



Facility Name & ID Number Meadow Manor Skld Nur & Rehab

# 0051425 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	48.00	Skilled (SNF)	48	17,520	1
2		Skilled Pediatric (SNF/PED)			2
3	48.00	Intermediate (ICF)	48	17,520	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	96	TOTALS	96	35,040	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		Medicaid Recipient	Private Pay	Other		
8	SNF	6,044	4,803	2,219	13,066	8
9	SNF/PED					9
10	ICF	8,028	1,181		9,209	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,072	5,984	2,219	22,275	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.57%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 05/01/2011

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 05/01/2011 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 48 and days of care provided 1,903

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 Meadow Manor Skld Nur & Rehab # 0051425 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
<b>A. General Services</b>											
1	Dietary	135,773	12,726	9,124	157,623		157,623		157,623		1
2	Food Purchase		115,606		115,606		115,606		115,606		2
3	Housekeeping	82,345	9,964	4,866	97,175		97,175		97,175		3
4	Laundry	21,598	5,134	5,430	32,162		32,162		32,162		4
5	Heat and Other Utilities			82,044	82,044		82,044		82,044		5
6	Maintenance	36,445	8,739	34,189	79,373		79,373		79,373		6
7	Other (specify):* <b>Trash &amp; Refuse</b>			4,526	4,526		4,526		4,526		7
8	<b>TOTAL General Services</b>	276,161	152,169	140,179	568,509		568,509		568,509		8
<b>B. Health Care and Programs</b>											
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,222,354	49,926	20,718	1,292,998		1,292,998		1,292,998		10
10a	Therapy			469,576	469,576		469,576	(17,797)	451,779		10a
11	Activities	40,997	1,761	4,581	47,339		47,339		47,339		11
12	Social Services	43,341		2,754	46,095		46,095		46,095		12
13	CNA Training										13
14	Program Transportation			9,084	9,084		9,084		9,084		14
15	Other (specify):* <b>H.O. Direct Care</b>							19,606	19,606		15
16	<b>TOTAL Health Care and Programs</b>	1,306,692	51,687	518,713	1,877,092		1,877,092	1,809	1,878,901		16
<b>C. General Administration</b>											
17	Administrative	75,549		206,359	281,908		281,908	3,072	284,980		17
18	Directors Fees										18
19	Professional Services			59,052	59,052		59,052	(232)	58,820		19
20	Dues, Fees, Subscriptions & Promotions			23,981	23,981		23,981	(1,844)	22,137		20
21	Clerical & General Office Expenses	42,911	32,245	126,498	201,654		201,654	(98,587)	103,067		21
22	Employee Benefits & Payroll Taxes			328,400	328,400		328,400	(833)	327,567		22
23	Inservice Training & Education										23
24	Travel and Seminar			276	276		276		276		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			207,310	207,310		207,310		207,310		26
27	Other (specify):* <b>Admin Contract</b>	4,327		23,309	27,636		27,636	(17,976)	9,660		27
28	<b>TOTAL General Administration</b>	122,787	32,245	975,185	1,130,217		1,130,217	(116,400)	1,013,817		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,705,640	236,101	1,634,077	3,575,818		3,575,818	(114,591)	3,461,227		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	
30	<b>D. Ownership</b> Depreciation			83,470	83,470	83,470	119,101	202,571			30	
31	Amortization of Pre-Op. & Org.										31	
32	Interest						21,974	21,974			32	
33	Real Estate Taxes			42,161	42,161	42,161	(2,175)	39,986			33	
34	Rent-Facility & Grounds			232,100	232,100	232,100	(232,100)				34	
35	Rent-Equipment & Vehicles			35,088	35,088	35,088		35,088			35	
36	Other (specify):* <b>Business Taxes</b>			240	240	240	(240)				36	
37	<b>TOTAL Ownership</b>			393,059	393,059	393,059	(93,440)	299,619			37	
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportatior										38	
39	Ancillary Service Centers		9,092	61,868	70,960	70,960		70,960			39	
40	Barber and Beauty Shops										40	
41	Coffee and Gift Shops										41	
42	Provider Participation Fee			175,022	175,022	175,022		175,022			42	
43	Other (specify):*										43	
44	<b>TOTAL Special Cost Centers</b>		9,092	236,890	245,982	245,982		245,982			44	
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,705,640	245,193	2,264,026	4,214,859	4,214,859	(208,031)	4,006,828			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		2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,398)	32		10
11	Discounts, Allowances, Rebates & Refunds		21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(78,936)	21		24
25	Fund Raising, Advertising and Promotional	(17,263)	27		25
	Income Taxes and Illinois Persona				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(25,688)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (126,285)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY						
48		49		50		51
						52

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
	Amortization of Organization & Pre-Operating Expense			
33				33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(63,949)	VII-B	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (63,949)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (190,234)</b>		<b>37</b>

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

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

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

Meadow Manor Skld Nur & Rehab

ID# 0051425

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(833)	22	2
3	Bank Charges	(1,566)	21	3
4	Collection Agency Fees	(713)	27	4
5	Business Taxes	(240)	36	5
6	Patient Theft and Loss	(152)	21	6
7	Prior Year Expense	(17,933)	21	7
8	Nonallowable PAC Dues	(1,844)	20	8
9	Nonallowable Legal Fees	(232)	19	9
10	Real Estate Taxes	(2,175)	33	10
11		0		11
12		0		12
13		0		13
14		0		14
15		0		15
16		0		16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	<b>Total</b>	(25,688)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadow Manor Skld Nur & Rehab

# 0051425 Report Period Beginning:

01/01/17

Ending:

12/31/17

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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>	0	0	0	0	0	0	0	0	0	0	0	0	8
	<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	19,606	0	0	0	0	0	0	0	19,606	15
16	<b>TOTAL Health Care and Programs</b>	0	0	0	19,606	0	0	0	0	0	0	0	19,606	16
	<b>C. General Administration</b>													
17	Administrative	0	0	0	3,072	0	0	0	0	0	0	0	3,072	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(232)	0	0	0	0	0	0	0	0	0	0	(232)	19
20	Fees, Subscriptions & Promotions	(1,844)	0	0	0	0	0	0	0	0	0	0	(1,844)	20
21	Clerical & General Office Expenses	(98,587)	0	0	0	0	0	0	0	0	0	0	(98,587)	21
22	Employee Benefits & Payroll Taxes	(833)	0	0	0	0	0	0	0	0	0	0	(833)	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):*	(17,976)	0	0	0	0	0	0	0	0	0	0	(17,976)	27
28	<b>TOTAL General Administration</b>	(119,472)	0	0	3,072	0	0	0	0	0	0	0	(116,400)	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(119,472)	0	0	22,678	0	0	0	0	0	0	0	(96,794)	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadow Manor Skld Nur & Rehab# 0051425

Report Period Beginning:

01/01/17 Ending:12/31/17

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	99,334	0	19,767	0	0	0	0	0	0	0	119,101	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,398)	0	0	26,372	0	0	0	0	0	0	0	21,974	32
33	Real Estate Taxes	(2,175)	0	0	0	0	0	0	0	0	0	0	(2,175)	33
34	Rent-Facility & Grounds	0	(232,100)	0	0	0	0	0	0	0	0	0	(232,100)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(240)	0	0	0	0	0	0	0	0	0	0	(240)	36
37	<b>TOTAL Ownership</b>	<b>(6,813)</b>	<b>(132,766)</b>	<b>0</b>	<b>46,139</b>	<b>0</b>	<b>(93,440)</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	(17,797)	0	0	0	0	0	0	0	0	(17,797)	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>(17,797)</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>(17,797)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(126,285)</b>	<b>(132,766)</b>	<b>(17,797)</b>	<b>68,817</b>	<b>0</b>	<b>(208,031)</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
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	4	5	6	7	8		
Schedule V	Line	Cost Per General Ledger	Amount	Cost to Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)		
		Item		Name of Related Organization					
1	V	34	Rent	\$ 232,100	CC Taylorville, LLC	100.00%	\$	(232,100)	1
2	V	30	Depreciation		CC Taylorville, LLC	100.00%	\$ 99,334	99,334	2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$ 232,100			\$ 99,334	\$ *	(132,766)	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	39 Physical Therapy	\$ 172,193	Affirma Rehabilitation	100.00%	\$ 165,667	\$ (6,526)
16	V	39 Occupational Therapy	227,460	Affirma Rehabilitation	100.00%	218,839	(8,621)
17	V	39 Speech Therapy	69,923	Affirma Rehabilitation	100.00%	67,273	(2,650)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 469,576			\$ 451,779	\$ * (17,797)

\* 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	17 Indirect Care	\$	Covenant Care California, LLC	100.00%	\$ 209,431	\$ 209,431
16	V	15 Direct Care		Covenant Care California, LLC	100.00%	19,606	19,606
17	V	32 Capital - Interest		Covenant Care California, LLC	100.00%	26,372	26,372
18	V	30 Capital - Depreciation		Covenant Care California, LLC	100.00%	19,767	19,767
19	V	17 Management Fees	206,359	Covenant Care California, LLC	100.00%		(206,359)
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 206,359			\$ 275,176	\$ * 68,817

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

Facility Name &amp; ID Number

Meadow Manor Skld Nur &amp; Rehab

# 0051425

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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	COVENANT CARE CALIFORNIA, LLC	100.00%	ARBOR NURSING CENTER		COVENANT CARE	CALISO VIEJO, CA	MANAGEMENT C	1
2			ARBOR PLACE		AFFIRMA REHABIL	ALISO VIEJO, CA	THERAPY	2
3			BUENA VISTA CARE CENTER, A NURSING & REHAB FACILITY		CC TAYLORVILLE I	TAYLORVILLE, IL	BUILDING CO.	3
4			CARSON NURSING & REHAB CENTER					4
5			CATERED MANOR					5
6			CLINTON HOUSE HEALTH & REHABILITATION CENTER					6
7			COURTYARD HEALTHCARE CENTER					7
8			COVENANT CARE HILLTOP, LLC D/B/A HILLTOP SKILLED NSG & REHAB					8
9			COVENANT CARE JACKSONVILLE, LLC D/B/A JACKSONVILLE SKL NUR & REHAB					9
10			COVENANT CARE MEADOW MANOR, LLC D/B/A MEADOW MANOR SKLD NUR & REH					10
11			COVENANT CARE MIDWEST, INC. D/B/A CEDAR RIDGE HLTH & REHAB CTR					11
12			COVENANT CARE SUNRISE, LLC D/B/A SUNRISE SKILLED NUR & REHAB					12
13			COVINGTON MANOR					13
14			DOWNNEY CARE					14
15			EAGLE POINT NURSING & REHAB CENTER					15
16			EDGEWOOD MANOR NURSING CENTER					16
17			EMERALD GARDENS NURSING CENTER					17
18			ENCINITAS NURSING AND REHABILITATION CENTER					18
19			ENNOBLE SKILLED NURSING & REHAB CENTER					19
20			FAIRVIEW MANOR NURSING CENTER					20
21			FRIENDSHIP HOME					21
22			GILROY HEALTHCARE & REHABILITATION CENTER					22
23			GRANT CUESTA NURSING & REHABILITATION CENTER					23
24			HIGHLAND HEALTH CARE CENTER					24
25			HUNTINGTON PARK NURSING CENTER					25
26			LA JOLLA NURSING AND REHABILITATION CENTER					26
27			LAKELAND NURSING CENTER					27
28			LOS ALTOS SUB-ACUTE & REHABILITATION CENTER					28
29			MISSION SKILLED NURSING & SUBACUTE CENTER					29
30			NEBRASKA SKILLED NURSING CENTER					30

Facility Name &amp; ID Number

Meadow Manor Skld Nur &amp; Rehab

# 0051425

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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			NORWOOD NURSING CENTER	INDIANA				1
2			PACIFIC COAST MANOR	CALIFORNIA				2
3			PACIFIC GARDENS NURSING & REHABIL	CALIFORNIA				3
4			PACIFIC HILLS MANOR	CALIFORNIA				4
5			PALO ALTO NURSING CENTER	CALIFORNIA				5
6			ROYAL CARE SKILLED NURSING CENTER	CALIFORNIA				6
7			SHORELINE CARE CENTER	CALIFORNIA				7
8			SILVER HILLS HEALTH CARE CENTER	NEVADA				8
9			SILVER RIDGE HEALTHCARE CENTER	NEVADA				9
10			ST. EDNA SUBACUTE & REHABILITATION	CALIFORNIA				10
11			THE RESIDENCE AT MCCORMICK'S CREE	INDIANA				11
12			TURLOCK NURSING AND REHABILITATIO	CALIFORNIA				12
13			TURLOCK RESIDENTIAL	CALIFORNIA				13
14			UNIVERSITY PARK NURSING CENTER	INDIANA				14
15			VALLE VISTA CONVALESCENT CENTER	CALIFORNIA				15
16			VERSAILLES HEALTH CARE CENTER	OHIO				16
17			VILLA GEORGETOWN	OHIO				17
18			VILLA SPRINGFIELD	OHIO				18
19			VINTAGE FAIRE NURSING & REHABILITA	CALIFORNIA				19
20			VINTAGE FAIRE RESIDENTIAL	CALIFORNIA				20
21			WAGNER HEIGHTS NURSING & REHABILI	CALIFORNIA				21
22			WAGNER HEIGHTS RESIDENTIAL	CALIFORNIA				22
23			WALDRON HEALTH AND REHAB CENTER	INDIANA				23
24			WILLOW TREE NURSING & REHABILITAT	CALIFORNIA				24
25			WRIGHT NURSING & REHAB CENTER (VII	OHIO				25
26			MARION REHAB AND ASSISTED LIVING	INDIANA				26
27			PYRAMID POINT POST ACUTE REHABILIT	INDIANA				27
28								28
29								29
30								30

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									\$	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 Meadow Manor Skld Nur & Rehab # 0051425 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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 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 Affirma Rehabilitation  
 Street Address 27071 Aliso Creek Road  
 City / State / Zip Code Aliso Viejo, CA 92656  
 Phone Number ( 888)468-4372  
 Fax Number ( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	Physical Therapy	Direct Allocation		\$	\$		\$ 162,897	1
2	39	Occupational Therapy	Direct Allocation					234,508	2
3	39	Speech Therapy	Direct Allocation					72,110	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 469,515	25

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 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

Name of Related Organization Covenant Care California, LLC  
 Street Address 27071 Aliso Creek Road  
 City / State / Zip Code Aliso Viejo, CA 92656  
 Phone Number ( 949)349-1200  
 Fax Number ( 949)349-1900

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	17	Indirect Care	Accumulated Cost		\$	\$		\$ 209,431	1
2	15	Direct Care	Accumulated Cost					19,606	2
3	32	Capital - Interest	Accumulated Cost					26,372	3
4	30	Capital - Depreciation	Accumulated Cost					19,767	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 275,176	25



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

**B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2016 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$		<b>1</b>
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>39,986</b>			<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>39,986</b>			<b>3</b>
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$				<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$				<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$				<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6		\$	<b>39,986</b>			<b>7</b>
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2012	<u>38,306</u>	8	<b>FOR BHF USE ONLY</b>		
	2013	<u>38,773</u>	9	13	FROM R. E. TAX STATEMENT FOR 2016 \$	13
	2014	<u>38,969</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$	14
	2015	<u>39,987</u>	11	15	LESS REFUND FROM LINE 6 \$	15
	2016	<u>39,986</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION\$	16
<b>Facility does not accrue for real estate taxes</b>						

**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.**



X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,061 B. General Construction Type: Exterior Masonry Frame Steel & Wood Number of Stories 1

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				\$	1
2					2
3	TOTALS			\$	3

**XI. OWNERSHIP COSTS (continued)**

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	96		2015	1963	\$ 1,611,960	\$	35	\$ 69,360	\$ 69,360	\$ 134,330	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various			2011	49,249		20				9
10	Various			2012	343,122		20				10
11	Various			2013	4,154		20				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

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

**See Page 12A, Line 70 for total**

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67					99,333	99,333	114,004	67
68					19,767	19,767		68
69							43,576	69
70		\$ 2,008,485	\$		\$ 188,460	\$ 188,460	\$ 291,910	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	10
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>	\$ 2,008,485	\$		\$ 188,460	\$ 188,460	\$ 291,910		1
2	Re-Asphalt Parking Lot	2014 6,800		20	340	340	1,360		2
3	12X20 Storage Shed	2015 8,888		20	444	444	1,333		3
4	Code Alert Doors	2015 10,595		20	530	530	1,590		4
5	2 - 5Ton Condensor Ac Unit	2016 4,475		20	224	224	448		5
6	Asphalt Paving, Drywall Repair, Plumbing, Hvac	2016 38,244		20	1,912	1,912	3,824		6
7	Pipe Replacement, Drywall, Paint	2016 24,760		20	1,238	1,238	2,476		7
8	Door Closures	2017 2,309		10	173	173	173		8
9	10 Door closures/meg locks	2017 7,106		10	533	533	533		9
10	Fire rated Walls	2017 9,770		10	733	733	733		10
11	Wall Covering removal & installation	2017 5,000		7	298	298	298		11
12	FRP Wall Covering	2017 11,500		7	684	684	685		12
13	Rewire Electrical and Nurses Call System	2017 2,244		7	106	106	107		13
14	Replacement Generator & Transfer Switch	2017 33,108		7					14
15	Compressor for A/C Unit	2017 2,300		7	82	82	82		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	<b>TOTAL (lines 1 thru 33)</b>	\$ 2,175,583	\$		\$ 195,757	\$ 195,757	\$ 305,552		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	\$ 57,438	\$	\$ 6,380	\$ 6,380	10	\$ 42,161	71
72	Current Year Purchases	1,921		433	433	7	433	72
73	Fully Depreciated Assets	153,527					153,527	73
74								74
75	TOTALS	\$ 212,886	\$	\$ 6,813	\$ 6,813		\$ 196,121	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										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 2,388,468	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 202,570	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 202,570	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 501,673	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 Meadow Manor Skld Nur & Rehab

# 0051425

Report Period Beginning: 01/01/17

Ending: 12/31/17

**XII. RENTAL COSTS**

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

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

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:	96		\$ 232,100			3
4	Additions						4
5							5
6							6
7	<b>TOTAL</b>	96		\$ 232,100			7

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: \$ 24,792 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility		\$ 858.00	\$ 10,296	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ 858.00	\$ 10,296	21

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 \$ \_\_\_\_\_

\* 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.

**Page 14 Supplemental - Equipment Rental Detail**

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	070	6110	60000620	JOERNS - 070	38.88	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	6110	60000620	MEMORIAL HOME SERVICES (40047) - 070	163	1	2017	JRNL00181475	01/13/17
CCMIDWST	070	6110	60000620	MEMORIAL HOME SERVICES (40047) - 070	163	2	2017	JRNL00182551	02/17/17
CCMIDWST	070	6110	60000620	MEMORIAL HOME SERVICES (40047) - 070	169	2	2017	JRNL00182866	02/28/17
CCMIDWST	070	6110	60000620	MEMORIAL HOME SERVICES (40047) - 070	169	5	2017	JRNL00185175	05/19/17
CCMIDWST	070	6500	60000620	ECOLAB FOOD SAFETY SPECIALTIES - 070	74.21	9	2017	JRNL00188739	09/25/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	12	2017	JRNL00191406	12/31/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	12	2017	JRNL00191306	12/22/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	11	2017	JRNL00190732	11/30/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	11	2017	JRNL00190455	11/22/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	10	2017	JRNL00189890	10/31/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	10	2017	JRNL00189693	10/27/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	9	2017	JRNL00188845	09/30/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	8	2017	JRNL00188164	08/31/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	8	2017	JRNL00187817	08/17/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	7	2017	JRNL00187048	07/28/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	7	2017	JRNL00186957	07/21/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	6	2017	JRNL00186182	06/27/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	6	2017	JRNL00186036	06/19/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	5	2017	JRNL00185564	05/31/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	5	2017	JRNL00185175	05/19/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	3	2017	JRNL00183692	03/31/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	3	2017	JRNL00183692	03/31/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	2	2017	JRNL00182866	02/28/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	2	2017	JRNL00182551	02/17/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	63	1	2017	JRNL00181964	01/31/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	105.45	1	2017	JRNL00181854	01/30/17
CCMIDWST	070	6500	60000620	ECOLAB - 070	74.21	1	2017	JRNL00181720	01/23/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	165.01	12	2017	JRNL00191320	12/26/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	11	2017	JRNL00190602	11/30/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	10	2017	JRNL00189574	10/21/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	9	2017	JRNL00188645	09/19/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	165.01	8	2017	JRNL00187734	08/16/17

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Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	7	2017	JRNL00187036	07/27/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	6	2017	JRNL00186082	06/21/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	5	2017	JRNL00185116	05/17/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	4	2017	JRNL00184193	04/14/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	3	2017	JRNL00183409	03/20/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	2	2017	JRNL00182608	02/22/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	155.01	1	2017	JRNL00181482	01/14/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA - 099	0	4	2017	JRNL00183616	04/03/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA - 099	0	3	2017	JRNL00183271	03/14/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA - 099	0	2	2017	JRNL00182176	02/11/17
CCMIDWST	070	6901	60000620	KONICA MINOLTA - 099	0	1	2017	JRNL00181607	01/18/17
CCMIDWST	070	8131	60000620	JOERNS - 070	55	8	2017	JRNL00188250	08/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	170.5	8	2017	JRNL00188250	08/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	178.2	7	2017	JRNL00187199	07/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	29.71	7	2017	JRNL00187199	07/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	170.5	7	2017	JRNL00187199	07/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	170.5	7	2017	JRNL00187199	07/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	5	2017	JRNL00185669	05/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	5	2017	JRNL00185669	05/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	47.52	5	2017	JRNL00185669	05/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	178.2	5	2017	JRNL00185563	05/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	178.2	5	2017	JRNL00185563	05/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	178.2	5	2017	JRNL00185563	05/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	106.92	5	2017	JRNL00185563	05/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	136.63	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	95.04	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	47.52	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	725.76	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	4	2017	JRNL00184450	04/30/17
CCMIDWST	070	8131	60000620	JOERNS - 070	272.16	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	362.88	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	136.09	3	2017	JRNL00183746	03/31/17

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Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	17.82	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	184.15	3	2017	JRNL00183746	03/31/17
CCMIDWST	070	8131	60000620	JOERNS - 070	112.86	3	2017	JRNL00183425	03/21/17
CCMIDWST	070	8131	60000620	JOERNS - 070	166.33	3	2017	JRNL00183425	03/21/17
CCMIDWST	070	8131	60000620	JOERNS - 070	166.33	3	2017	JRNL00183425	03/21/17
CCMIDWST	070	8131	60000620	JOERNS - 070	166.33	3	2017	JRNL00183425	03/21/17
CCMIDWST	070	8131	60000620	JOERNS - 070	166.33	3	2017	JRNL00183425	03/21/17
CCMIDWST	070	8131	60000620	JOERNS - 070	1270.08	2	2017	JRNL00182823	02/28/17
CCMIDWST	070	8131	60000620	JOERNS - 070	90.72	2	2017	JRNL00182823	02/28/17
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165	12	2017	JRNL00191339	12/11/17
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165	10	2017	JRNL00189719	10/09/17
CCMIDWST	070	8131	60000620	CR- Joerns Q3-17 Rebate	-21.95	11	2017	JRNL00190941	11/30/17
CCMIDWST	070	8131	60000620	CR- Joerns 3Q15-1Q17 Rebate	-641.68	12	2017	JRNL00192881	12/31/17
CCMIDWST	070	8131	60000620	CR- Joerns 2Q17 Rebate	-102.38	12	2017	JRNL00192881	12/31/17
CCMIDWST	070	8131	60000620	Acc ISV-Joerns 9/17 Inv95092973	-165	10	2017	JRNL00189609	10/31/17
CCMIDWST	070	8131	60000620	Acc ISV-Joerns 9/17 Inv95092973	165	9	2017	JRNL00188959	09/30/17
CCMIDWST	070	8131	60000620	Acc Feb Joerns LAL Mattresses	-778.18	3	2017	JRNL00183470	03/31/17
CCMIDWST	070	8131	60000620	Acc Feb Joerns LAL Mattresses	778.18	2	2017	JRNL00183449	02/28/17
CCMIDWST	070	8131	60000620	Acc 12/17 ISV Joerns-0095194791-01	170.5	12	2017	JRNL00191486	12/31/17
CCMIDWST	070	8131	60000620	Acc 11/17 ISV Joerns-0095160332-01	-165	12	2017	JRNL00191309	12/31/17
CCMIDWST	070	8131	60000620	Acc 11/17 ISV Joerns-0095160332-01	165	11	2017	JRNL00190618	11/30/17
CCMIDWST	070	8131	60000620	Acc 10/17 ISV Joerns-0095127579-01	-170.5	11	2017	JRNL00190508	11/30/17
CCMIDWST	070	8131	60000620	Acc 10/17 ISV Joerns-0095127579-01	170.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	070	8200	60000620	MCMASTER-CARR - 030	1709.3	1	2017	JRNL00182045	01/31/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	12	2017	JRNL00191268	12/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	11	2017	JRNL00190453	11/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	10	2017	JRNL00189593	10/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	9	2017	JRNL00188785	09/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	8	2017	JRNL00187891	08/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	7	2017	JRNL00186974	07/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	6	2017	JRNL00186150	06/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	5	2017	JRNL00185325	05/25/17

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Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	4	2017	JRNL00184360	04/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	3	2017	JRNL00183529	03/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982	2	2017	JRNL00182681	02/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	970.62	1	2017	JRNL00181821	01/25/17
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	11.38	1	2017	JRNL00181820	01/27/17
<b>TOTAL</b>	070	8200	60000620		<b>\$ 24,791.95</b>				

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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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.)

1	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8	
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
1	Licensed Occupational Therapist	V10A	0.00 hrs	\$ 0	3,298	\$ 218,839	\$ 0	3,298	\$ 218,839			1	
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	2,064	67,273	0	2,064	67,273			2	
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0					3	
4	Licensed Physical Therapist	V10A	0.00 hrs	0	4,368	165,667	0	4,368	165,667			4	
5	Physician Care		visits									5	
6	Dental Care		visits									6	
7	Work Related Program		hrs									7	
8	Habilitation	V39	0.00 hrs	0	0	0	5,054		5,054			8	
9	Pharmacy	V39	0.00 # of prescripts	0	0	0	48,058		48,058			9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify): <b>LAB/RADIOLOGY</b>	V39	0.00	0	0	0	8,179		8,179			12	
13	Other (specify): <b>BILLABLE SUPPLIES</b>	V39	0.00	0	0	0	9,669		9,669			13	
14	<b>TOTAL</b>			\$	9,730	\$ 451,779	\$ 70,960	9,730	\$ 522,739			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 &amp; ID Number Meadow Manor Skld Nur &amp; Rehab

# 0051425

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*	
<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,000	\$ 1,000
2	Cash-Patient Deposits		
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 190,599 )	600,722	600,722
4	Supply Inventory (priced at )	40,770	40,770
5	Short-Term Investments		
6	Prepaid Insurance		
7	Other Prepaid Expenses	2,664	2,664
8	Accounts Receivable (owners or related parties)		
9	Other(specify): <u>Inventories</u>	7,691	7,691
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 652,847	\$ 652,847
<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable		
12	Long-Term Investments	26,512	26,512
13	Land		
14	Buildings, at Historical Cost		1,611,960
15	Leasehold Improvements, at Historical Cos	563,623	560,340
16	Equipment, at Historical Cost	212,886	444,177
17	Accumulated Depreciation (book methods)	(501,673)	(750,007)
18	Deferred Charges		
19	Organization & Pre-Operating Costs		
20	Accumulated Amortization - Organization & Pre-Operating Costs		
21	Restricted Funds		
22	Other Long-Term Assets (specify):		
23	Other(specify): <u>Medicare Cost Settlement</u>	59,889	59,889
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 361,237	\$ 1,952,871
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 1,014,084	\$ 2,605,718

	1	2	
	Operating	After Consolidation*	
<b>C. Current Liabilities</b>			
26	Accounts Payable	\$	\$
27	Officer's Accounts Payable		
28	Accounts Payable-Patient Deposits		
29	Short-Term Notes Payable		
30	Accrued Salaries Payable	59,076	59,076
31	Accrued Taxes Payable (excluding real estate taxes)		
32	Accrued Real Estate Taxes(Sch.IX-B)		
33	Accrued Interest Payable		
34	Deferred Compensation		
35	Federal and State Income Taxes		
<b>Other Current Liabilities(specify):</b>			
36			
37	<u>Intercompany Liability</u>	(62,233)	1,319,195
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ (3,157)	\$ 1,378,271
<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		
40	Mortgage Payable		
41	Bonds Payable		
42	Deferred Compensation		
<b>Other Long-Term Liabilities(specify):</b>			
43	<u>QAF &amp; General Liabilities</u>	(140,297)	(140,297)
44			
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ (140,297)	\$ (140,297)
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ (143,454)	\$ 1,237,974
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 1,157,538	\$ 1,367,744
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 1,014,084	\$ 2,605,718

\*(See instructions.)

General Ledger Detail  
02/27/18  
01:15 PM

Mid West SNF/RES  
**071-CC Taylorville, LLC (#070)**  
For the Twelve Months Ending December 31, 2017

1

Acct Number	Dept	Account	Description	<u>YTD</u>	<u>Acct #</u>
071-0000-12210000	0000	12210000	BLDG & IMPV - FACILITY BUILDINGS	1,611,960.00	
071-0000-12410000	0000	12410000	EQUIP - MAJOR MOVABLE	228,008.00	
071-0000-12710000	0000	12710000	ACC DEPR - FACILITY BUILDINGS	(134,329.82)	
071-0000-12910000	0000	12910000	ACC DEPR - MAJOR MOVABLE EQUIP	(114,003.94)	
071-0000-20800099	0000	20800099	INTERCOMPANY	(1,381,428.00)	
071-0000-24400100	0000	24400100	EQUITY - RETAINED EARNINGS	(210,206.24)	
071-0000-29990000	0000	29990000	CURRENT YEAR PROFIT/LOSS	132,766.51	
071-7100-70009220	7100	70009220	PROPERTY DEPR-BLDGS & IMPROVEMENTS	53,731.92	
071-7100-70009240	7100	70009240	PROPERTY DEPR-MAJOR MOVABLE EQUIP	45,601.57	
071-8000-40003430	8000	40003430	MISC. REV. RENT INCOME	(232,100.00)	
				-	
(????10000000 TO...			Total Assets	1,591,634.24	
(????20900000 TO...			Total Liabilities - Continued	(77,439.73)	
(????3??????? TO...			Total Profit/Loss	(132,766.51)	

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,253,388</b>	<b>1</b>
2	Restatements (describe):		2
3	<b>ROUNDING</b>	<b>5</b>	<b>3</b>
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,253,393</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	<b>(95,855)</b>	<b>7</b>
8	Aquisitions of Pooled Companies		<b>8</b>
9	Proceeds from Sale of Stock		<b>9</b>
10	Stock Options Exercised		<b>10</b>
11	Contributions and Grants		<b>11</b>
12	Expenditures for Specific Purposes		<b>12</b>
13	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
14	Donated Property, Plant, and Equipment		<b>14</b>
15	Other (describe)		<b>15</b>
16	Other (describe)		<b>16</b>
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(95,855)</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
18			<b>18</b>
19			<b>19</b>
20			<b>20</b>
21			<b>21</b>
22			<b>22</b>
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,157,538</b>	<b>24</b> *

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

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

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

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 3,766,392	1
2	Discounts and Allowances for all Levels	(1,093,448)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,672,944	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,371,435	6
7	Oxygen	225	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,371,660	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	46,607	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,176	19
20	Radiology and X-Ray	2,979	20
21	Other Medical Services	15,240	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 70,002	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	4,398	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 4,398	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>AL/IL</u>		28
28a	<u>Misc Revenue</u>		28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 4,119,004	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	568,509	31
32	Health Care	1,877,092	32
33	General Administration	1,130,217	33
<b>B. Capital Expense</b>			
34	Ownership	393,059	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	70,960	35
36	Provider Participation Fee	175,022	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 4,214,859	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(95,855)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (95,855)	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 1,792,509	44
45	Private Pay - Net Inpatient Revenue	892,128	45
46	Medicare - Net Inpatient Revenue	944,863	46
47	Other-(specify) <b>ALL OTHER SNF/SCF IP REVENUE</b>	167,077	47
48	Other-(specify) <b>C/A ANCILLARY ACCOUNTS</b>	(1,123,634)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 2,672,944	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? **Not complete** If not, please attach a reconciliation.

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

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,770	1,770	\$ 67,671	\$ 38.23	1
2	Assistant Director of Nursing	37	37	1,354	36.59	2
3	Registered Nurses	2,901	3,343	145,413	43.50	3
4	Licensed Practical Nurses	21,152	21,152	435,093	20.57	4
5	CNAs & Orderlies	41,963	41,963	502,097	11.97	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	2,156	2,156	26,372	12.23	9
10	Activity Assistants	1,371	1,388	14,624	10.54	10
11	Social Service Workers	2,635	2,650	43,341	16.36	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	1,981	1,981	28,725	14.50	13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	9,857	9,932	107,049	10.78	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	1,984	2,037	36,445	17.89	17
18	Housekeepers	8,741	8,872	82,345	9.28	18
19	Laundry	1,683	1,724	21,598	12.53	19
20	Administrator	3,010	3,020	75,549	25.02	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	2,830	2,890	42,911	14.85	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	1,657	1,671	25,737	15.40	31
32	Other Health Care(specify)	2,086	2,086	44,988	21.57	32
33	Other(specify)	118	120	4,327	36.06	33
34	TOTAL (lines 1 - 33)	107,932	108,792	\$ 1,705,639 *	\$ 15.68	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	193	\$ 9,124	01-03	35
36	Medical Director	65	12,000	09-03	36
37	Medical Records Consultant	16	500	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,678	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	38	2,754	11-03	44
45	Social Service Consultant	38	2,754	12-03	45
46	Other(specify) Resident Consulting	7	754	19-03	46
47					47
48					48
49	TOTAL (lines 35 - 48)	357	\$ 33,565		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	80	\$ 6,240	10-03	50
51	Licensed Practical Nurses	55	2,977	10-03	51
52	Certified Nurse Assistants/Aides	95	3,293	10-03	52
53	TOTAL (lines 50 - 52)	230	\$ 12,509		53

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Keri Shatley	Administrator	0	\$ 19,316	Workers' Compensation Insurance	\$ 54,792	IDPH License Fee	\$ 1,990		
Monica Bessinger	Administrator	0	56,233	Unemployment Compensation Insurance		Advertising: Employee Recruitment	15,010		
				FICA Taxes	170,645	Health Care Worker Background Check			
				Employee Health Insurance	91,911	(Indicate # of checks performed _____)			
				Employee Meals					
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	4,492		
				Vision Insurance	6	Licenses & Permits	645		
				Dental Insurance	(195)				
				Employee Physicals/X-Rays	4,523				
				Other Employee Benefits	4,054				
				Life Insurance	1,831				
						Less: Public Relations Expense	( )		
						Non-allowable advertising	( )		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 75,549	TOTAL (agree to Schedule V, line 22, col.8)		\$ 327,567	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 22,137
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 - Covenant Care California, LLC			\$ 206,359				Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 206,359				Seminar Expense	276	
							Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 59,052	TOTAL		\$	(agree to Sch. V, line 24, col. 8)		\$ 276

\* Attach copy of IMRF notifications

\*\*See instructions.

**Page 21 Supplemental - Legal Fees Detail**

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	Non(allowable)
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	324.15	1	2017	JRNL00182427	01/31/17	Resident matter	Allowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	1	2017	JRNL00181411	01/31/17	Resident matter	Allowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	816.45	1	2017	JRNL00182427	01/31/17	Resident matter	Allowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	1	2017	JRNL00181411	01/31/17	Resident matter	Allowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	123.17	1	2017	JRNL00182434	01/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 11/16	287.3	1	2017	JRNL00182427	01/31/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 11/16	-287.3	1	2017	JRNL00181410	01/31/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 10/16	-42.95	1	2017	JRNL00181411	01/31/17	Employee matter	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 10/16	42.95	1	2017	JRNL00182427	01/31/17	Employee matter	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	324.15	2	2017	JRNL00183203	02/28/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	2	2017	JRNL00182432	02/28/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	816.45	2	2017	JRNL00183203	02/28/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	2	2017	JRNL00182432	02/28/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	123.17	2	2017	JRNL00183203	02/28/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	-123.17	2	2017	JRNL00182556	02/28/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 11/16	287.3	2	2017	JRNL00183203	02/28/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 11/16	-287.3	2	2017	JRNL00182432	02/28/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 1,2/17	144.70	2	2017	JRNL00183245	02/28/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 10/16	-42.95	2	2017	JRNL00182432	02/28/17	Employee matter	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 10/16	42.95	2	2017	JRNL00183203	02/28/17	Employee matter	Nonallowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	42.95	3	2017	JRNL00183365	03/16/17	Employee matter	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 2/17	1712.31	3	2017	JRNL00184019	03/31/17		
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	287.30	3	2017	JRNL00183723	03/31/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	324.15	3	2017	JRNL00184035	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	3	2017	JRNL00183225	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	816.45	3	2017	JRNL00184035	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	3	2017	JRNL00183225	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	123.17	3	2017	JRNL00184035	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	-123.17	3	2017	JRNL00183225	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 11/16	-287.3	3	2017	JRNL00183225	03/31/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 10/16	-42.95	3	2017	JRNL00183225	03/31/17	Employee matter	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 1,2/17	(144.70)	3	2017	JRNL00183248	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 1,2/17	144.70	3	2017	JRNL00184035	03/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 2/17	-1712.31	4	2017	JRNL00184041	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 2/17	1712.31	4	2017	JRNL00184878	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	324.15	4	2017	JRNL00184878	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	4	2017	JRNL00184123	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	816.45	4	2017	JRNL00184878	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	4	2017	JRNL00184123	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	92.05	4	2017	JRNL00184958	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	18.5	4	2017	JRNL00184958	04/30/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	69	4	2017	JRNL00184958	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	123.17	4	2017	JRNL00184878	04/30/17		

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Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	Non(allowable)
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	-123.17	4	2017	JRNL00184123	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 1,2/17	(144.70)	4	2017	JRNL00184123	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 1,2/17	144.70	4	2017	JRNL00184878	04/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 2/17	-1712.31	5	2017	JRNL00184957	05/31/17		
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,300.60	5	2017	JRNL00185718	05/31/17	reclassified	
CCMIDWST	070	6901	60000470	Rcl 5/17 Sandberg, to GL 20382017	(1,300.60)	12	2017	JRNL00192001	12/31/17	reclassified	
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	144.70	5	2017	JRNL00185718	05/31/17	collections	Nonallowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	582.85	5	2017	JRNL00185604	05/31/17	reclassified	
CCMIDWST	070	6901	60000470	Rcl 5/17 Sandberg, to GL 20382017	(582.85)	12	2017	JRNL00192001	12/31/17	reclassified	
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,712.31	5	2017	JRNL00185604	05/31/17	Survey Matter	Allowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	324.15	5	2017	JRNL00185507	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	5	2017	JRNL00184957	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	816.45	5	2017	JRNL00185507	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	5	2017	JRNL00184957	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	18.5	5	2017	JRNL00185507	05/31/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	69	5	2017	JRNL00185507	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	92.05	5	2017	JRNL00185507	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	-92.05	5	2017	JRNL00184964	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	-18.5	5	2017	JRNL00184964	05/31/17	Collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	-69	5	2017	JRNL00184964	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	123.17	5	2017	JRNL00185507	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	-123.17	5	2017	JRNL00184957	05/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 1,2/17	(144.70)	5	2017	JRNL00184957	05/31/17		
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	92.05	6	2017	JRNL00186348	06/30/17	Resident matter	Allowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	18.50	6	2017	JRNL00186348	06/30/17	collections	Nonallowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	69.00	6	2017	JRNL00186348	06/30/17	Employee matter	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	324.15	6	2017	JRNL00186700	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	6	2017	JRNL00185823	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	816.45	6	2017	JRNL00186700	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	6	2017	JRNL00185823	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	-18.5	6	2017	JRNL00185823	06/30/17	collections	Nonallowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	-69	6	2017	JRNL00185823	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 3/17	-92.05	6	2017	JRNL00185823	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	123.17	6	2017	JRNL00186700	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	-123.17	6	2017	JRNL00185823	06/30/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	324.15	7	2017	JRNL00187458	07/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	7	2017	JRNL00186712	07/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	816.45	7	2017	JRNL00187458	07/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	7	2017	JRNL00186712	07/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	123.17	7	2017	JRNL00187458	07/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	-123.17	7	2017	JRNL00186712	07/31/17		
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/16	-324.15	8	2017	JRNL00187567	08/31/17	Resident matter	Allowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/16	-816.45	8	2017	JRNL00187567	08/31/17	Resident matter	Allowable

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Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	Non(allowable)
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/16	-123.17	8	2017	JRNL00187567	08/31/17		
TOTAL	070	6901	60000470		<b><u>\$ 895.96</u></b>						

Facility Name &amp; ID Number Meadow Manor Skld Nur &amp; Rehab

# 0051425

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. AHCA,IHCA \$4,492
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 16,380 Line 10
- (7) Have all costs reported on this form been determined using accounting procedure 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. \$ 175,022  
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 benefit on Schedule V. \$          Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1  
d. Have vehicle usage logs been maintained? Yes  
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? Yes  
**g. Does the facility transport residents to and from day training? N/A**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? 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