

Facility Name & ID Number Radford Green

0051219 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	84	Skilled (SNF)	84	30,660	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	84	TOTALS	84	30,660	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	1,510	10,929	14,333	26,772	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1,510	10,929	14,333	26,772	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.32%

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)

Assisted Living, Independent Living, Clinic

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 11/18/10

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

YES Date 11/18/10 NO

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

YES NO If YES, enter number of beds certified 84 and days of care provided 13,282

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0051219 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	1,830,295	334,891	49,807	2,214,993		2,214,993	(1,798,274)	416,719		1
2	Food Purchase		1,702,216		1,702,216		1,702,216	(1,399,661)	302,555		2
3	Housekeeping	710,078	125,581	63,449	899,108		899,108	(539,534)	359,574		3
4	Laundry	69,221	168,909		238,130		238,130	(142,896)	95,234		4
5	Heat and Other Utilities			1,114,028	1,114,028		1,114,028	(1,040,834)	73,194		5
6	Maintenance	874,634	107,464	769,702	1,751,800		1,751,800	(1,633,161)	118,639		6
7	Other (specify):* See Supplemental	338,266	3,318		341,584		341,584	(301,506)	40,078		7
8	TOTAL General Services	3,822,494	2,442,379	1,996,986	8,261,859		8,261,859	(6,855,867)	1,405,992		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	4,279,547	279,335	28,778	4,587,660		4,587,660		4,587,660		10
10a	Therapy										10a
11	Activities	209,537	40,997	2,110	252,644		252,644	(32,063)	220,581		11
12	Social Services	310,064	25,268	16,020	351,352		351,352	(74,050)	277,302		12
13	CNA Training										13
14	Program Transportation	212,511	1,642	18,092	232,245		232,245	(211,818)	20,427		14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	5,011,659	347,242	89,000	5,447,901		5,447,901	(317,931)	5,129,970		16
	C. General Administration										
17	Administrative			1,826,614	1,826,614		1,826,614	(1,200,596)	626,018		17
18	Directors Fees										18
19	Professional Services			188,058	188,058		188,058	(114,852)	73,206		19
20	Dues, Fees, Subscriptions & Promotions			65,425	65,425		65,425	(38,596)	26,829		20
21	Clerical & General Office Expenses	658,983	24,366	680,087	1,363,436		1,363,436	(928,291)	435,145		21
22	Employee Benefits & Payroll Taxes			2,838,826	2,838,826		2,838,826	(1,351,653)	1,487,173		22
23	Inservice Training & Education										23
24	Travel and Seminar			43,206	43,206		43,206	(25,489)	17,717		24
25	Other Admin. Staff Transportation			28,999	28,999		28,999	(20,508)	8,491		25
26	Insurance-Prop.Liab.Malpractice			380,532	380,532		380,532	(239,263)	141,269		26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	658,983	24,366	6,051,747	6,735,096		6,735,096	(3,919,247)	2,815,849		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,493,136	2,813,987	8,137,733	20,444,856		20,444,856	(11,093,045)	9,351,811		29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

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Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 7 - Other General Services				
Security	338,266	3,318		341,584
				-
				-
				-
				-
				-
				-
Sub-Total	<u>338,266</u>	<u>3,318</u>	<u>-</u>	<u>341,584</u>
Line 15 - Other Health Care Services				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 27 - Other General Administration				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

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Page 3 Supplemental Schedule - Other Staff Administration Travel Expense

Employee	Travel Purpose	Travel Destination	Travel Date	Expenses			Total
				Travel	Accommodations	Meals	
Tiffany Zapata- AI Manager	Travel Mileage / Tolls		05/12/17	65			65
Kim Akaiyah-Director of Nursing	Flight		01/31/17	282			282
Deborah Rodriguez-Assistant DON	Flight		01/31/17	282			282
Deborah Rodriguez-Assistant DON	Flight		01/31/17	220			220
Kim Akaiyah-Director of Nursing	Flight		02/08/17	540			540
Life Care Companies, LLC	Flight		02/28/17	1,202			1,202
Life Care Companies, LLC	Flight		03/31/17	342			342
Life Care Companies, LLC	Flight		04/28/17	546			546
Life Care Companies, LLC	Travel Mileage / Tolls		05/31/17	22			22
Life Care Companies, LLC	Travel Parking / Tolls		05/31/17	38			38
Life Care Companies, LLC	Rental Car		05/31/17	146			146
Life Care Companies, LLC	Travel Mileage / Tolls		05/31/17	258			258
Life Care Companies, LLC	Flight		05/31/17	706			706
Life Care Companies, LLC	Hotel		05/31/17		892		892
Life Care Companies, LLC	Rental Car		05/31/17	1,062			1,062
Life Care Companies, LLC	Flight		07/31/17	358			358
Life Care Companies, LLC	Flight / Rental Car		08/31/17	1,028			1,028
Kim Akaiyah-Director of Nursing	Flight		10/31/17	97			97
Life Care Companies, LLC	Flight		11/30/17	1,277			1,277
Life Care Companies, LLC	Travel / Parking		12/31/17	198			198
Isabella Noy- HR Manager	Hotel		01/30/17		251		251
Life Care Companies, LLC	Rental Car		02/28/17	40			40
Life Care Companies, LLC	Parking / Tolls		02/28/17	48			48
Life Care Companies, LLC	Flight		02/28/17	131			131
Life Care Companies, LLC	Hotel		02/28/17		263		263
Life Care Companies, LLC	Travel Mileage / Tolls		02/28/17	356			356
Life Care Companies, LLC	Travel Mileage / Parking		03/31/17	21			21
Life Care Companies, LLC	Travel Mileage / Tolls		03/31/17	129			129
Life Care Companies, LLC	Travel Mileage / Parking		04/28/17	20			20
Life Care Companies, LLC	Travel Mileage / Hotel		04/28/17	348			348
Michael Chan- IT Manager	Travel Parking / Tolls		05/25/17	2			2
Michael Chan- IT Manager	Travel Mileage / Tolls		05/25/17	20			20
Life Care Companies, LLC	Rental Car		05/31/17	32			32
Life Care Companies, LLC	Hotel		05/31/17		262		262
Life Care Companies, LLC	Travel Mileage / Tolls		05/31/17	376			376
Isabella Noy- HR Manager	Flight		06/30/17	489			489
Isabella Noy- HR Manager	Hotel		06/23/17		767		767
Life Care Companies, LLC	Travel Mileage / Tolls		06/30/17	48			48
Life Care Companies, LLC	Travel Mileage / Tolls		07/31/17	485			485
Life Care Companies, LLC	Hotel		07/31/17		540		540
Life Care Companies, LLC	Bank Fees		07/31/17	100			100
Life Care Companies, LLC	Flight		08/31/17	424			424
Life Care Companies, LLC	Travel Mileage / Tolls		09/30/17	104			104
Joseph Bove- HR Director	Flight		10/18/17	1,148			1,148
Life Care Companies, LLC	Flight		10/30/17	236			236
Life Care Companies, LLC	Travel Mileage / Tolls		11/30/17	499			499
Life Care Companies, LLC	Rental Car		12/31/17	2,150			2,150
Life Care Companies, LLC	Hotel		12/31/17		2,656		2,656
Life Care Companies, LLC	Travel Parking / Tolls		12/31/17	101			101
Doni Mares- Plant Director	Flight		04/08/17	377			377
Rita Egger- Food Executive Chef	Travel Parking / Tolls		10/30/17	210			210
Catherine Swan- Resident Life Director	Rental Car		02/23/17	46			46
Catherine Swan- Resident Life Director	Hotel		02/23/17		50		50
Catherine Swan- Resident Life Director	Travel Mileage / Tolls		03/02/17	42			42
Joanne Kopper- Resident Life Manager	Travel Mileage / Tolls		03/08/17	14			14
Joanne Kopper- Resident Life Manager	Hotel		03/26/17		969		969
Catherine Swan- Resident Life Director	Travel Train		06/30/17	15			15
Joanne Kopper- Resident Life Manager	Hotel		08/10/17		392		392
Catherine Swan- Resident Life Director	Travel Mileage / Tolls		10/13/17	44			44
Joanne Kopper- Resident Life Manager	Travel Mileage / Tolls		12/26/17	43			43
Joanne Kopper- Resident Life Manager	Travel Mileage / Tolls		12/28/17	136			136
Zapata, Tiffany	Meals		05/12/17			102	102
Rodriguez, Deborah	Meals		01/21/17			79	79
Life Care Companies, LLC	Meals		04/28/17			576	576
Life Care Companies, LLC	Meals		05/31/17			540	540
Life Care Companies, LLC	Meals		07/31/17			237	237
Life Care Companies, LLC	Meals		11/30/17			264	264
Life Care Companies, LLC	Meals		12/31/17			181	181
Life Care Companies, LLC	Meals		12/31/17			1,693	1,693
Life Care Companies, LLC	Meals		12/31/17			181	181
Life Care Companies, LLC	Meals		02/28/17			54	54
Life Care Companies, LLC	Meals		02/28/17			100	100
Life Care Companies, LLC	Meals		03/31/17			24	24
Life Care Companies, LLC	Meals		04/28/17			100	100
Life Care Companies, LLC	Meals		05/31/17			113	113
Chan, Michael	Meals		06/12/17			28	28
Life Care Companies, LLC	Meals		07/31/17			52	52
Life Care Companies, LLC	Meals		09/30/17			65	65
Life Care Companies, LLC	Meals		10/18/17			87	87
Life Care Companies, LLC	Meals		10/30/17			19	19
Life Care Companies, LLC	Meals		10/31/17			184	184
Life Care Companies, LLC	Meals		11/30/17			40	40
Life Care Companies, LLC	Meals		12/31/17			221	221
Swan, Ms. Catherine	Meals		02/23/17			46	46
Kopper, Joanne	Meals		03/26/17			94	94
Various			12/31/17			(347)	(347)
Non-Allowable				(8,292)			(8,292)
Non-Allowable - H, and AI Allocation				(5,270)	(4,154)	(2,782)	(12,206)
				3,663	2,887	1,941	8,491

Facility Name & ID Number Radford Green

#0051219

Report Period Beginning:

01/01/17

Ending:

12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			5,036,396	5,036,396		5,036,396	(4,707,416)	328,980			30
31	Amortization of Pre-Op. & Org.			223,963	223,963		223,963	(223,963)				31
32	Interest			1,694,958	1,694,958		1,694,958	(1,583,653)	111,305			32
33	Real Estate Taxes			1,128,183	1,128,183		1,128,183	(1,072,171)	56,012			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			198,709	198,709		198,709	(175,395)	23,314			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			8,282,209	8,282,209		8,282,209	(7,762,598)	519,611			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		591,263	1,869,206	2,460,469		2,460,469		2,460,469			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops	26,794	115,619		142,413		142,413	(142,413)				41
42	Provider Participation Fee			117,460	117,460		117,460		117,460			42
43	Other (specify):* See Supplemental	1,472,799	95,717	1,306,015	2,874,531		2,874,531	(2,874,531)				43
44	TOTAL Special Cost Centers	1,499,593	802,599	3,292,681	5,594,873		5,594,873	(3,016,944)	2,577,929			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	10,992,729	3,616,586	19,712,623	34,321,938		34,321,938	(21,872,587)	12,449,351			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

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Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	-	-	-	-
Line 43 - Other Special Cost Centers				
Assisted Living	758,552	16,891	52,581	828,024
Clinic	156,868	78,826	149,677	385,371
Marketing	557,379	-	979,704	1,537,083
Fitness Program			124,053	124,053
				-
				-
				-
Sub-Total	1,472,799	95,717	1,306,015	2,874,531

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	(71,922)	02		4
5	Telephone, TV & Radio in Resident Rooms	(133,556)	21		5
6	Rented Facility Space	(29,248)	30		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	(869)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(18,245)	21		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 Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				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 See Supplemental	(21,318,747)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (21,572,587)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(300,000)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (300,000)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (21,872,587)		37

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

BHF USE ONLY							
48		49		50		51	52

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Income	\$ (9,972)	21	1
2	Transportation Revenue	(58,146)	14	2
3	Gift Shop Revenue	(79,711)	41	3
4	Non-Allowable Legal	(9,537)	19	4
5	Bank Charges	(26,463)	21	5
6	Board Expenses	(14,050)	21	6
7	Other	(100,000)	21	7
8	Non-Allowable Transportation	(8,292)	25	8
9	Directors and Officers Insurance	(36,033)	26	9
10	Amortization	(223,963)	31	10
11				11
12	Non - Allowable (Allocated to AL and IL)			12
13				13
14	Dietary	(1,798,274)	01	14
15	Food	(1,327,739)	02	15
16	Housekeeping	(539,534)	03	16
17	Laundry	(142,896)	04	17
18	Heat and Other Utilities	(1,040,834)	05	18
19	Maintenance	(1,633,161)	06	19
20	Other	(301,506)	07	20
21	Rehab		10a	21
22	Activities	(32,063)	11	22
23	Social Services	(74,050)	12	23
24	Transportation	(153,672)	14	24
25	Administrative	(900,596)	17	25
26	Professional Fees	(105,315)	19	26
27	Dues and Subscriptions	(38,596)	20	27
28	Office and Clerical	(626,005)	21	28
29	Employee Benefits	(1,351,653)	22	29
30	Travel and Seminar	(25,489)	24	30
31	Other Staff Transportation	(12,216)	25	31
32	Insurance	(203,230)	26	32
33	Depreciation	(4,678,168)	30	33
34	Amortization	0	31	34
35	Interest	(1,582,784)	32	35
36	Real Estate Taxes	(1,072,171)	33	36
37	Rent - Equipment and Vehicles	(175,395)	35	37
38	Coffee and Gift Shop	(62,702)	41	38
39	Other	(2,874,531)	43	39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(21,318,747)		49

Radford Green
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80316 19000
352461 451777
71574.0111

Page 5 - Non-Care Supplemental Allocation Schedule

Description	Cost Center	Salary	Total		Direct Nursing Home		Expenses For Alloc.	Alloc. Method	Statistics		Salaries		Other	
			Allow. Exp.	Exp.	Salary	Other			Nursing Home	Other	Nursing Home	Other	Nursing Home	Other
Dietary	1	1,830,295	2,214,993	-	6,942	2,208,051	Meals Served	80,316	352,461	339,672	1,490,623	77,047	307,651	
Food	2	-	1,630,294	-	-	1,630,294	Meals Served	80,316	352,461	-	-	302,555	1,327,739	
Housekeeping	3	710,078	899,108	-	-	899,108	Units / Sched	19,123	28,693	283,977	426,101	75,597	113,433	
Laundry	4	69,221	238,130	-	-	238,130	Units / Sched	19,123	28,693	27,683	41,538	67,551	101,358	
Heat and Other Utilities	5	-	1,114,028	-	-	1,114,028	SQFT	7,056	100,338	-	-	73,194	1,040,834	
Maintenance	6	874,634	1,751,800	-	3,791	1,748,009	SQFT	7,056	100,338	57,465	817,169	61,173	815,993	
Other	7	338,266	341,584	-	-	341,584	Pat. Days	26,772	201,406	39,689	298,577	389	2,929	
Medical Director	9	-	24,000	-	24,000	-	Dir. Staffing	1	-	-	-	24,000	-	
Nursing and Medical Records	10	4,279,547	4,587,660	4,279,547	308,113	-	Dir. Staffing	1	-	4,279,547	-	308,113	-	
Therapy	10a	-	-	-	-	-	Pat. Days	26,772	201,406	-	-	-	-	
Activities	11	209,537	252,644	137,137	15,704	99,803	Pat. Days (2)	26,772	12,672	186,277	23,260	34,303	8,804	
Social Services	12	310,064	351,352	120,858	-	230,494	Pat. Days (2)	26,772	12,672	249,279	60,785	28,024	13,264	
CNA Training	13	-	-	-	-	-	Dir. Staffing	1	1	-	-	-	-	
Transportation	14	212,511	174,099	-	-	174,099	Pat. Days	26,772	201,406	24,934	187,577	(4,507)	(33,905)	
Other	15	-	-	-	-	-	Pat. Days	1	1	-	-	-	-	
Administrative	17	-	1,526,614	-	-	1,526,614	Net. Pat. Rev.	13,282,348	19,108,114	-	-	626,018	900,596	
Directors Fees	18	-	-	-	-	-	N/A	1	1	-	-	-	-	
Professional Fees	19	-	178,521	-	-	178,521	Net. Pat. Rev.	13,282,348	19,108,114	-	-	73,206	105,315	
Dues and Subscriptions	20	-	65,425	-	-	65,425	Net. Pat. Rev.	13,282,348	19,108,114	-	-	26,829	38,596	
Office and Clerical	21	658,983	1,061,150	-	-	1,061,150	Net. Pat. Rev.	13,282,348	19,108,114	270,229	388,754	164,917	237,250	
Employee Benefits	22	-	2,838,826	-	-	2,838,826	Alloc. Salary	5,758,751	5,233,978	-	-	1,487,173	1,351,653	
Inservice Training and Expense	23	-	-	-	-	-	Pat. Days	1	1	-	-	-	-	
Travel and Seminar	24	-	43,206	-	-	43,206	Net. Pat. Rev.	13,282,348	19,108,114	-	-	17,717	25,489	
Other Staff Transportation	25	-	20,707	-	-	20,707	Net. Pat. Rev.	13,282,348	19,108,114	-	-	8,491	12,216	
Insurance	26	-	344,499	-	-	344,499	Net. Pat. Rev.	13,282,348	19,108,114	-	-	141,269	203,230	
Other	27	-	-	-	-	-	N/A	1	1	-	-	-	-	
Depreciation	30	-	5,007,148	-	-	5,007,148	SQFT	7,056	100,338	-	-	328,980	4,678,168	
Amortization	31	-	-	-	-	-	SQFT	7,056	100,338	-	-	-	-	
Interest	32	-	1,694,089	-	-	1,694,089	SQFT	7,056	100,338	-	-	111,305	1,582,784	
Real Estate Taxes	33	-	1,128,183	-	-	1,128,183	SQFT	7,056	100,338	-	-	56,012	1,072,171	
Rent - Facilities and Grounds	34	-	-	-	-	-	SQFT	1	1	-	-	-	-	
Rent - Equipment and Vehicles	35	-	198,709	-	-	198,709	Pat. Days	26,772	201,406	-	-	23,314	175,395	
Other	36	-	-	-	-	-	N/A	1	1	-	-	-	-	
Medically Necessary Transportation	38	-	-	-	-	-	N/A	1	1	-	-	-	-	
Ancillary Service Centers	39	-	2,460,469	-	2,460,469	-	Direct	1	-	-	-	2,460,469	-	
Barber and Beauty Shop	40	-	-	-	-	-	Direct	1	1	-	-	-	-	
Coffee and Gift Shops	41	26,794	62,702	-	-	62,702	Direct	1	1	-	26,794	-	35,908	
Provider Participation Fee	42	-	117,460	-	117,460	-	Direct	1	-	-	-	117,460	-	
Other	43	1,472,799	2,874,531	-	-	2,874,531	Direct	-	1	-	1,472,799	-	1,401,732	
		10,992,729	33,201,931	4,537,542	2,936,479	25,727,910				5,758,751	5,233,978	6,690,600	15,518,602	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Radford Green# 0051219

Report Period Beginning:

01/01/17

Ending:

12/31/17

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(1,798,274)	0	0	0	0	0	0	0	0	0	0	(1,798,274)	1
2	Food Purchase	(1,399,661)	0	0	0	0	0	0	0	0	0	0	(1,399,661)	2
3	Housekeeping	(539,534)	0	0	0	0	0	0	0	0	0	0	(539,534)	3
4	Laundry	(142,896)	0	0	0	0	0	0	0	0	0	0	(142,896)	4
5	Heat and Other Utilities	(1,040,834)	0	0	0	0	0	0	0	0	0	0	(1,040,834)	5
6	Maintenance	(1,633,161)	0	0	0	0	0	0	0	0	0	0	(1,633,161)	6
7	Other (specify):*	(301,506)	0	0	0	0	0	0	0	0	0	0	(301,506)	7
8	TOTAL General Services	(6,855,867)	0	0	0	0	0	0	0	0	0	0	(6,855,867)	8
	B. Health Care and Programs													
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	(32,063)	0	0	0	0	0	0	0	0	0	0	(32,063)	11
12	Social Services	(74,050)	0	0	0	0	0	0	0	0	0	0	(74,050)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(211,818)	0	0	0	0	0	0	0	0	0	0	(211,818)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(317,931)	0	0	0	0	0	0	0	0	0	0	(317,931)	16
	C. General Administration													
17	Administrative	(900,596)	(300,000)	0	0	0	0	0	0	0	0	0	(1,200,596)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(114,852)	0	0	0	0	0	0	0	0	0	0	(114,852)	19
20	Fees, Subscriptions & Promotions	(38,596)	0	0	0	0	0	0	0	0	0	0	(38,596)	20
21	Clerical & General Office Expenses	(928,291)	0	0	0	0	0	0	0	0	0	0	(928,291)	21
22	Employee Benefits & Payroll Taxes	(1,351,653)	0	0	0	0	0	0	0	0	0	0	(1,351,653)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(25,489)	0	0	0	0	0	0	0	0	0	0	(25,489)	24
25	Other Admin. Staff Transportation	(20,508)	0	0	0	0	0	0	0	0	0	0	(20,508)	25
26	Insurance-Prop.Liab.Malpractice	(239,263)	0	0	0	0	0	0	0	0	0	0	(239,263)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,619,247)	(300,000)	0	(3,919,247)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,793,045)	(300,000)	0	(11,093,045)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Radford Green# 0051219

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)
	D. Ownership												
30	Depreciation	(4,707,416)	0	0	0	0	0	0	0	0	0	0	(4,707,416) 30
31	Amortization of Pre-Op. & Org.	(223,963)	0	0	0	0	0	0	0	0	0	0	(223,963) 31
32	Interest	(1,583,653)	0	0	0	0	0	0	0	0	0	0	(1,583,653) 32
33	Real Estate Taxes	(1,072,171)	0	0	0	0	0	0	0	0	0	0	(1,072,171) 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	(175,395)	0	0	0	0	0	0	0	0	0	0	(175,395) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(7,762,598)	0	0	0	0	0	0	0	0	0	0	(7,762,598) 37
	Ancillary Expense												
	E. Special Cost Centers												
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	(142,413)	0	0	0	0	0	0	0	0	0	0	(142,413) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(2,874,531)	0	0	0	0	0	0	0	0	0	0	(2,874,531) 43
44	TOTAL Special Cost Centers	(3,016,944)	0	0	0	0	0	0	0	0	0	0	(3,016,944) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(21,572,587)	(300,000)	0	(21,872,587) 45								

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Lincolnshire Holdings, LLC</u>	<u>100.00%</u>	<u>Monarch Landing</u>	<u>Naperville, IL</u>	<u>Senior Care</u>		
		<u>Meadow Ridge</u>	<u>Redding, CN</u>	<u>Development Co.</u>	<u>Harrison, NY</u>	<u>Development Co.</u>
		<u>Evergreen Woods</u>	<u>Branford, CN</u>			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	<u>17 Management Fees</u>	<u>\$ 300,000</u>	<u>Senior Care Development Co.</u>	<u>100.00%</u>	<u>\$</u>	<u>\$</u>	<u>(300,000)</u>	<u>1</u>
2	V								<u>2</u>
3	V								<u>3</u>
4	V								<u>4</u>
5	V								<u>5</u>
6	V								<u>6</u>
7	V								<u>7</u>
8	V								<u>8</u>
9	V								<u>9</u>
10	V								<u>10</u>
11	V								<u>11</u>
12	V								<u>12</u>
13	V								<u>13</u>
14	Total		\$ 300,000			\$	\$ *	(300,000)	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green # 0051219 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (_____

Fax Number (_____

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number **Radford Green**

0051219 Report Period Beginning: **01/01/17** Ending: **12/31/17**

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.		\$	58,217	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.)		\$	57,115	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(1,102)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	57,115	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	56,012	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012	967,179	8	
	2013	966,206	9	
	2014	978,246	10	
	2015	913,311	11	
	2016	869,299	12	
The balances for Questions 1 - 7 above represent the portion allocated to the nursing home based on square footage of 7,056 square feet to the total complex square footage of 107,394.				

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

NOTES:

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

SEE ACCOUNTANTS' PREPARATION REPORT

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Radford Green COUNTY Lake
 FACILITY IDPH LICENSE NUMBER 0051219
 CONTACT PERSON REGARDING THIS REPORT Jeremy M. Brune, CPA
 TELEPHONE (779) 875 - 3979 FAX #: (866) 216 - 5355

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>15 - 22 - 406 - 003</u>	<u>Complex - NG, IL, and AL</u>	\$ <u>19,856.57</u>	\$ <u>19,856.57</u>
2. <u>15 - 22 - 302 - 003</u>	<u>Complex - NG, IL, and AL</u>	\$ <u>849,442.83</u>	\$ <u>849,442.83</u>
3. _____	_____	\$ _____	\$ _____
4. _____	<u>Non - Care Allocation</u>	\$ _____	\$ _____
5. _____	<u>Based on Square Footage</u>	\$ <u>(812,184.70)</u>	\$ <u>(812,184.70)</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>57,114.70</u></u>	\$ <u><u>57,114.70</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 providecopies of their original second installment tax bill.

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 107,394 B. General Construction Type: Exterior Brick Frame Steel Number of Stories _____

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).

Independent Living (467 Units)

Assisted Living (44 Units)

Clinic

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	Facility		2010	\$ 12,322,176	1
2	Non - Care ADJ			(11,274,266)	2
3	TOTALS			\$ 1,047,910	3

SEE ACCOUNTANTS' PREPARATION REPORT

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	
	Bed* FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	84	2010		\$ 154,168,197	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Various		2010	2,798,696						9
10	Various		2011	158,024						10
11	Various		2012	1,181,733						11
12	Various		2013	683,659						12
13	Resident Rooms - Carpet / Vinyl Flooring		2014	101,818						13
14	Building Automation - Boiler, Temperature, Electricity, Etc.		2014	55,132						14
15	Doors - Automatic Opening System		2014	13,993						15
16	Nuse Call / Communication System		2014	15,540						16
17	Wall Flags		2014	2,250						17
18	Evaporator Pump		2014	1,670						18
19	Compressor		2014	23,395						19
20	Landscaping		2014	16,805						20
21	Resident Rooms - Lighting, Electrical, Canopies, Bathroom		2014	921,607						21
22	Resident Rooms - Blinds		2015	6,289						22
23	Resident Rooms - Carpet / Vinyl Flooring		2015	51,246						23
24	Resident Rooms - Lighting, Electrical, Canopies, Bathroom		2015	209,369						24
25	Boiler		2015	5,876						25
26	Closet Organizing Units		2015	7,964						26
27	Annunciator Panel - Electrical		2015	9,677						27
28	Design and Construction - Electrical, Flooring, Etc.		2015	21,587						28
29	Electric Door Locks		2015	13,750						29
30	Resident Rooms - Painting		2015	244,759						30
31	Resident Rooms - Blinds		2016	6,951						31
32	Resident Rooms - Granite Countertops		2016	152,893						32
33	Resident Rooms - Cabinet Replacements and Carpentry		2016	21,734						33
34	Curbs and Sidewalk - Concrete		2016	15,000						34
35	Resident Rooms - Doors		2016	38,800						35
36	Main / Resident Rooms - Lighting and Electrical		2016	150,770						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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Resident Rooms - Carpet / Vinyl Flooring	2016	\$ 258,343	\$		\$	\$	\$	37
38	Resident Rooms - Painting and Wall Repairs	2016	194,754						38
39	Parking Deck Lights	2016	83,410						39
40	Portecochere - Ceiling Modifications	2016	21,872						40
41	Bistro - Electrical, Flooring, and Other Modifications	2016	78,561						41
42	Awnings Replacement - ***	2017	58,120						42
43	Compressor Replacement - ***	2017	74,485						43
44	Concrete Loading Dock - ***	2017	19,984						44
45	Fire Pump - ***	2017	76,770						45
46	Heat Pumps - ***	2017	8,200						46
47	HVAC Units - ***	2017	57,920						47
48	Outdoor Lighting - ***	2017	38,225						48
49	Pergola Cover - ***	2017	4,500						49
50	Roof - ***	2017	22,142						50
51	Swimming Pool Resurface - ***	2017	28,945						51
52	Resident Rooms, Massage Parlor, Library - ***								52
53	Carpentry, Electrical, Plumbing, Drywall, Cabinets, Tile,								53
54	Carpet, Doors, Windows, Blinds, Smoke Detectors, Showers,								54
55	Core Switches, Architecture,	2017	1,727,748						55
56									56
57									57
58									58
59									59
60									60
61									61
62	*** A Sub-Schedule is provided that includes specific details								62
63	of room locations within the facility where the leasehold								63
64	improvements were made and in certain instances shows								64
65	the allocation between the nursing home and other non								65
66	care operations. The breakdown of current year assets is								66
67	only provided with this report. Please review prior year								67
68	cost reports for prior year costs allocations.								68
69									69
70	TOTAL (lines 4 thru 69)		\$ 163,853,163	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 163,853,163	\$		\$	\$	\$	1
2									2
3	Dispositions								3
4	Various	2010	(1,019)						4
5	Various	2011	(9,785)						5
6	Various	2012	(11,835)						6
7									7
8									8
9									9
10									10
11	Assisted Living, Independent Living and Clinic								11
12	Allocations Based on Square Footage (Non-Care ADJ)								12
13									13
14	Building	2010	(144,039,039)						14
15	Leasehold Improvements	2010	(2,613,864)						15
16	Leasehold Improvements	2011	(142,133)						16
17	Leasehold Improvements	2012	(993,578)						17
18	Leasehold Improvements	2013	(496,595)						18
19	Leasehold Improvements	2014	(1,128,866)						19
20	Leasehold Improvements	2015	(529,791)						20
21	Leasehold Improvements	2016	(986,191)						21
22	Leasehold Improvements	2017	(1,901,953)						22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	FS Depreciation - Allowable Amount Only - See Page 5 SUPP			328,980		328,980			32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,998,514	\$ 328,980		\$ 328,980	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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	\$ 3,920,831	\$	\$	\$		\$	71
72	Current Year Purchases	494,913						72
73	Fully Depreciated Assets							73
74	Non-Care Adjustment	(2,627,030)						74
75	TOTALS	\$ 1,788,714	\$	\$	\$		\$	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	Facility			\$ 120,079	\$	\$	\$		\$	76
77	Non-Care Adjustment			(112,190)						77
78										78
79										79
80	TOTALS			\$ 7,889	\$	\$	\$		\$	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)	\$ 13,843,027	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 328,980	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 328,980	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	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	Land	\$ 11,274,266	\$	\$	86
87	Building	144,039,039			87
88	Building Improvements	8,792,971			88
89	Equipment	2,627,030			89
90	Vehicles	112,190			90
91	TOTALS	\$ 166,845,496	\$	\$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Radford Green

Current Year Fixed Assets

FY 12/31/17

7,056	100,338	107,394
-------	---------	---------

Description	Grouping	Class	Location	Amount	Allocated			Sub-Total		
					SNF	NCAR	Total	NRSG	NCAR	Total
Awnings Replacement	1	LIMP	Shared	58,120	3,819	54,301	58,120	3,819	54,301	58,120
Compressor Replacement	2	LIMP	Shared	74,485	4,894	69,591	74,485	4,894	69,591	74,485
Concrete Loading Dock	3	LIMP	Shared	19,984	1,313	18,671	19,984	1,313	18,671	19,984
Fire Pump	4	LIMP	Shared	76,770	5,044	71,726	76,770	5,044	71,726	76,770
Heat Pumps	5	LIMP	Shared	8,200	539	7,661	8,200	539	7,661	8,200
HVAC Units	6	LIMP	Shared	57,920	3,805	54,114	57,920	3,805	54,114	57,920
Outdoor Lighting	7	LIMP	Shared	38,225	2,511	35,714	38,225	2,511	35,714	38,225
Pergola Cover	8	LIMP	Shared	4,500	296	4,204	4,500	296	4,204	4,500
Roof	9	LIMP	Shared	22,142	1,455	20,687	22,142	1,455	20,687	22,142
Swimming Pool Resurface	10	LIMP	Shared	28,945	1,902	27,043	28,945	1,902	27,043	28,945
Architecture	11	LIMP	Shared	32,700	2,148	30,552	32,700			
Automatic Doors	11	LIMP	SNF	9,567	9,567	-	9,567			
Blinds	11	LIMP	IL / AL	8,162	-	8,162	8,162			
Blinds	11	LIMP	Shared	1,050	69	981	1,050			
Blinds	11	LIMP	SNF	1,799	1,799	-	1,799			
Cabinets	11	LIMP	IL / AL	28,977	-	28,977	28,977			
Cabinets	11	LIMP	Shared	6,880	452	6,428	6,880			
Carpentry	11	LIMP	IL / AL	12,447	-	12,447	12,447			
Carpet	11	LIMP	IL / AL	111,718	-	111,718	111,718			
Carpet	11	LIMP	Shared	2,566	169	2,398	2,566			
Carpet	11	LIMP	SNF	99,822	99,822	-	99,822			
Construction	11	LIMP	Shared	628,422	41,289	587,133	628,422			
Core Switches	11	LIMP	Shared	8,990	591	8,399	8,990			
Counter Tops	11	LIMP	IL / AL	5,970	-	5,970	5,970			
Drywall / Painting / Doors	11	LIMP	IL / AL	5,068	-	5,068	5,068			
Electrical	11	LIMP	IL / AL	93,583	-	93,583	93,583			
Expenses	11	LIMP	Shared	944	62	882	944			
Flooring	11	LIMP	IL / AL	9,441	-	9,441	9,441			
Flooring	11	LIMP	Shared	31,568	2,074	29,494	31,568			
Granite	11	LIMP	IL / AL	106,747	-	106,747	106,747			
Interior Design	11	LIMP	Shared	46,275	3,040	43,235	46,275			
Library Remodel	11	LIMP	Shared	17,040	1,120	15,920	17,040			
Massage Room Remodel	11	LIMP	Shared	2,741	180	2,561	2,741			
Master Plan	11	LIMP	Shared	145,883	9,585	136,298	145,883			
Plumbing	11	LIMP	IL / AL	49,032	-	49,032	49,032			
Rolling Door	11	LIMP	Shared	11,244	739	10,505	11,244			
Shower	11	LIMP	IL / AL	63,983	-	63,983	63,983			
Smoke Detectors	11	LIMP	SNF	3,734	3,734	-	3,734			
Smoke Detectors	11	LIMP	Shared	49,731	3,267	46,464	49,731			
Tiles	11	LIMP	Shared	1,277	84	1,193	1,277			
Tiles	11	LIMP	IL / AL	106,218	-	106,218	106,218			
Tiles	11	LIMP	SNF	9,720	9,720	-	9,720			
Wall / Carpet / Electric	11	LIMP	IL / AL	1,120	-	1,120	1,120			
Window Replacement	11	LIMP	IL / AL	13,331	-	13,331	13,331	189,509	1,538,240	1,727,748
LIMP Sub-Total				2,117,039	215,086	1,901,953	2,117,039	215,086	1,901,953	2,117,039
Equipment and Furniture	1	EQUIP	IL / AL	110,225	-	110,225	110,225			
Equipment and Furniture	1	EQUIP	Shared	370,298	24,329	345,969	370,298			
Equipment and Furniture	1	EQUIP	SNF	14,390	14,390	-	14,390	38,720	456,193	494,913
EQUIP Sub-Total				494,913	38,720	456,193	494,913	38,720	456,193	494,913
TOTAL				2,611,952	253,806	2,358,146	2,611,952	253,806	2,358,146	2,611,952

Facility Name & ID Number Radford Green

0051219

Report Period Beginning: 01/01/17

Ending: 12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	See Suppl.							5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /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: \$ 23,314 Description: _____

See Supplemental 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

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?</p> <p><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.
- SEE ACCOUNTANTS' PREPARATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$ 567,563			\$ 567,563	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					194,301			194,301	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs					1,020,571			1,020,571	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescripts						529,572		529,572	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): See Supplemental	39 - 02							61,691		61,691	12
13	Other (specify): See Supplemental	39 - 03							86,771		86,771	13
14	TOTAL			\$				\$ 1,869,206	\$ 591,263		\$ 2,460,469	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Radford Green
Medicaid Cost Report
01/01/17 - 12/31/17

Page 16 Supplemental Schedule

Description	Salaries		Supplies		Other		Total
Medical Supplies			40,799				40,799
Oxygen			20,399				20,399
Prosthetics			493				493
Laboratory					72,101		72,101
Radiology					13,878		13,878
Ambulance					792		792
							-
							-
							-
							-
							-
							-
							-
							-
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							-
							-
							-
							-
Total	-		61,691		86,771		148,462

Facility Name & ID Number Radford Green

0051219

Report Period Beginning: 01/01/17

Ending: 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 10,197,059	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 21,617)	1,370,691		3
4	Supply Inventory (priced at Cost / FIFO)	51,631		4
5	Short-Term Investments			5
6	Prepaid Insurance	295,056		6
7	Other Prepaid Expenses	66,978		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental Schedule	822		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 11,982,237	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	12,322,176		13
14	Buildings, at Historical Cost	153,484,376		14
15	Leasehold Improvements, at Historical Cost	12,213,481		15
16	Equipment, at Historical Cost	4,909,036		16
17	Accumulated Depreciation (book methods)	(33,292,733)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	374,346		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 150,010,682	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 161,992,919	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,795,922	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	765,450		30
31	Accrued Taxes Payable (excluding real estate taxes)	146,218		31
32	Accrued Real Estate Taxes(Sch.IX-B)	869,299		32
33	Accrued Interest Payable	213,617		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Supplemental Schedule			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,790,506	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	29,107,160		39
40	Mortgage Payable			40
41	Bonds Payable	10,390,251		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	See Supplemental Schedule	156,181,510		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 195,678,921	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 200,469,427	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (38,476,508)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 161,992,919	\$	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

Radford Green
Medicaid Cost Report
01/01/17 - 12/31/17

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
Due from Affiliated Entity	822		822
			-
			-
			-
Sub-Total	<u>822</u>	<u>-</u>	<u>822</u>
Line 23 - Long Term Assets			
Financing Costs (Net of Amortization)	373,271		373,271
Derivative Instrument	1,075		1,075
			-
			-
Sub-Total	<u>374,346</u>	<u>-</u>	<u>374,346</u>
Line 36 - Other Current Liability			
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>
Line 43 - Long term Liabilities			
Refundable Resident Deposits	95,797,079		95,797,079
Refundable Resident Deposits (Net of Amortization)	53,251,695		53,251,695
NonRefundable Resident Deposits (Net of Amortization)	7,132,736		7,132,736
Sub-Total	<u>156,181,510</u>	<u>-</u>	<u>156,181,510</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (31,249,838)	1
2	Restatements (describe):		2
3	<u>Rounding</u>	4	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (31,249,834)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,679,875)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(5,546,799)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (7,226,674)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (38,476,508)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,913,438	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,913,438	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	368,060	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 368,060	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	79,711	12
13	Barber and Beauty Care	29,404	13
14	Non-Patient Meals	71,922	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	29,248	16
17	Sale of Drugs	850	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 211,135	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	869	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 869	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	19,148,561	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,148,561	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 32,642,063	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	8,261,859	31
32	Health Care	5,447,901	32
33	General Administration	6,735,096	33
B. Capital Expense			
34	Ownership	8,282,209	34
C. Ancillary Expense			
35	Special Cost Centers	5,477,413	35
36	Provider Participation Fee	117,460	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 34,321,938	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,679,875)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,679,875)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 249,072	44
45	Private Pay - Net Inpatient Revenue	4,428,708	45
46	Medicare - Net Inpatient Revenue	7,563,798	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	663,807	47
48	Other-(specify) <u>Hospice - Net Inpatient Revenue</u>	8,053	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,913,438	49

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Radford Green

0051219

Report Period Beginning:

01/01/17

Ending:

12/31/17

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	3,748	4,160	\$ 224,492	\$ 53.96	1
2	Assistant Director of Nursing					2
3	Registered Nurses	39,452	41,710	1,574,816	37.76	3
4	Licensed Practical Nurses	25,770	27,890	792,154	28.40	4
5	CNAs & Orderlies	83,721	89,869	1,420,929	15.81	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,279	12,340	209,537	16.98	10
11	Social Service Workers	7,753	8,704	310,064	35.62	11
12	Dietician					12
13	Food Service Supervisor	1,944	2,080	79,530	38.24	13
14	Head Cook					14
15	Cook Helpers/Assistants	117,390	122,987	1,750,765	14.24	15
16	Dishwashers					16
17	Maintenance Workers	73,323	80,980	874,634	10.80	17
18	Housekeepers	44,525	48,629	710,078	14.60	18
19	Laundry	4,815	5,232	69,221	13.23	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,271	20,825	658,983	31.64	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	2,273	2,456	50,283	20.47	31
32	Other Health Care(specify)					32
33	Other(specify)	89,271	97,882	2,267,243	23.16	33
34	TOTAL (lines 1 - 33)	524,535	565,744	\$ 10,992,729 *	\$ 19.43	34

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	\$ 49,515	01 - 03	35
36	Medical Director	24,000	09 - 03	36
37	Medical Records Consultant	2,000	10 - 03	37
38	Nurse Consultant	16,410	10 - 03	38
39	Pharmacist Consultant	10,368	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	2,110	11 - 03	44
45	Social Service Consultant	1,620	12 - 03	45
46	Other(specify)			46
47	See Supplemental	14,400		47
48				48
49	TOTAL (lines 35 - 48)	\$ 120,423		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

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

Radford Green
Medicaid Cost Report
01/01/17 - 12/31/17

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Security	7	17,319	18,906	338,266	17.89		
MDS Coordinator	10	5,030	5,318	216,873	40.78		
Transportation	14	13,310	14,530	212,511	14.63		
Coffee Shop	41	1,735	1,912	26,794	14.01		
Assisted Living	43	33,746	37,441	758,552	20.26		
Clinic	43	7,110	7,806	156,868	20.10		
Marketing	43	11,021	11,969	557,379	46.57		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
Total		89,271	97,882	2,267,243	23.16		

Contracted Services							
Pastoral Care	12 - 03						14,400
Total						-	14,400

Radford Green
Medicaid Cost Report
01/01/17 - 12/31/17

Page 21 Supplemental Schedule - Legal Invoice Detail

Vendor	Service Description	Invoice Date	Amount	Non-Allowable	Allowable
Hinckley, Allen & Snyder LLP	Non-Allowable	02/22/17	994	994	-
Hinckley, Allen & Snyder LLP	Non-Allowable	03/21/17	259	259	-
Hinckley, Allen & Snyder LLP	Audit Responses	03/22/17	525	-	525
Hinckley, Allen & Snyder LLP	Review JV Agreements re ROFO/ROFR	03/29/17	617	-	617
Hinckley, Allen & Snyder LLP	Nissan purchase- COO	04/17/17	133	-	133
Hinckley, Allen & Snyder LLP	Non-Allowable	05/18/17	1,439	1,439	-
Nixon Peabody	Non-Allowable	06/13/17	345	345	-
Hinckley, Allen & Snyder LLP	Non-Allowable	06/29/17	1,700	1,700	-
Goldfarb & Fleece LLP	Non-Allowable	07/07/17	132	132	-
Nixon Peabody	Non-Allowable	07/12/17	1,283	1,283	-
Hinckley, Allen & Snyder LLP	Non-Allowable	07/19/17	141	141	-
Hinckley, Allen & Snyder LLP	Non-Allowable	08/30/17	399	399	-
Hinckley, Allen & Snyder LLP	Nursing Home Litigation	08/30/17	4,453	-	4,453
Foley & Lardner LLP	Non-Allowable	09/18/17	660	660	-
Hinckley, Allen & Snyder LLP	Nursing Home Litigation	09/26/17	754	-	754
Hinckley, Allen & Snyder LLP	Non-Allowable	09/26/17	1,181	1,181	-
Nixon Peabody	Non-Allowable	10/11/17	253	253	-
Nixon Peabody	Licensure Requirements / Ownership Change	10/11/17	3,135	-	3,135
Jackson Lewis	Non-Allowable	10/18/17	728	728	-
Nixon Peabody	Non-Allowable	10/26/17	(2,419)	(2,419)	-
Nixon Peabody	Non-Allowable	11/13/17	1,354	1,354	-
Jackson Lewis	Counsel and closure re: employee	11/17/17	29	-	29
Hinckley, Allen & Snyder LLP	Annual Report Filing	11/28/17	387	-	387
Nixon Peabody	Non-Allowable	12/12/17	1,496	1,065	431
Hinckley, Allen & Snyder LLP	Non-Allowable	12/31/17	27	27	-
Jackson Lewis, PC	Employee Matter		291	-	291
Jackson Lewis, PC	Employee Matter		1,169	-	1,169
					-
					-
					-
Total			21,458	9,537	11,921

Facility Name & ID Number Radford Green# 0051219

Report Period Beginning:

01/01/17Ending: 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. Leading Age
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 20,744 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 117,460
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? Yes - Page 5 SUPP 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. \$ 71,574 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 71,922
- (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? Ln 14
- 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? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Beers, Hamerman, Cohen & Burger, PC
- (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

SEE ACCOUNTANTS' PREPARATION REPORT