		1,887	9
10		Leasehold Improvements	1994		6,581	188	35	188		4,419	10
11		Dishwasher hood	1996		2,480		10			2,480	11
12		Lobby repairs	1996		8,698		10			8,698	12
13		Basement rehab	1997		24,477		10			24,477	13
14		Wiring	1998		3,429		10			3,429	14
15		Handrails	1998		895		15			895	15
16		Resurface & restripe parking lot	1998		4,450		10			4,450	16
17		Fire wall	1998		2,169	62	35	62		1,209	17
18		Foyer floor tile	1999		32,379		10			32,379	18
19		Wallpapering / painting / decorating	1999		8,833		10			8,832	19
20		Rebuild garage area	1999		1,762	50	35	50		911	20
21		Roof repairs	2000		6,240		10			6,240	21
22		Electrical wiring	2000		3,986	114	35	114		1,994	22
23		Electrical wiring	2000		2,536	72	35	72		1,264	23
24		Kitchen rehab	2000		6,623	221	35	221		3,866	24
25		Automatic doors	2000		1,300		10			1,300	25
26		Elevator eye sensors	2000		4,500		15			4,500	26
27		Resurface & restripe parking lot	2001		3,319		10			3,319	27
28		Door releases	2001		5,200		10			5,200	28
29		Carpeting	2001		10,022		10			10,022	29
30		Roof repairs	2002		25,600	1,280	20	1,280		20,527	30
31		Elevator upgrade	2002		9,865		10			9,865	31
32		Painting/decorating/carpet/wallpaper	2003		38,165	1,908	20	1,908		28,621	32
33		Rehab/new office	2003		26,733	1,337	20	1,337		20,053	33
34		Facility rehab - construction costs, painting & decorating	2003		257,174	12,859	20	12,859		186,454	34
35		Facility rehab - electrical	2003		12,840	642	20	642		9,309	35
36		Facility rehab - carpeting	2003		7,800		10			7,800	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.# 0042739

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	
37	Facility rehab - floor tile	2003	\$ 3,548	\$ 177	20	\$ 177	\$	\$ 2,568	37
38									38
39	Kickplates/Door protectors	2004	4,095		10			4,095	39
40	Kitchen Fire Protection Upgrade	2004	1,427		10			1,427	40
41	Parking Lot - Paving and Sealcoating	2005	4,375	219	20	219		2,700	41
42	Kitchen Rehab	2005	19,228	961	20	961		11,693	42
43	Lobby/Lounge Reception Area	2005	36,503	1,825	20	1,825		22,965	43
44	Sidewalk - Raise and Support	2005	1,330	67	20	67		820	44
45	Lower Level Therapy Rehab	2005	52,525	2,626	20	2,626		32,388	45
46	Transitional Unit	2005	1,020	51	20	51		616	46
47	Basement Renovation	2005	3,754	188	20	188		2,287	47
48	Landscaping Enhancement	2006	6,463	431	15	431		4,849	48
49	Lhi-Hvac	2006	4,333	217	20	217		2,405	49
50	Rehab Common Areas	2006	7,661	383	20	383		4,405	50
51	Modular Units attached to wall	2006	10,316	516	20	516		5,848	51
52	Cubical Curtains	2006	1,578		5			1,578	52
53	Landscaping	2007	5,000	333	15	333		3,469	53
54	Parking lot	2007	35,969		20	1,819	1,819	18,190	54
55	HVAC	2007	4,580	229	20	229		2,443	55
56	Emergency A/C	2007	30,293	1,515	20	1,515		15,655	56
57	Portable A/C	2007	3,768	188	20	188		1,959	57
58	Employee Lunch Room	2007	3,671	184	20	184		1,871	58
59	Painting	2007	16,150	808	20	808		8,349	59
60	1st floor remodel-carpentry, flooring, plumbing, electrical fixtures	2007	641,616		40	16,225	16,225	162,250	60
61	painting,								61
62	Create first floor therapy	2007	185	9	20	9		99	62
63	Landscaping	2008	19,600	1,307	15	1,307		12,307	63
64	Parking Lot-paving,sealcoating and repairs	2008	44,050	2,203	20	2,203		20,378	64
65	HVAC Sport Coolers	2008	3,790	95	40	95		855	65
66	Plumbing & Sprinkler Shower room	2008	9,668	483	20	483		4,347	66
67	Common areas-doors and locks	2008	3,162	158	20	158		1,554	67
68	Basement Renovation	2008	7,569	189	40	189		1,859	68
69	2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	578,270		27	21,028	21,028	191,004	69
70	TOTAL (lines 4 thru 69)		\$ 7,326,941	\$ 36,953		\$ 222,976	\$ 186,023	\$ 4,930,696	70

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

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.# 0042739

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		\$ 7,326,941	\$ 36,953		\$ 222,976	\$ 186,023	\$ 4,930,696	1
2	Land improvements	2009	15180	1,012	15	1,012		8,349	2
3	Landscaping	2009	3693	246	15	246		2,071	3
4	Chiller	2009	178462	8,923	20	8,923		76,589	4
5	Quick connectors/spot cooler	2009	10244	512	20	512		4,429	5
6	Plumbing & Sprinkler	2009	6172	154	40	154		1,271	6
7	Chiller Fence	2009	5350	268	20	268		2,144	7
8	Land improvements-patio pergola	2009	7930	397	20	397		3,308	8
9	Land improvements patio fence	2009	14308	715	20	715		5,780	9
10	3rd floor remodel-Carpentry, flooring, electrical, painting, sprinkler system	2009	670689		27	24,389	24,389	197,144	10
11									11
12	Landscaping Enhancements	2010	4560	304	15	304		2,179	12
13	Office carpentry, flooring, electrical, painting, plumbing, signs	2010	82988	2,997	27	2,997		58,169	13
14	Tree removal	2010	12094	806	15	806		5,911	14
15	Seal Crack Filing and Striping	2010	3000	200	15	200		1,467	15
16	Parking lot signage, posts and lamps	2010	30501	1,113	27	1,113		8,367	16
17	HVAC Quick connects	2010	4043	147	27	147		1,042	17
18	Pantries-Tile, shelves	2010	2855	104	27	104		754	18
19	Director of Nursing office painting	2010	8090	295	27	295		2,065	19
20	1st floor rehab-cabinets, library lounge-art, flooring	2010	4725	172	27	172		1,245	20
21	2nd floor rehab-painting, flooring	2010	61521	2,244	27	2,244		15,708	21
22									22
23	Payroll Office Remodel - Electrical	2011	5439	198	27	198		1,320	23
24	Payroll Office Remodel - Doors & Millwork	2011	10336	376	27	376		2,413	24
25	Holding Tank	2011	16400	596	27	596		3,824	25
26	Bulk Pipe - Removal of vent lines	2011	4380	159	27	159		981	26
27	Remodel Laundry Room - Electrical, Painting & Flooring	2011	7222	263	27	263		1,644	27
28	2nd Floor Doors	2011	23290	847	27	847		5,364	28
29	2nd Floor Remodeling - Carpentry (Drywall, finish/trim)	2011	17949		27	653	653	4,571	29
30	Exterior Painting	2011	3000		27	109	109	690	30
31	Fire Dampers	2011	20441		27	743	743	4,520	31
32	Boiler	2011	9800		27	356	356	2,374	32
33	Parking Lot - seal and stripe	2011	4300			156	156	975	33
34	TOTAL (lines 1 thru 33)		\$ 8,575,903	\$ 60,001		\$ 272,430	\$ 212,429	\$ 5,357,364	34

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

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.

0042739

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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,575,903	\$ 60,001		\$ 272,430	\$ 212,429	\$ 5,357,364	1
2	Building Wiring-EMR	2012	13,566		27	493	493	2,630	2
3									3
4	Exterior Lighting	2013	7,418		27	270	270	1,170	4
5									5
6									6
7	R/M Reclass: Condenser Motor/Fan HVAC Mechanical Room	2014	2,648		20	132	132	462	7
8	R/M Reclass: Elevator Door Restrictor	2014	5,250		10	525	525	1,838	8
9									9
10	R/M Reclass: Stairwell doors 3rd floor south & 2nd floor north	2015	4,146		20	207	207	519	10
11	R/M Reclass: Replace 5 water tubes and sealing O rings basement	2015	3,559		20	178	178	445	11
12	R/M Reclass: Crack sealing and striping parking lot	2015	4,700		27	174	174	435	12
13									13
14	RE Entity: Chair Rail Installations in 1st & 2nd Floor Rooms	2016	26,509		27	982	982	1,142	14
15	R/M Reclass (RE): Concrete Paving in Parking Lot	2016	8,800		15	587	587	880	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	Reconcile to book depreciation			286			(286)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,652,499	\$ 60,287		\$ 275,978	\$ 215,691	\$ 5,366,885	34

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

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.

0042739

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 12C, Carried Forward		\$ 8,652,499	\$ 60,287		\$ 275,978	\$ 215,691	\$ 5,366,885	1
2	Land improvements - management company	2002	316,883		40	6,682	6,682	147,823	2
3	HVAC, electrical, security system - management company	2003	2,783		30	638	638	2,295	3
4	Key card system - management company	2004	437		20	20	20	293	4
5	VAV TX controls - management company	2005	133		20	6	6	85	5
6	Interior Signs- management company	2006	97		20	6	6	72	6
7	Building - management company	2008	14,357		20	159	159	6,129	7
8	Building - management company	2009	2,821		20	49	49	1,301	8
9	Building - management company	2010	2,753		20	48	48	1,182	9
10	Building - management company	2011	1,972		20	85	85	597	10
11	Building - management company	2012	6,670		20	12	12	1,386	11
12	Building - management company	2013	5,148		20	347	347	1,600	12
13	Building - management company	2014	2,786		20	258	258	978	13
14	Building - management company	2015	490		20	55	55	150	14
15	Building - management company	2016	8,084		20	556	556	833	15
16	Building - management company	2017	5,257		20	62	62	99	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)		\$ 9,023,170	\$ 60,287		\$ 284,961	\$ 224,674	\$ 5,531,708	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 205,428	\$ 29,053	\$ 29,053	\$	5-10	\$ 155,802	71
72	Current Year Purchases	3,773	377	377		5	377	72
73	Fully Depreciated Assets	1,147,723				5-7	1,147,723	73
74	Allocated from Mgmt Co.	644,384		52,911	52,911	5-7	579,540	74
75	TOTALS	\$ 2,001,308	\$ 29,430	\$ 82,341	\$ 52,911		\$ 1,883,442	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.			57,964	-	2,282	2,282	5	53,936	79
80	TOTALS			\$ 57,964	\$	\$ 2,282	\$ 2,282		\$ 53,936	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,610,341	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 89,717	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 369,585	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 279,868	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,469,086	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	Parking Space Lease				3,600			5
6	Allocated from Management Company				4,864			6
7	TOTAL				\$ 8,464			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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 83,685 Description: See Sch 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20	Allocated from Management Company			617	20
21	TOTAL		\$	\$ 617	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/17

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Copier	8,376
Postage	467
Printer	4,604
Medical equipment	37,104
Oxygen	31,648
Allocation management company	1,486
Total - Line 16	<u><u>83,685</u></u>

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
							Units	Cost								
1	Licensed Occupational Therapist	39(3)	hrs	\$	13,138	\$ 770,287						13,138	\$ 770,287			1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,500	158,264						4,500	158,264			2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39(3)	hrs		19,451	1,056,868						19,451	1,056,868			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							586,210			586,210			9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Ambulance</u>	39(3)						19,314							19,314	12
13	Other (specify): <u>See Sch 16A</u>	39(2)								10,051					10,051	13
14	TOTAL			\$	37,089	\$ 2,004,733				\$ 596,261		37,089	\$ 2,600,994			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 Health Care Center of Chicago Ridge, Inc.
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/17

Schedule 16A

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	3 Cost	Units	5 Cost				
1	Licensed Occupational Therapist		hrs	\$		\$			\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>DME</u>	39(2)					2,107		2,107	12
13	Other (specify): <u>Oxygen</u>	39(2)					7,944		7,944	13
14	TOTAL			\$		\$	10,051		\$ 10,051	14

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.

0042739

Report Period Beginning: 01/01/17

Ending: 12/31/17

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	\$ 1,211,628	\$ 1,242,134	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>2,516,082</u>)	2,496,503	2,496,503	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	116,596	116,596	6
7	Other Prepaid Expenses	43,103	43,103	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,867,830	\$ 3,898,336	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	8,090	8,090	12
13	Land		527,899	13
14	Buildings, at Historical Cost		5,143,342	14
15	Leasehold Improvements, at Historical Cost	1,456,473	3,879,828	15
16	Equipment, at Historical Cost	765,084	2,059,272	16
17	Accumulated Depreciation (book methods)	(1,581,861)	(7,469,086)	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 <u>Rec from Insurance</u>)	805,706	805,706	22
23	Other(specify): <u>Mortgage cost, net</u>		122,102	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,453,492	\$ 5,077,153	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,321,322	\$ 8,975,489	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 748,996	\$ 748,996	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	532,765	532,765	30
31	Accrued Taxes Payable (excluding real estate taxes)	27,494	27,494	31
32	Accrued Real Estate Taxes(Sch.IX-B)		859,200	32
33	Accrued Interest Payable		27,322	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	10,232,288	4,459,293	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,541,543	\$ 6,655,070	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		418,014	39
40	Mortgage Payable		5,060,895	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,478,909	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,541,543	\$ 12,133,979	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,220,221)	\$ (3,158,490)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,321,322	\$ 8,975,489	48

*(See instructions.)

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/17

Schedule 17A

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Cash Patient Trust	(28,241)	(28,241)
Rent Receivable	-	(5,740,989)
Due From Remodeling	32,007	-
Due From -	(55)	(55)
Due To Lex Fin Svcs I	(443)	(443)
Due To / From Rehab Care Therapy	3,565	3,565
Due To/From Republic Construction	3,093	3,093
Sambel Due From Llc Ii	-	1
Prepaid Insurance	36,942	36,942
Cobra	(3,618)	(3,618)
Withholding - Dental Insurance	(875)	(875)
Withholding - Ep/Ci/WI	8,694	8,694
Vision Withholding	(595)	(595)
Accrued Expenses	27,650	27,650
Accrued Resident Tax	49,427	49,427
Accrued Vesta 3% Management Fees	2,872,817	2,872,817
Accrued Royal Management Fees	(55,926)	(55,926)
Accrued Rent	5,740,989	5,740,989
Accrued Insurance	100,946	100,946
Due To Patient Trust Fund	28,241	28,241
Due To Prior Owner	48,000	48,000
Advance - Biweekly Part A Paym	(1,998)	(1,998)
Uncollectible Part A Co Pvts	(1)	(1)
Due To - Royal Operations	113,612	113,612
Due To Lhcc Elmhurst	317	317
Due To Lagrange	40,709	40,709
Due To Lhcc Lombard	(71)	(71)
Due To Orland Park	(13,551)	(13,551)
Due To Wheeling	371	371
Due/To From Vesta Management	1,109	1,109
Due To/From Lex Fincl Svcs Ii Llc	165	165
Professional Liabilities Claims	1,229,008	1,229,008
Total - Line 36	10,232,288	4,459,293

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,365,938)	1
2	Restatements (describe):		2
3	Post closing adjustment	2,814	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,363,124)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(857,097)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (857,097)	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)	\$ (6,220,221)	24 *

* This must agree with page 17, line 47.

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

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

1		2	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,167,364	1
2	Discounts and Allowances for all Levels	(11,982,758)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,184,606	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,000,610	6
7	Oxygen	31,533	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 7,032,143	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	5,270	12
13	Barber and Beauty Care	11,553	13
14	Non-Patient Meals	419	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,064,143	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	584,462	19
20	Radiology and X-Ray	35,340	20
21	Other Medical Services	515,066	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,216,253	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	(5,568)	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ (5,568)	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,427,434	30

2		3	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,899,244	31
32	Health Care	6,815,489	32
33	General Administration	4,366,656	33
B. Capital Expense			
34	Ownership	2,230,372	34
C. Ancillary Expense			
35	Special Cost Centers	3,563,266	35
36	Provider Participation Fee	409,504	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,284,531	40
41	Income before Income Taxes (line 30 minus line 40)**	(857,097)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (857,097)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,459,608	44
45	Private Pay - Net Inpatient Revenue	1,900,175	45
46	Medicare - Net Inpatient Revenue	1,158,850	46
47	Other-(specify) <u>Managed Care</u>	3,665,973	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,184,606	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 Health Care Center of Chicago Ridge, Inc.

0042739

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	1,597	2,023	\$ 130,109	\$ 64.32	1
2	Assistant Director of Nursing	1,652	1,988	91,356	45.95	2
3	Registered Nurses	33,312	42,646	1,428,183	33.49	3
4	Licensed Practical Nurses	37,898	46,542	1,229,954	26.43	4
5	CNAs & Orderlies	109,097	132,139	1,810,063	13.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,766	2,090	38,639	18.48	9
10	Activity Assistants	7,816	9,510	104,023	10.94	10
11	Social Service Workers	8,172	9,860	184,831	18.75	11
12	Dietician	3,471	4,204	106,296	25.29	12
13	Food Service Supervisor	1,988	2,501	61,127	24.44	13
14	Head Cook	1,692	2,031	42,393	20.87	14
15	Cook Helpers/Assistants	24,169	29,359	306,137	10.43	15
16	Dishwashers					16
17	Maintenance Workers	1,773	2,131	37,770	17.73	17
18	Housekeepers	31,465	38,001	420,634	11.07	18
19	Laundry					19
20	Administrator	899	1,053	79,040	75.06	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,125	12,875	363,658	28.25	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	1,503	1,857	34,776	18.72	31
32	Other Health C: See Sch 20A	26,778	33,698	1,035,415	30.73	32
33	Other(specify) Marketing	2,633	2,915	113,415	38.90	33
34	TOTAL (lines 1 - 33)	308,804	377,425	\$ 7,617,817 *	\$ 20.18	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 111,600	9(3)	36
37	Medical Records Consultant	Monthly 845	10(3)	37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 20,581	10(3)	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 4,721	11(3)	44
45	Social Service Consultant	Monthly 3,396	12(3)	45
46	Other(specify) Pulmonary Exchange	Monthly 91,551	10(3)	46
47	Post Acute Consultant	Monthly 1,335	10(3)	47
48	Telemedicine Consultant	Monthly 9,075	10(3)	48
49	TOTAL (lines 35 - 48)	\$ 243,104		49

C. CONTRACT NURSES

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

Facility Name:
IDPH License ID Number:
Fiscal Year End:

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Staffing Coordinator	1,639	2,074	33,918	\$ 16.36
Unit Secretary	7,792	9,677	268,557	\$ 27.75
Accounts Coordinator	1,583	2,053	27,590	\$ 13.44
Admissions	1,148	1,350	21,496	\$ 15.92
Case Manager	671	763	65,067	\$ 85.26
MDS	3,232	3,983	160,819	\$ 40.38
Intake Manager	1,237	1,731	41,659	\$ 24.07
Clinical Coordinator	5,712	7,083	261,164	\$ 36.87
Transitional Care Nurse	304	407	13,854	\$ 34.01
Wound Care Coordinator	3,460	4,577	141,291	\$ 30.87
Total - Line 32 Other Health Care (specify):	26,778	33,698	1,035,415	\$ 30.73

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	
Kristin Mitchell	Administrator	0	\$ 79,040	Workers' Compensation Insurance	\$ 159,131	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	58,914	Advertising: Employee Recruitment	5,775	
				FICA Taxes	565,249	Health Care Worker Background Check		
				Employee Health Insurance	334,472	(Indicate # of checks performed 319)	3,833	
				Employee Meals		Patient Background Checks	959 11,508	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	6,878	
				401K	25,528	Miscellaneous Dues & Subscriptions	7,535	
				Uniform Allowance	4,761	IHCA	13,586	
				Other Employee Benefits	26,183	Less: Non-Allowable Dues	(4,677)	
						Management Company Allocation	12,921	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 79,040	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,174,238		\$ 59,349		
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			\$ 1,439,480	N/A			Out-of-State Travel	\$
Management Fees-Vesta Mgmt.			283,810					
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,723,290				Seminar Expense	140
							Management company allocation	908
C. Professional Services								
Vendor/Payee	Type	Amount						
RSM US LLP	Accounting	\$ 29,745						
Lexington Financial	Financial	328						
Much Shelist	Legal - Regulatory	4,468						
Serpico, Petrosino, Dipiero & O'Shea	Legal	1,239						
Generation Law, Ltd	Legal	10,158						
Goldstine, Skrodzki, Russian, Nemecek	Legal	850						
Hughes Socol Piers Resnick & DYM,	Legal	369						
Illinois Secretary of State	Filing fees	100						
Duane Morris	Legal	1,213						
Much Shelist	Legal	439						
Much Shelist	Collections	72,532						
See Schedule 21C	See Schedule 21C	116,525						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 237,966	TOTAL		\$	Entertainment Expense ()	
							(agree to Sch. V, line 24, col. 8)	
							TOTAL \$ 1,048	

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/17

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Markoff Law LLC	Collections	1,639
Much Shelist	Collections	1,009
Cash receipt	Collections	7,340
Attadale partners LLC	Operations consulting	(18)
Pension administrators Inc	401K Administration	3,365
Personnel Planners Inc	U/C consulting	2,130
Computer supply	Computer services	44,026
Lawson	Computer services	2,081
Salesforce	Computer services	10,021
Info controls	Computer services	(99)
Softchoice	Computer services	11,347
Relias	Computer services	2,046
National Datacare Corp.	Computer services	2,506
ICIMS	Computer services	3,864
MB	Computer services	50
Microsoft	Computer services	10,718
Netsmart	Computer services	8,841
RSM Microsoft GP	Computer services	5,659
Total (agree to Schedule V, line 19, column 3)		<u>237,966</u>
Less:		
Salesforce		(10,021)
Non-Allowable Legal		(3,604)
Non-Allowable Collections		(82,520)
 Allocated from Real Estate		
Secretary of State		<u>203</u>
		203
 Samvest of Lombard		
Friedman & Huey	Accounting	136
Illinois Secretary of State	Filing Fees	<u>16</u>
		152
 Allocated from Mgmt Co.		
Much Shelist	Legal	1,713
Hinshaw & Culbertson LLP	Legal	234
Duane Morris	Legal	2,020
Serpico, Petrosino	Legal	12
Golan and Christie	Legal	20
RSM	Accounting	1,402
Friedman & Huey	Accounting	750
IL Secretary of State	Filing Fees	49
Gilson Labus & Silverman LLC	Accounting	666
Marcum LLP	Accounting	328
LaSalle Network	Recruiting / Finance	1,178
Pension Administrators, Inc.	401K Administration	(121)
Gene Whitehorn	Medicaid Reimb Specialist	1,913
M Werner Consulting	Financial Consulting	981
Eisen Alliance LLC	Workplace Consultant	306
Barry Lazarus	Health Care Consultant	262
Mark Rodeghier	Survey Preparation Consultant	677
Pathway Health Services	Operational & Financial Consulting	2,350
IMEC	Operational & Financial Consulting	5,713
Forest Performance	Performance Consulting	1,749
Reputation.com	Performance Consulting	1,048
Devree Molnar	Strategy/Operations Consulting	147
Steven Wood	Strategy/Operations Consulting	302
Susan Parker	Social Service Consultant	17
Focus Pointe Global	Strategic Planning	1,203
CLIN-SCIENCE RESEARCH	General Business Consulting	396
Provinet Solutions	Technical Consulting	15
ANDRZJ STANKIEWIC	General Business Consulting	94
DLC	Financial Planning & Analysis	1,395
Computer services	Computer services	36,361
		<u>63,180</u>
Total (agree to Schedule V, line 19, column 8)		<u>205,356</u>

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc.# 0042739

Report Period Beginning:

01/01/17

Ending:

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

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA - \$13,586
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 54,530 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. \$ 409,504
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 419
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees