



Facility Name & ID Number Manorcare of Palos Hts East

# 0049478 Report Period Beginning: 06/01/16 Ending: 05/31/17

**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**

	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	184	Skilled (SNF)	184	67,160	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	184	TOTALS	184	67,160	7

**B. Census-For the entire report period.**

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	10,776	3,472	37,312	51,560	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,776	3,472	37,312	51,560	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 76.77%

**D. How many bed reserve days during this year were paid by the Department?**  
0 (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 06/02/88

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date 04/07/11 NO

**K. Was the facility certified for Medicare during the reporting year?**  
YES  NO  If YES, enter number of beds certified 184 and days of care provided 29,261

Medicare Intermediary Novitas Solutions

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31 Fiscal Year: 5/31

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

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/16 Ending: 05/31/17

**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
	<b>A. General Services</b>										
1	Dietary	431,098	36,916	1,162	469,176		469,176		469,176	1	
2	Food Purchase		424,214		424,214		424,214	(1,206)	423,008	2	
3	Housekeeping	215,719	31,202	538	247,459		247,459		247,459	3	
4	Laundry	69,977	32,209	507	102,693		102,693		102,693	4	
5	Heat and Other Utilities			277,837	277,837	4,079	281,916		281,916	5	
6	Maintenance	76,735	27,967	197,267	301,969		301,969		301,969	6	
7	Other (specify):* <b>Medical Waste</b>			1,961	1,961		1,961		1,961	7	
8	<b>TOTAL General Services</b>	793,529	552,508	479,272	1,825,309	4,079	1,829,388	(1,206)	1,828,182	8	
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,325	18,325		18,325		18,325	9	
10	Nursing and Medical Records	5,122,474	365,746	79,396	5,567,616	98	5,567,714		5,567,714	10	
10a	Therapy	3,281,845	17,412	24,354	3,323,611		3,323,611		3,323,611	10a	
11	Activities	128,771	5,229	2,743	136,743		136,743		136,743	11	
12	Social Services	245,691	507		246,198		246,198		246,198	12	
13	CNA Training									13	
14	Program Transportation									14	
15	Other (specify):*									15	
16	<b>TOTAL Health Care and Programs</b>	8,778,781	388,894	124,818	9,292,493	98	9,292,591		9,292,591	16	
	<b>C. General Administration</b>										
17	Administrative	143,059		1,153,512	1,296,571	(547,328)	749,243		749,243	17	
18	Directors Fees									18	
19	Professional Services			71,087	71,087		71,087	(71,087)		19	
20	Dues, Fees, Subscriptions & Promotions			124,690	124,690		124,690	(38,486)	86,204	20	
21	Clerical & General Office Expenses	596,194	105,616	685,961	1,387,771		1,387,771	(528,390)	859,381	21	
22	Employee Benefits & Payroll Taxes			1,427,721	1,427,721	81,340	1,509,061		1,509,061	22	
23	Inservice Training & Education			307	307		307		307	23	
24	Travel and Seminar			1,872	1,872		1,872		1,872	24	
25	Other Admin. Staff Transportation									25	
26	Insurance-Prop.Liab.Malpractice			848,328	848,328		848,328		848,328	26	
27	Other (specify):*							(793)	(793)	27	
28	<b>TOTAL General Administration</b>	739,253	105,616	4,313,478	5,158,347	(465,988)	4,692,359	(638,756)	4,053,603	28	
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	10,311,563	1,047,018	4,917,568	16,276,149	(461,811)	15,814,338	(639,962)	15,174,376	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 Manorcare of Palos Hts East

#0049478

Report Period Beginning:

06/01/16

Ending:

05/31/17

## 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	
	<b>D. Ownership</b>											
30	Depreciation			435,740	435,740	31,273	467,013		467,013			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,910,804	5,910,804	430,538	6,341,342	(5,911,802)	429,540			32
33	Real Estate Taxes			488,857	488,857		488,857		488,857			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			85,149	85,149		85,149		85,149			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			6,920,550	6,920,550	461,811	7,382,361	(5,911,802)	1,470,559			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,053,564	753	1,054,317		1,054,317		1,054,317			39
40	Barber and Beauty Shops			13,669	13,669		13,669		13,669			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			224,081	224,081		224,081		224,081			42
43	Other (specify):* <b>IV   X-Ray &amp; Lab</b>		119,036	222,019	341,055		341,055		341,055			43
44	<b>TOTAL Special Cost Centers</b>		1,172,600	460,522	1,633,122		1,633,122		1,633,122			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	10,311,563	2,219,618	12,298,640	24,829,821		24,829,821	(6,551,764)	18,278,057			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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,206)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(1,079)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(141)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(793)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(24,074)	21		18
19	Entertainment				19
20	Contributions	(5,532)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(55,006)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(496,445)	21		24
25	Fund Raising, Advertising and Promotional	(38,486)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(5,929,002)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (6,551,764)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)		10a	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (6,551,764)		37

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

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

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

<b>BHF USE ONLY</b>							
48		49		50		51	52

Manorcare of Palos Hts East

ID# 0049478

Report Period Beginning: 06/01/16

Ending: 05/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Activity Income	\$ 0	11	1
2	Misc. Income	0	21	2
3	Vending Income	(1,119)	21	3
4	Donations Revenue	0	21	4
5	Accounting/Collection Fees	(16,081)	19	5
6	Collection Agency	0	19	6
7	Loss on Disposal of Fixed Asset	0	36	7
8	HCP Lease Interest	(5,911,802)	32	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(5,929,002)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Palos Hts East# 0049478

Report Period Beginning:

06/01/16

Ending:

05/31/17

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

	Operating Expenses	PAGES	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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,206)	0	0	0	0	0	0	0	0	0	0	(1,206)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(1,206)</b>	<b>0</b>	<b>(1,206)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(71,087)	0	0	0	0	0	0	0	0	0	0	(71,087)	19
20	Fees, Subscriptions & Promotions	(38,486)	0	0	0	0	0	0	0	0	0	0	(38,486)	20
21	Clerical & General Office Expenses	(528,390)	0	0	0	0	0	0	0	0	0	0	(528,390)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(793)	0	0	0	0	0	0	0	0	0	0	(793)	27
28	<b>TOTAL General Administration</b>	<b>(638,756)</b>	<b>0</b>	<b>(638,756)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(639,962)</b>	<b>0</b>	<b>(639,962)</b>	<b>29</b>									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/16 Ending: 05/31/17

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

	Capital Expense	PAGES	PAGE	SUMMARY TOTALS										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,911,802)	0	0	0	0	0	0	0	0	0	0	(5,911,802)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(5,911,802)</b>	<b>0</b>	<b>(5,911,802)</b>	<b>37</b>									
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(6,551,764)</b>	<b>0</b>	<b>(6,551,764)</b>	<b>45</b>									

**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
HCR Manor Care, LLC	100			HCR Manor Care Svcs	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL Rehab Svcs, LLC	Toledo	Therapy Mgmt Svcs
				HL Rehab Svcs, LLC	Toledo	Therapy Services
				HL Home Health Care	Toledo	Nursing Staff

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	See Home Office Allocation	\$ 1,153,512	HCR Manor Care Services, LLC	100.00%	\$ 1,153,512	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44 Personnel	10,311,563	Heartland Employment Services, LLC	100.00%	10,311,563		4
5	V	10a Therapy Management	21,102	Heartland Rehabilitation Services, LLC	100.00%	21,102		5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 11,486,177			\$ 11,486,177	\$ *	14

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

Facility Name &amp; ID Number

Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/16

Ending:

05/31/17

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heartland of Canton IL, LLC	Canton				1
2			Heartland of Champaign IL, LLC	Champaign				2
3			Heartland of Decatur IL, LLC	Decatur				3
4			Heartland of Galesburg IL, LLC	Galesburg				4
5			Heartland of Henry IL, LLC	Henry				5
6			Heartland of Macomb IL, LLC	Macomb				6
7			Heartland of Moline IL, LLC	Moline				7
8			Heartland of Normal IL, LLC	Normal				8
9			Heartland of Paxton IL, LLC	Paxton				9
10			Heartland of Peoria IL, LLC	Peoria				10
11			Heartland-Riverview of East Peoria IL, LLC	East Peoria				11
12			Manor Care at Arlington Heights	Arlington Heights				12
13			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				13
14			Manor Care of Hinsdale IL, LLC	Hinsdale				14
15			Manor Care of Homewood IL, LLC	Homewood				15
16			Manor Care of Libertyville IL, LLC	Libertyville				16
17			Manor Care of Naperville IL, LLC	Naperville				17
18			Manor Care of Northbrook IL, LLC	Northbrook				18
19			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				19
20			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				20
21			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				21
22			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				22
23			Manor Care of South Holland IL, LLC	South Holland				23
24			Manor Care of Westmont IL, LLC	Westmont				24
25			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				25
26			Arden Courts of Geneva IL, LLC	Geneva				26
27			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				27
28			Arden Courts of Northbrook IL, LLC	Northbrook				28
29			Arden Courts of Palos Heights IL, LLC	Palos Heights				29
30			Arden Courts of South Holland IL, LLC	South Holland				30

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/16

Ending: 05/31/17

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

Name of Related Organization HCR Manor Care Services LLC  
 Street Address 333 North Summit Street  
 City / State / Zip Code Toledo, OH 43604-2617  
 Phone Number ( 419) 252-5500  
 Fax Number ( 419) 254-5495

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, &	\$ 619,847	\$ 0	24,759,387	\$ 4,079	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	0	0	24,759,387	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	24,759,387	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	14,966	9,743	24,759,387	98	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	0	0	24,759,387	0	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	24,759,387	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	61,861,920	32,341,614	24,759,387	407,086	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	14,679,699	5,396,995	24,759,387	110,343	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs	2,741,751	0	24,759,387	88,755	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	5,141,603	0	24,759,387	33,835	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	6,319,907	0	24,759,387	47,505	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs	0	0	24,759,387	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	3,929,156	0	24,759,387	25,856	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	720,726	0	24,759,387	5,417	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	24,759,387	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,762,500,577		30,527,148		24,759,387	200,886	22
23	32	Directly Assigned Interest	Not Allocated			18,393,998			229,652	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				31,980,611				24
25	TOTALS					\$ 176,931,332	\$ 37,748,352		\$ 1,153,512	25

Facility Name & ID Number

Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

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**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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Conv. Sub. Debentures		X				\$ 3,102,852	\$ 2,908,781			0.0790	\$ 229,652						
2																		
3																		
4																		
5																		
<b>Working Capital</b>																		
6	Home Office Pooled Interest Expense											200,886						
7	Interest Income / Interest Expense											(998)						
8																		
9	<b>TOTAL Facility Related</b>						\$ 3,102,852	\$ 2,908,781				\$ 429,540						
<b>B. Non-Facility Related*</b>																		
10																		
11																		
12																		
13																		
14	<b>TOTAL Non-Facility Related</b>						\$	\$				\$						
15	<b>TOTALS (line 9+line14)</b>						\$ 3,102,852	\$ 2,908,781				\$ 429,540						

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

\* 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.)

**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.		\$	<b>438,574</b>	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.)		\$	<b>505,023</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>66,449</b>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>443,063</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>6,080</b>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ (26,734) For 2012 &amp; 2004 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<b>(26,735)</b>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>488,857</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	<b>415,661</b>	8
	2013	<b>426,533</b>	9
	2014	<b>486,651</b>	10
	2015	<b>498,362</b>	11
	2016	<b>506,232</b>	12

**Line 2: \$505,022.66 = \$230,923.56 for 2nd half 2015 + \$274,099.10 for 1st half 2016**

**Line 4: \$443,062.86 = \$232,132.86 for 2nd half 2016 + \$210,930.00 for Jan - May 2017**

**Line 5: \$6,080.18 = Worsek & Vihon: \$5,932.71 for 2012 Specific Obj #14-COTO-1077 + \$147.47 for 2004 RE Tax Refunds Filing Fees**

**Line 6: \$26,734.43 = \$26,292.00 for 2012 RE Tax Refund + \$442.43 for 2004 RE Tax Refund**

<b>FOR BHF USE ONLY</b>			
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 Manorcare of Palos Hts East COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049478

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

TELEPHONE (419) 252-5736 FAX #: (419) 254-5495

**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</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>23-24-300-330-0000</u>	<u>See Attached</u>	\$ <u>693,468.44</u>	\$ <u>506,231.96</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>693,468.44</u></u>	\$ <u><u>506,231.96</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 Manorcare of Palos Hts East

# 0049478 Report Period Beginning:

06/01/16 Ending:

05/31/17

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 73,335 B. General Construction Type: Exterior Masonry 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).

None

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: \_\_\_\_\_ 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	<u>Facility</u>		<u>1988</u>	<u>\$ 600,191</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 600,191</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	144		1988	\$ 4,355,326	\$ 169,736		\$ 169,736	\$	\$ 4,191,102
5	30		1990	1,063,606					
6			1990	(10,000)					
7	10		2011						
8									
<b>Improvement Type**</b>									
9	<b>Current Year Depreciation</b>				171,522		171,522		4,234,634
10			1988	203,173					
11			1989	47,755					
12			1990	43,288					
13			1991	135,227					
14			1992	55,270					
15			1993	67,665					
16			1994	68,557					
17			1995	133,690					
18			1996	183,199					
19			1997	242,019					
20			1998	203,466					
21			1999	28,991					
22			2000	128,063					
23			2001	91,487					
24			2002	36,072					
25			2003	153,150					
26									
27	FENCE		2004	8,387					
28	Electric to new rooftop exhaust fan		2004	1,079					
29	Renov. - Construction Dept. Overhead Costs & Interest		2004	13,149					
30	Renov. - Painting		2004	39,543					
31	Renov. - Wallcovering & Corner Guards		2004	15,082					
32	Renov. - Carpentry		2004	17,490					
33	Renov. - Electrical		2004	1,934					
34	Renov. - Doors		2004	2,947					
35	Flooring		2004	3,635					
36									

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

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## 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	Reconstruct - Move Walls, Plumbing, Electric to enlarge resident room	2004	\$ 853,768	\$		\$	\$	\$	37
38	Reconstruct - Architect & Engineering Costs	2004	77,920						38
39	Reconstruct - Construction Dept. Overhead Costs & Interest	2004	140,129						39
40	Reconstruct - Permit Fees	2004	24,199						40
41	Reconstruct - Millwork	2004	9,671						41
42	Reconstruct - Plumbing	2004	1,316						42
43	Reconstruct - Carpeting	2004	26,289						43
44	Reconstruct - Wallcovering & Corner Guards	2004	9,204						44
45	Reconstruct - Water & Sewer Work	2004	167						45
46	Concrete Pad at main entrance	2004	3,040						46
47	Prox Readers & Electric Strikes for Court Yard Doors	2005	3,970						47
48	Retirement 8-2004 - Door Alarm (asset # 179)	1989	(1,061)						48
49	Retirement 8-2004 - Door Alarm (asset #435)	1992	(1,218)						49
50	DOOR & HARDWARE	2005	11,265						50
51	EXTERIOR PAINTING	2005	18,189						51
52	3 HOLLOW METAL DOORS	2005	4,655						52
53	generator wiring	2006	4,073						53
54	emergency light	2006	924						54
55	wallcovering	2006	1,044						55
56	electrical	2006	2,240						56
57	kitchen door	2006	3,265						57
58	renov - wallcovering	2006	32,322						58
59	fire rated door	2006	12,592						59
60	kitchen wall / flooring	2006	17,880						60
61	kitchen wall / flooring	2006	4,950						61
62	roof replacement	2006	152,782						62
63	additional roof replacement	2006	13,210						63
64	flooring in shower stalls	2007	21,105						64
65	Electrical work in mechanical room	2007	4,246						65
66	12 resident room doors	2007	40,380						66
67	Renov - General Contractor	2009	591,269						67
68	Renov - Interest on Construction	2009	30,360						68
69	Trane Condensing Unit	2008	2,626						69
70	TOTAL (lines 4 thru 69)		\$ 9,450,021	\$ 341,258		\$ 341,258	\$	\$ 8,425,736	70

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,450,021	\$ 341,258		\$ 341,258	\$	\$ 8,425,736	1
2	Wallcovering	2008	526						2
3	20 Receptacles	2008	5,600						3
4	2 Water Heaters	2008	7,500						4
5	4 Doors	2008	7,820						5
6	2 Water Heaters	2008	39,574						6
7	Renov - Elevator System	2008	67,498						7
8	Renov - Arch & Engineerng Cost, Permit Fees, Plan Reviews	2009	122,882						8
9	Renov - General Overhead Capital	2009	110,321						9
10	Renov - Resilient Flooring, Wallcovering & Corner Guards	2009	15,066						10
11	Fire Alarm Panel	2009	24,985						11
12	Resident Room Flooring	2009	37,952						12
13	Renov - Basic Electrical	2009	13,105						13
14	Concrete Ramp & Steps	2008	10,404						14
15	Renov - Soil & Concrete Testing	2009	7,197						15
16	Renov - Gen Contractor - Site Prep	2009	96,739						16
17	Paving	2008	38,550						17
18	Concrete Ramp & Steps	2009	6,336						18
19	Renov - Legal Fees pertaining to Easement	2009	30,973						19
20	Renov - Resilient Flooring	2009	13,176						20
21	1st floor corridor handrail	2009	8,946						21
22	Renov - Carpeting & pads	2009	9,276						22
23	Renov - Wallcovering & corner guards	2009	57,481						23
24	steel entrance roof	2009	13,320						24
25	Room 229 flooring	2010	2,976						25
26	HM door	2011	1,725						26
27	pave, stripe, and sealcoat	2010	27,135						27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,227,084	\$ 341,258		\$ 341,258	\$	\$ 8,425,736	34

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

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,227,084	\$ 341,258		\$ 341,258	\$	\$ 8,425,736	1
2	Addition - Arch & Engineering cost	2011	103,173						2
3	Addition - Landscape Design Consultant	2011	87,650						3
4	Addition - Soil Testing	2011	2,310						4
5	Addition - Concrete Testing	2011	2,881						5
6	Addition - Legal Fees, Permit Fees, Water & Sewer Fees	2011	36,870						6
7	Addition - Plan Reviews	2011	3,455						7
8	Addition - General Overhead Capital & Interest on Constr	2011	123,626						8
9	Addition - General Contractor	2011	931,924						9
10	Addition - Carpeting & Pads	2011	25,808						10
11	Addition - Wallcovering & Corner Guards	2011	15,850						11
12	Cold water line in Break Room	2011	1,950						12
13	Remote annunciator panel	2011	6,330						13
14	Painting exterior handrails, 4 doors on W, N, E elevations	2011	5,108						14
15	Addition - Additional Concrete Testing	2011	27,129						15
16	Door	2011	1,840						16
17	Addition - Landscaping	2011	3,500						17
18	Addition - Carpeting tiles	2011	956						18
19	Exterior Painting	2011	16,300						19
20	Exterior HM Door	2011	2,785						20
21	Ceiling in Heritage Corridor	2011	7,647						21
22	Renov - Accoustical Ceiling Tiles in all Mechanical Rooms	2011	61,498						22
23	CIRCUIT BREAKER UPDATE	2012	13,719						23
24	EXTERIOR PATIO	2012	15,737						24
25	HOT WATER HEATER	2012	8,840						25
26									26
27	<b>2nd Flr Corridor, Lounge, &amp; Nurses Station Renovations:</b>								27
28	Carpentry on New Nurses' station	2012	158,060						28
29	Carpeting/ Wallcovering, Corner Guards for 2nd	2012	20,484						29
30	Electrical	2012	36,560						30
31	Intrusion Detection System	2012	8,185						31
32									32
33	Floor drain in kitchen	2013	5,198						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,962,457	\$ 341,258		\$ 341,258	\$	\$ 8,425,736	34

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

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/16

Ending:

05/31/17

## 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	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,962,457	\$ 341,258		\$ 341,258	\$	\$ 8,425,736	1
2	Kitchen ceiling	2013	17,307						2
3	Upgraded dishwasher area	2013	30,900						3
4	Stainless corners for kitchen area	2013	9,934						4
5	Janitors closet - kitchen	2013	13,818						5
6	Doors (2 ext) - employee and svc doors	2013	12,829						6
7	Tent lights - 2nd & 3rd flrs and hatch to attic -Arcadia Unit	2013	18,587						7
8									8
9	Electrical -120V EM recpt/feeds : Admin Ofc, BOM, 2nd flr DON Ofc,								9
10	2nd/3rd flr Med Rms and 2nd/3rd flr Kiosks	2014	5,946						10
11	Carpet - Heritage Unit corridor	2014	2,498						11
12	Carpeting -Heritage Corridor / Lounge	2014	4,195						12
13	Electrical -North East parking lot lighting	2014	10,195						13
14	Roof gable end access door	2014	3,841						14
15	Electrical wiring -NW pole feed	2014	9,024						15
16	Firestopping - Grand Heritage Library, @ 1st flr E stair & 3rd flr stairwell and @ rm 227								16
17		2014	26,516						17
18	Elec circuits (8) - life safety panel	2014	2,329						18
19	Fire springler - laundry & smoke detectors(2)-2nd/3rd flr nurses stations.								19
20	fire damper -2nd flr O2 rm	2014	4,366						20
21	Return Pumps (2)	2014	3,461						21
22	Lighting -East egress pathway	2015	12,728						22
23	Fire damper 2nd flr next to smoke wall	2015	2,684						23
24	Stone for landscaping around bldg	2014	3,960						24
25									25
26	Carpet & Frt- acadia unit corridors and lounge areas	2015	5,606						26
27	Drywall ceiling, Firestop - elevator machinery rm.	2015	9,641						27
28	Carpet -Arcadia unit installation in corridors & lounge areas	2015	7,107						28
29	Elec circuits/boxes for new flat panel tv's for rms 229-238	2015	4,650						29
30	Drywall, smokewall - 1st flr nurse station. Door - 3rd flr Soiled Utility & adj smoke doors								30
31		2015	24,520						31
32	Cooling system in elevator equipment room	2015	5,098						32
33	Circuit- kitch HVAC by Gen on E side of bldg	2015	6,550						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,220,746	\$ 341,258		\$ 341,258	\$	\$ 8,425,736	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12D, Carried Forward</b>	\$ 12,220,746	\$ 341,258		\$ 341,258	\$	\$ 8,425,736		1
2	Elec Wiring -cooling system in laundry room	2015	6,091						2
3	Switch, auto trans-GEN @ back of bldg on E side	2016	3,572						3
4	Electrical- cube fuse bases & 20 amp fuses (3) in Emer Gen Panel EMD -Grand Heritage Elec rm & circuits-120V 20 amp GFI bx (3)								4
5	-kitchen @ SE corner for meat slicer, SW rm for ice machine & W side for toaster.	2016	2,955						5
6	Asphalt-SE drive & rear parking lot. Seal & stripe entire lot	2015	22,584						6
7	Concrete Sidewalk (4 sq) & Mud-Jack (9sq) on E side of bldg	2015	5,655						7
8									8
9									9
10	Piping, Fire Sprinkler Sys- Acadia ceiling	2016	3,269						10
11	Sprinkler dry heads (2)- cooler freezer	2016	4,763						11
12	Fire stopping -storage rm across from 1st flr elevator	2016	9,660						12
13	Compressor 1HP 115V, fire sys -mech rm @ empl entrance	2016	3,500						13
14	Door Closer, left hand (2) in rms 155 & 163	2016	4,600						14
15	Fire Wall sections-1st flr mech wall @ hall /stairwell by laundry	2016	8,837						15
16	Water Tank -1st flr mech rm	2016	26,981						16
17	Fire damper inspection (246) replaced thru out bldg	2016	11,956						17
18	Water Tank -1st flr boiler rm	2016	25,700						18
19	Heater 5KW recessed -Lobby directly inside vestibule	2017	4,925						19
20	Shutters, painting (14 new + 52 existing sets) & ext fascia	2017	6,730						20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 12,372,524	\$ 341,258		\$ 341,258	\$	\$ 8,425,736		34

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

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/16

Ending:

05/31/17

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	\$ 3,358,609	\$ 94,482	\$ 94,482	\$		\$ 3,131,039	71
72	Current Year Purchases	39,869						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			31,273	31,273			74
75	TOTALS	\$ 3,398,478	\$ 94,482	\$ 125,755	\$ 31,273		\$ 3,131,039	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	Residents	1995 Goshen GHS		\$ 17,000	\$	\$	\$		\$ 17,000	76
77		Paratransit								77
78										78
79										79
80	TOTALS			\$ 17,000	\$	\$	\$		\$ 17,000	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)	\$ 16,388,193	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 435,740	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 467,013	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 31,273	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,573,775	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 Manorcare of Palos Hts East

# 0049478

Report Period Beginning: 06/01/16

Ending: 05/31/17

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: \_\_\_\_\_

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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12.	_____ /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: \$ 85,149 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.

(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					20
21	<b>TOTAL</b>		\$	\$	21

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	18846 hrs	\$ 779,458	1	\$ 50	\$ 1,586	18,847	\$ 781,094	1
2	Licensed Speech and Language Development Therapist	10a	7831 hrs	323,869			1,778	7,831	325,647	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	20122 hrs	832,235			14,048	20,122	846,283	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				1,053,564		1,053,564	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Inhalation Therapist</u>	10a, 3	468	19,337				468	19,337	12
13	Other (specify): <u>IV Therapy/X-Ray/Lab</u>	43, 2 & 3				222,019	119,036		341,055	13
14	<b>TOTAL</b>			\$ 1,954,899	1	\$ 222,069	\$ 1,190,012	47,268	\$ 3,366,980	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 05/31/17

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 9,805	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (660,562) )	2,503,870		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	23,969		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,537,644	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,191		13
14	Buildings, at Historical Cost	12,372,524		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,415,478		16
17	Accumulated Depreciation (book methods)	(11,573,775)		17
18	Deferred Charges	195,724		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 OMIT	51,783		22
23	Other(specify): <u>CIP</u>			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 5,061,925	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 7,599,569	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 348,551	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	541,572		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	443,063		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accounts Payable</u>	156,866		36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,490,052	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	2,908,781		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 2,908,781	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 4,398,833	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 3,200,736	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 7,599,569	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>31,089,184</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>31,089,184</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(711,855)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (711,855)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>	<b>Change in Interdivision</b>	(27,176,593)	<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ (27,176,593)	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>3,200,736</b>	<b>24</b> *

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

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

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

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 24,720,779	1
2	Discounts and Allowances for all Levels	(15,892,459)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 8,828,320	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	12,676,137	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 12,676,137	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	1,912	12
13	Barber and Beauty Care	17,444	13
14	Non-Patient Meals	1,206	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,105,405	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	183,409	19
20	Radiology and X-Ray	210,522	20
21	Other Medical Services	92,532	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,612,430	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Purchase Discount</b>	1,079	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,079	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 24,117,966	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,825,309	31
32	Health Care	9,292,493	32
33	General Administration	5,158,347	33
<b>B. Capital Expense</b>			
34	Ownership	6,920,550	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,409,041	35
36	Provider Participation Fee	224,081	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 24,829,821	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(711,855)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (711,855)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,710,026	44
45	Private Pay - Net Inpatient Revenue	1,224,372	45
46	Medicare - Net Inpatient Revenue	4,866,466	46
47	Other-(specify) <u>Hospice</u>	139,548	47
48	Other-(specify) <u>Insurance</u>	887,908	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 8,828,320	49

\* This must agree with page 4, line 45, column 4.  
 \*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ 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 Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/16

Ending:

05/31/17

**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	2,110	2,288	\$ 134,592	\$ 58.83	1
2	Assistant Director of Nursing	7,492	8,125	321,339	39.55	2
3	Registered Nurses	65,777	71,332	2,436,500	34.16	3
4	Licensed Practical Nurses	21,415	23,224	659,680	28.41	4
5	CNAs & Orderlies	109,699	119,169	1,515,398	12.72	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	48,515	52,613	2,176,063	41.36	7
8	Rehab/Therapy Aides	36,681	39,779	1,105,782	27.80	8
9	Activity Director	9,319	10,111	128,771	12.74	9
10	Activity Assistants					10
11	Social Service Workers	10,131	10,995	245,691	22.35	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,124	32,692	431,098	13.19	15
16	Dishwashers					16
17	Maintenance Workers	3,182	3,452	76,735	22.23	17
18	Housekeepers	17,647	19,156	215,719	11.26	18
19	Laundry	5,883	6,384	69,977	10.96	19
20	Administrator	2,080	2,080	143,059	68.78	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	28,255	30,422	596,194	19.60	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	3,313	3,593	54,965	15.30	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	401,623	435,415	\$ 10,311,563 *	\$ 23.68	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	18,325	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	\$	18,325		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



Facility Name & ID Number Manorcare of Palos Hts East# 0049478

Report Period Beginning:

06/01/16

Ending:

05/31/17**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 \$5,081 & AHCA \$2,861
- (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? \_\_\_\_\_
- (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? 5-10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 62,872 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? YES  
If YES, give effective date of lease. 04/07/11
- (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.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 224,081  
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. \$ 1,206
- (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. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. **Does the facility transport residents to and from day training? NO**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? NO  
Firm Name: \_\_\_\_\_
- (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. NO  
Attach invoices and a summary of services for all architect and appraisal fees