

Facility Name & ID Number Center Home Hispanic Elderly

0050989 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	98	Skilled (SNF)	98	35,770	1
2		Skilled Pediatric (SNF/PED)			2
3	58	Intermediate (ICF)	58	21,170	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	156	TOTALS	156	56,940	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	26,919	335	4,367	31,621	8
9	SNF/PED					9
10	ICF	20,307	271	473	21,051	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,226	606	4,840	52,672	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.50%

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 07/01/2010

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/01/2010 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 98 and days of care provided 3,789

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Center Home Hispanic Elderly # 0050989 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	342,028	56,314	13,046	411,388		411,388		411,388		1
2	Food Purchase		252,898		252,898		252,898	1,100	253,998		2
3	Housekeeping	287,753	27,463		315,216		315,216	3,522	318,738		3
4	Laundry	20,054	12,499	170,461	203,014		203,014		203,014		4
5	Heat and Other Utilities			163,509	163,509		163,509	2,237	165,746		5
6	Maintenance	82,411		123,733	206,144		206,144	(10,361)	195,783		6
7	Other (specify):*										7
8	TOTAL General Services	732,246	349,174	470,749	1,552,169		1,552,169	(3,502)	1,548,667		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	3,071,404	61,052	143,315	3,275,771		3,275,771	(89,287)	3,186,484		10
10a	Therapy	99,744			99,744		99,744	(27)	99,717		10a
11	Activities	125,404	8,834		134,238		134,238		134,238		11
12	Social Services	194,177		2,662	196,839		196,839		196,839		12
13	CNA Training										13
14	Program Transportation			3,690	3,690		3,690		3,690		14
15	Other (specify):*							4,742	4,742		15
16	TOTAL Health Care and Programs	3,490,729	69,886	161,667	3,722,282		3,722,282	(84,572)	3,637,710		16
	C. General Administration										
17	Administrative	188,220		697,000	885,220		885,220	(601,289)	283,931		17
18	Directors Fees										18
19	Professional Services			163,877	163,877		163,877	(11,672)	152,205		19
20	Dues, Fees, Subscriptions & Promotions			48,700	48,700		48,700	(15,899)	32,801		20
21	Clerical & General Office Expenses	174,339		234,988	409,327		409,327	(20,588)	388,739		21
22	Employee Benefits & Payroll Taxes			816,475	816,475		816,475	(41,052)	775,423		22
23	Inservice Training & Education										23
24	Travel and Seminar			648	648		648	1,327	1,975		24
25	Other Admin. Staff Transportation			2,785	2,785		2,785	5,333	8,118		25
26	Insurance-Prop.Liab.Malpractice			785,650	785,650		785,650	2,217	787,867		26
27	Other (specify):*							43,050	43,050		27
28	TOTAL General Administration	362,559		2,750,123	3,112,682		3,112,682	(638,573)	2,474,109		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,585,534	419,060	3,382,539	8,387,133		8,387,133	(726,647)	7,660,486		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.

Center Home Hispanic Elderly
Travel Detail
12/31/2018

Account Number	Date	Employee	Function	Description	
8600.6	12/31/2018	Isabel Serrano	Admissions Director	Mileage within Chicago Area	2,785.45
	12/31/2018	Allocated From iCare Consulting			5,333.00
<hr/>					
		Total			8,118.45

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation							262,739	262,739		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			20,524	20,524		20,524	677,105	697,629		32
33	Real Estate Taxes			273,402	273,402		273,402	4,929	278,331		33
34	Rent-Facility & Grounds			1,068,000	1,068,000		1,068,000	(1,048,902)	19,098		34
35	Rent-Equipment & Vehicles			3,482	3,482		3,482		3,482		35
36	Other (specify):*										36
37	TOTAL Ownership			1,365,408	1,365,408		1,365,408	(104,129)	1,261,279		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		198,692	940,281	1,138,973		1,138,973		1,138,973		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			384,930	384,930		384,930		384,930		42
43	Other (specify):*			22,825	22,825		22,825	(22,825)	0		43
44	TOTAL Special Cost Centers		198,692	1,348,036	1,546,728		1,546,728	(22,825)	1,523,903		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,585,534	617,752	6,095,983	11,299,269		11,299,269	(853,601)	10,445,668		45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	262,739	30		9
10	Interest and Other Investment Income	(19,218)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(29)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(18,781)	21		18
19	Entertainment				19
20	Contributions	(500)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(115,328)	21		24
25	Fund Raising, Advertising and Promotional	(3,178)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(7,404)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(146,346)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (48,045)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (48,045)		37

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

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

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

BHF USE ONLY							
48		49		50		51	
							52

Center Home Hispanic Elderly

ID# 0050989

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Medicare Sequestration	\$ (42,109)	21	1
2	Vending Income	(1,300)	02	2
3	Marketing	(1,225)	43	3
4	Bank Charges	(4,847)	21	4
5	Non-Allowable Legal	(9,277)	19	5
6	PAC Dues	(12,628)	20	6
7	Building Co- Professional Fees	(7,973)	19	7
8	Rehab Settlement	(27)	10A	8
9	Medical Record Income	(515)	10	9
10	Prior Period Professional Fees	(7,437)	19	10
11	Prior Period Interest Expense	(10,336)	32	11
12	Prior Period Employee Benefits	(41,052)	22	12
13	Capitalized R&M	(4,250)	06	13
14	Miscellaneous Income	(3,370)	21	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(146,346)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,329)	0	1,787	0	642	0	0	0	0	0	0	1,100	2
3	Housekeeping	0	0	3,522	0	0	0	0	0	0	0	0	3,522	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,237	0	0	0	0	0	0	0	0	2,237	5
6	Maintenance	(4,250)	0	3,304	0	(9,415)	0	0	0	0	0	0	(10,361)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(5,579)	0	10,850	0	(8,773)	0	0	0	0	0	0	(3,502)	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	(515)	0	0	0	(88,772)	0	0	0	0	0	0	(89,287)	10
10a	Therapy	(27)	0	0	0	0	0	0	0	0	0	0	(27)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	4,742	0	0	0	0	0	0	4,742	15
16	TOTAL Health Care and Programs	(542)	0	0	0	(84,030)	0	0	0	0	0	0	(84,572)	16
	C. General Administration													
17	Administrative	0	0	(623,071)	0	21,782	0	0	0	0	0	0	(601,289)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(24,687)	7,973	1,376	123	3,543	0	0	0	0	0	0	(11,672)	19
20	Fees, Subscriptions & Promotions	(16,306)	0	351	9	47	0	0	0	0	0	0	(15,899)	20
21	Clerical & General Office Expenses	(191,839)	0	124,750	0	46,501	0	0	0	0	0	0	(20,588)	21
22	Employee Benefits & Payroll Taxes	(41,052)	0	0	0	0	0	0	0	0	0	0	(41,052)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	780	0	547	0	0	0	0	0	0	1,327	24
25	Other Admin. Staff Transportation	0	0	0	0	5,333	0	0	0	0	0	0	5,333	25
26	Insurance-Prop.Liab.Malpractice	0	0	662	0	1,555	0	0	0	0	0	0	2,217	26
27	Other (specify):*	0	0	30,091	0	12,959	0	0	0	0	0	0	43,050	27
28	TOTAL General Administration	(273,884)	7,973	(465,061)	132	92,267	0	0	0	0	0	0	(638,573)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(280,005)	7,973	(454,211)	132	(536)	0	0	0	0	0	0	(726,647)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Center Home Hispanic Elderly# 0050989

Report Period Beginning:

01/01/2018 Ending:12/31/2018

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	262,739	0	0	0	0	0	0	0	0	0	0	262,739	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(29,554)	704,435	0	2,224	0	0	0	0	0	0	0	677,105	32
33	Real Estate Taxes	0	0	0	4,929	0	0	0	0	0	0	0	4,929	33
34	Rent-Facility & Grounds	0	(1,068,000)	27,970	(8,872)	0	0	0	0	0	0	0	(1,048,902)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	233,185	(363,565)	27,970	(1,719)	0	0	0	0	0	0	0	(104,129)	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	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):*	(1,225)	0	0	0	(21,600)	0	0	0	0	0	0	(22,825)	43
44	TOTAL Special Cost Centers	(1,225)	0	0	0	(21,600)	0	0	0	0	0	0	(22,825)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(48,045)	(355,592)	(426,241)	(1,587)	(22,136)	0	0	0	0	0	0	(853,601)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,068,000	Center Home Realty, LLC	100.00%	\$	(1,068,000)	1
2	V	32 Interest		Center Home Realty, LLC	100.00%	704,435	704,435	2
3	V	19 Professional Fees		Center Home Realty, LLC	100.00%	7,973	7,973	3
4	V	33 Real Estate Taxes	281,309	Center Home Realty, LLC	100.00%	281,309		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		\$ 1,349,309			\$ 993,717	\$ * (355,592)	14

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

Facility Name & ID Number

Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	Atied Associates, LLC	40.00%	Pine Crest Healthcare	Hazel Crest	Premier HC & Financ	Skokie	Consulting Co.	1
2	EZ & A, LLC	3.21%	Park View Rehab Center	Chicago	Premier HC Real Esta	Skokie	Building Co.	2
3	Howard Wengrow	10.00%	River View Rehab Center	Elgin	iCare Consulting Servi	Skokie	Consulting Co.	3
4	Jeffrey Webster	3.59%	Forest City Rehab & Nursing	Rockford	Center Home Realty	Chicago	Building Co.	4
5	Shimon Webster	20.00%	Rock River Health Care	Rockford				5
6	Yeruchom Levovitz	20.00%	Pearl Pavilion	Freeport				6
7	Eli Webster	3.21%	Prairie Oasis	South Holland				7
8			Oak Park Oasis	Oak Park				8
9			Austin Oasis	Chicago				9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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	02 Food	\$	Premier Healthcare & Financial Services LLC	100.00%	\$ 1,787	\$ 1,787
16	V	03 Housekeeping		Premier Healthcare & Financial Services LLC	100.00%	3,522	3,522
17	V	05 Utilities		Premier Healthcare & Financial Services LLC	100.00%	2,237	2,237
18	V	06 Repairs & Maintenance		Premier Healthcare & Financial Services LLC	100.00%	3,304	3,304
19	V	17 Administrative Expenses		Premier Healthcare & Financial Services LLC	100.00%	73,929	73,929
20	V	19 Professional Fees		Premier Healthcare & Financial Services LLC	100.00%	1,376	1,376
21	V	20 Dues & Subscriptions		Premier Healthcare & Financial Services LLC	100.00%	351	351
22	V	21 Clerical & General Salaries		Premier Healthcare & Financial Services LLC	100.00%	118,059	118,059
23	V	21 Clerical & General Other Costs		Premier Healthcare & Financial Services LLC	100.00%	6,691	6,691
24	V	24 Seminar & Education		Premier Healthcare & Financial Services LLC	100.00%	780	780
25	V	26 Insurance		Premier Healthcare & Financial Services LLC	100.00%	662	662
26	V	27 Employee Benefits		Premier Healthcare & Financial Services LLC	100.00%	30,091	30,091
27	V	34 Rent Expense		Premier Healthcare & Financial Services LLC	100.00%	27,970	27,970
28	V	17 Consulting Fees	697,000	Premier Healthcare & Financial Services LLC	100.00%		(697,000)
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 697,000			\$ 270,759	\$ * (426,241)

* 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	19 Professional Fees	\$	Premier HC Real Estate, LLC	100.00%	\$ 123	\$	123	15
16	V	20 Dues & Subscriptions		Premier HC Real Estate, LLC	100.00%	9		9	16
17	V	32 Interest Expense		Premier HC Real Estate, LLC	100.00%	2,224		2,224	17
18	V	33 Real Estate Expense		Premier HC Real Estate, LLC	100.00%	4,929		4,929	18
19	V	34 Rental Income	8,872	Premier HC Real Estate, LLC	100.00%			(8,872)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 8,872			\$ 7,285	\$ *	(1,587)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	02 Food	\$	iCare Consulting Services LLC	100.00%	\$ 642	\$ 642
16	V	06 Maint & Plant Operation Salary	22,300	iCare Consulting Services LLC	100.00%	12,885	(9,415)
17	V	10 Nursing Salary	126,500	iCare Consulting Services LLC	100.00%	37,728	(88,772)
18	V	15 Nursing Benefits/Taxes		iCare Consulting Services LLC	100.00%	4,742	4,742
19	V	17 Admin Salary- Non Related		iCare Consulting Services LLC	100.00%	21,782	21,782
20	V	19 Professional Fees		iCare Consulting Services LLC	100.00%	3,543	3,543
21	V	20 Dues & Subscriptions		iCare Consulting Services LLC	100.00%	47	47
22	V	21 A&G Expenses	24,500	iCare Consulting Services LLC	100.00%	2,567	(21,933)
23	V	21 A&G Salaries		iCare Consulting Services LLC	100.00%	68,434	68,434
24	V	24 Seminars & Education		iCare Consulting Services LLC	100.00%	547	547
25	V	25 Auto & Travel		iCare Consulting Services LLC	100.00%	5,333	5,333
26	V	26 Insurance		iCare Consulting Services LLC	100.00%	1,555	1,555
27	V	27 Employee Benefits/PR Taxes		iCare Consulting Services LLC	100.00%	12,959	12,959
28	V	43 Marketing Consultant	21,600	iCare Consulting Services LLC	100.00%		(21,600)
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 194,900			\$ 172,764	\$ * (22,136)

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

Facility Name & ID Number Center Home Hispanic Elderly # 0050989 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	Shimon Webster	Member	Administrative	20.00%	See Attached	4.93	12.32%	Alloc Salary	\$ 24,643	17-7	1
2	Yeruchom Levovitz	Member	Administrative	20.00%	See Attached	4.93	12.32%	Alloc Salary	24,643	17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 49,286		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 Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

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 Premier HC & Financial Services
 Street Address 8131 Monticello
 City / State / Zip Code Skokie, IL 60076
 Phone Number (773) 945-1000
 Fax Number (773) 751-2027

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	02	Food	Resident Days	427,478	10	\$ 14,500	\$ 52,672	\$ 1,787	1
2	03	Housekeeping	Resident Days	427,478	10	28,586	52,672	3,522	2
3	05	Utilities	Resident Days	427,478	10	18,155	52,672	2,237	3
4	06	Repairs & Maintenance	Resident Days	427,478	10	26,817	52,672	3,304	4
5	17	Administrative Expenses	Resident Days	427,478	10	600,000	600,000	73,929	5
6	19	Professional Fees	Resident Days	427,478	10	11,167	52,672	1,376	6
7	20	Dues & Subscriptions	Resident Days	427,478	10	2,851	52,672	351	7
8	21	Clerical & General Salaries	Resident Days	427,478	10	958,147	958,147	118,059	8
9	21	Clerical & General Other Costs	Resident Days	427,478	10	54,299	52,672	6,690	9
10	24	Seminar & Education	Resident Days	427,478	10	6,339	52,672	781	10
11	26	Insurance	Resident Days	427,478	10	5,376	52,672	662	11
12	27	Employee Benefits	Resident Days	427,478	10	244,216	52,672	30,091	12
13	34	Rent Expense	Resident Days	427,478	10	227,000	52,672	27,970	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,197,453	\$ 1,558,147	\$ 270,759	25

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

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

Premier HC Real Estate

Street Address

8131 Monticello

City / State / Zip Code

Skokie, IL 60076

Phone Number

(773) 945-1000

Fax Number

(773) 751-2027

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	19	Professional Fees	Resident Days	427,478	10	\$ 1,000	\$ 52,672	\$ 123	1
2	20	Dues & Subscriptions	Resident Days	427,478	10	75	52,672	9	2
3	32	Interest Expense	Resident Days	427,478	10	18,052	52,672	2,224	3
4	33	Real Estate Expense	Resident Days	427,478	10	40,000	52,672	4,929	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					\$ 59,127	\$	\$ 7,285	25

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

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 iCare Consulting Services
 Street Address 8131 Monticello
 City / State / Zip Code Skokie, IL 60076
 Phone Number (773) 945-1000
 Fax Number (773) 751-2027

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	02	Food	Resident Days	313,091	7	\$ 3,818	\$ 52,672	\$ 642	1
2	06	Maint & Plant Operation Salary	Resident Days	313,091	7	76,592	52,672	12,885	2
3	10	Nursing Salary	Resident Days	313,091	7	224,262	52,672	37,728	3
4	15	Nursing Benefits/Taxes	Resident Days	313,091	7	28,189	52,672	4,742	4
5	17	Admin Salary- Non Related	Resident Days	313,091	7	129,477	52,672	21,782	5
6	19	Professional Fees	Resident Days	313,091	7	21,060	52,672	3,543	6
7	20	Dues & Subscriptions	Resident Days	313,091	7	280	52,672	47	7
8	21	A&G Expenses	Resident Days	313,091	7	15,257	52,672	2,567	8
9	21	A&G Salaries	Resident Days	313,091	7	406,781	52,672	68,434	9
10	24	Seminars & Education	Resident Days	313,091	7	3,253	52,672	547	10
11	25	Auto & Travel	Resident Days	313,091	7	31,703	52,672	5,333	11
12	26	Insurance	Resident Days	313,091	7	9,242	52,672	1,555	12
13	27	Employee Benefits/PR Taxes	Resident Days	313,091	7	77,031	52,672	12,959	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					\$ 1,026,943	\$ 837,096	\$ 172,764	25

Facility Name & ID Number

Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	MB Financial		X	Mortgage			\$	\$ 11,265,247			\$	704,435						
2																		
3																		
4																		
5																		
Working Capital																		
6	MB Financial		X	Line of Credit				370,000				10,187						
7	Allocated From Premier RE		X									2,224						
8																		
9	TOTAL Facility Related						\$	\$ 11,635,247			\$	716,846						
B. Non-Facility Related*																		
10	Interest Income		X									(19,218)						
11																		
12																		
13																		
14	TOTAL Non-Facility Related						\$	\$			\$	(19,218)						
15	TOTALS (line 9+line14)						\$	\$ 11,635,247			\$	697,628						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,149 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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.

Table with 4 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost. Rows include Facility, Allocated From Premier RE, and TOTALS.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	156	2017	1954	\$ 7,541,585	\$	39	\$ 193,374	\$ 193,374	\$ 386,748
5									
6									
7									
8									
Improvement Type**									
9	Various		2011	266,941		20	13,347	13,347	99,398
10	Various		2012	27,435		20	1,372	1,372	8,345
11	Various		2013	296,958		20	14,848	14,848	93,012
12	Various		2014	109,757		20	5,488	5,488	25,978
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 8,242,676	\$		\$ 228,429	\$ 228,429	\$ 613,481	70

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

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,242,676	\$		\$ 228,429	\$ 228,429	\$ 613,481	1
2	Labor and materials for boiler leak	2015	3,750		20	188	188	719	2
3	Fabrication and installation of 2 15' hoods	2015	7,500		20	375	375	1,406	3
4	Brick Work	2015	29,060		20	1,453	1,453	5,086	4
5	Brick Work	2015	9,180		20	459	459	1,607	5
6	Conference room rehab flashing between roof and elevator	2015	6,875		20	344	344	1,146	6
7	Steam vacuum pumps overflow scuppers	2015	9,350		20	468	468	1,520	7
8	Lower level office repair reframe walls, drywall, flooring, floor	2015	13,640		20	682	682	2,103	8
9	Boiler	2015	19,833		20	992	992	3,141	9
10	Security camera- steps & railing	2015	18,279		20	914	914	8,835	10
11	Boiler repair	2016	5,004		20	250	250	709	11
12	Install drain tail- fill trench with gravel	2016	2,500		20	125	125	323	12
13	Fire alarm panel replacement	2016	37,285		20	1,864	1,864	4,816	13
14	Boiler patch and leak work	2016	3,396		20	170	170	396	14
15	Water Heater	2016	3,359		20	168	168	364	15
16	Install new hoist cables	2016	9,250		20	463	463	964	16
17	Cable work for elevators	2016	18,500		20	925	925	1,927	17
18	Sewer backup- rod floor drain and cleanout	2017	2,728		20	136	136	272	18
19	Boiler repair- patch leaks, flush	2017	4,400		20	220	220	440	19
20	Replace 2 ejection pumps with panel boards/piping/electrical	2018	7,365		20	368	368	368	20
21	Replacement of sewer pumps	2018	8,780		20	439	439	439	21
22	Install 4 ball vales to isolate each boiler-firebox & steel patches	2018	6,980		20	349	349	349	22
23	Torch-cut/seal boiler wall w/ new boiler plates inside firebox	2018	4,580		20	229	229	229	23
24	Trap replacement in therapy room- south end; condensate pump in	2018	4,077		20	204	204	204	24
25	2nd Fl. sun room-replacement of AC condenser/line dryer	2018	4,250		20	213	213	213	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 8,482,597	\$		\$ 240,425	\$ 240,425	\$ 651,055	1
2	Related Party Buildings								2
3	Allocated From Premier HC Real Estate	2011	45,887		35	1,311	1,311	10,488	3
4	Allocated From Premier HC Real Estate	2012	5,842		35	167	167	1,168	4
5									5
6									6
7									7
8	Related Party Leasehold Improvements								8
9	Allocated From Premier HC Real Estate	2011	81,612		20	4,081	4,081	32,645	9
10	Allocated From Premier HC Real Estate	2012	2,366		20	118	118	828	10
11									11
12									12
13	Allocated From Premier HC & Financial Services	2012	1,041		20	52	52	364	13
14	Allocated From Premier HC & Financial Services	2016	2,440		20	122	122	366	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,621,785	\$		\$ 246,276	\$ 246,276	\$ 696,914	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 8,621,785	\$		\$ 246,276	\$ 246,276	\$ 696,914	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 8,621,785	\$		\$ 246,276	\$ 246,276	\$ 696,914	34

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

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	\$ 2,219,254	\$	\$ 16,464	\$ 16,464		\$ 153,628	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	62,532					62,532	73
74								74
75	TOTALS	\$ 2,281,786	\$	\$ 16,464	\$ 16,464		\$ 216,160	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)	\$ 11,059,711	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)	\$ 262,739	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 262,739	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 913,074	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	Washrooms and Tubs	\$ 311,893	92
93	General Contractor-	238,709	93
94	Renovation-Doors, Floors,		94
95	Electrical, Signage	\$ 550,602	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.

Center Home Hispanic Elderly
12/31/2018
Moveable Equipment

Prior Year Equipment	Cost	Book Depreciation	Straight Line Depreciation	Adjustment	Accumulated Depreciation
Center Home Hispanic Elderly	128,625		12,863	12,863	128,625
Premier Healthcare & Financial	9,062		906	906	5,944
Premier Real Estate	26,951		2,695	2,695	19,059
Center Home Real Estate	2,054,616			-	
Total	2,219,254	-	16,464	16,464	153,628

Current Year Equipment	Cost	Book Depreciation	Straight Line Depreciation	Adjustment	Accumulated Depreciation
Center Home Hispanic Elderly					
Premier Healthcare & Financial					
Premier Real Estate					
Center Home Real Estate					
Total	-	-	-	-	-

Fully Depreciated Equipment	Cost	Book Depreciation	Straight Line Depreciation	Adjustment	Accumulated Depreciation
Center Home Hispanic Elderly	62,532				62,532
Premier Healthcare & Financial					
Premier Real Estate					
Center Home Real Estate					
Total	62,532	-	-	-	62,532

Total Equipment	Cost	Book Depreciation	Straight Line Depreciation	Adjustment	Accumulated Depreciation
Center Home Hispanic Elderly	191,157	-	12,863	12,863	191,157
Premier Healthcare & Financial	9,062	-	906	906	5,944
Premier Real Estate	26,951	-	2,695	2,695	19,059
Center Home Real Estate	2,054,616	-	-	-	-
Total	2,281,786	-	16,464	16,464	216,160

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	<u>Allocated From Premier HC & Financial</u>				<u>19,098</u>			6
7	TOTAL				\$ <u>19,098</u>			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. _____ /2019 \$ _____

13. _____ /2020 \$ _____

14. _____ /2021 \$ _____

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: \$ 3,482 Description: _____

(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.

FACILITY NAME Center Home Hispanic Elderly
FACILITY NUMBER 0050989
REPORT BEGINNING 01/01/2018
REPORT ENDING 12/31/2018

SUPPLEMENTAL SCHEDULE DETAILING EQUIPMENT RENTAL

EQUIPMENT RENTAL

<u>DESCRIPTION</u>	<u>AMOUNT</u>
COPIER	3,482

<u>TOTAL</u>	<u>3,482</u>
--------------	--------------

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 386,264	\$		\$ 386,264	1
2	Licensed Speech and Language Development Therapist		hrs			168,734			168,734	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			365,872			365,872	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts				119,098		119,098	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): <u>See Attached</u>					19,411	79,595		99,005	13
14	TOTAL			\$		\$ 940,281	\$ 198,692		\$ 1,138,973	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 Center Home Hispanic Elderly
FACILITY NUMBER 0050989
REPORT BEGINNING 01/01/2018
REPORT ENDING 12/31/2018

SUPPLEMENTAL SCHEDULE DETAILING SPECIAL SERVICES

SUPPLIES- SPECIAL SERVICES (PAGE 16, LINE 13, COLUMN 6)

DESCRIPTION	AMOUNT
OXYGEN SUPPLIES	390
NURSING SUPPLIES	72,107
GLOVES	7,098
	-
	-
	-
	-
	-
	-
	-
	-
	79,595

OTHER- SPECIAL SERVICES (PAGE 16, LINE 13, COLUMN 5)

DESCRIPTION	AMOUNT
G TUBE	9,392
X-RAYS	3,082
LABORATORY	6,936
	-
	-
	-
	-
	-
	-
	-
	19,411

SALARIES- SPECIAL SERVICES (PAGE 16, LINE 13, COLUMN 3)

DESCRIPTION	AMOUNT
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-

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	\$ 68,356	\$ 1,803,458	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,736,766	2,736,766	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	100,951	100,951	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	117,709	262,229	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,023,782	\$ 4,903,403	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,367,142	13
14	Buildings, at Historical Cost		6,096,114	14
15	Leasehold Improvements, at Historical Cost	890,141	1,264,767	15
16	Equipment, at Historical Cost	223,548	2,592,540	16
17	Accumulated Depreciation (book methods)	(724,720)	(1,006,557)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached</u>	479,861	126,781	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 868,830	\$ 10,440,788	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,892,611	\$ 15,344,191	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 799,323	\$ 799,323.77	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	370,000	370,000	29
30	Accrued Salaries Payable	397,597	397,597	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,009	30,009	31
32	Accrued Real Estate Taxes(Sch.IX-B)		65,433	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached</u>	56,953	56,953	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,653,882	\$ 1,719,316	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,265,247	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 11,265,247	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,653,882	\$ 12,984,563	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,238,728	\$ 2,359,628	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,892,611	\$ 15,344,191	48

*(See instructions.)

FACILITY NAME Center Home Hispanic Elderly
FACILITY NUMBER 0050989
REPORT BEGINNING 01/01/2018
REPORT ENDING 12/31/2018

SUPPLEMENTAL SCHEDULE DETAILING OTHER ASSETS AND LIABILITIES

OTHER CURRENT ASSETS (PAGE 17, LINE 09)

DESCRIPTION	AMOUNT	CONSOLIDATED AMOUNT
DUE FROM COST REPORT	117,709	117,709
REAL ESTATE TAX ESCROW		144,520
	<hr/>	<hr/>
	117,709	262,229

OTHER NON-CURRENT ASSETS (PAGE 17, LINE 23)

DESCRIPTION	AMOUNT	CONSOLIDATED AMOUNT
DUE FROM AFFILIATE	448,490	-
ORGANIZATION COST	22,741	22,741
A/A ORG COSTS	(16,370)	(16,370)
DUE FROM OTHERS	25,000	25,000
LOAN FEES		104,085
ORGANIZATIONAL COSTS - A/A		(8,674)
	<hr/>	<hr/>
	479,861	126,782

OTHER CURRENT LIABILITIES (PAGE 17, LINE 36)

DESCRIPTION	AMOUNT	CONSOLIDATED AMOUNT
ACCRUED BED TAX	21,747	21,747
DUE TO PRIOR OWNER	35,207	35,207
	<hr/>	<hr/>
	56,953	56,953

OTHER NON-CURRENT LIABILITIES (PAGE 17, LINE 43)

DESCRIPTION	AMOUNT	CONSOLIDATED AMOUNT
	<hr/>	<hr/>
	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,605,540	1
2	Restatements (describe):		2
3	Prior Year Bad Debt Expense	(44,665)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,560,875	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(49,146)	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	(273,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (322,146)	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)	\$ 2,238,728	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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	\$ 10,875,312	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,875,312	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		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)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19,218	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,218	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Attached</u>	355,592	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 355,592	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,250,123	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,552,169	31
32	Health Care	3,722,282	32
33	General Administration	3,112,682	33
B. Capital Expense			
34	Ownership	1,365,408	34
C. Ancillary Expense			
35	Special Cost Centers	1,161,798	35
36	Provider Participation Fee	384,930	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,299,269	40
41	Income before Income Taxes (line 30 minus line 40)**	(49,146)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (49,146)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,178,122	44
45	Private Pay - Net Inpatient Revenue	101,475	45
46	Medicare - Net Inpatient Revenue	2,378,225	46
47	Other-(specify) <u>Hospice</u>	181,462	47
48	Other-(specify) <u>Commerical Ins.</u>	36,028	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,875,312	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 Center Home Hispanic Elderly
FACILITY NUMBER 0050989
REPORT BEGINNING 01/01/2018
REPORT ENDING 12/31/2018

SUPPLEMENTAL SCHEDULE DETAILING OTHER INCOME

OTHER INCOME (PAGE 19, LINE 28)

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEDICAID W/O CO-INS	350,380
VENDING INCOME (ADJ PG5A)	1,300
MISC INC (ADJ PG5A)	3,370
MEDICAL RECORD INCOME (ADJ PG5A)	515
REHAB SETTLEMENT (ADJ PG5A)	27
<hr/> Total	<hr/> 355,592

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,040	2,250	\$ 112,256	\$ 49.89	1
2	Assistant Director of Nursing	1,278	1,385	58,614	42.32	2
3	Registered Nurses	20,048	22,741	749,101	32.94	3
4	Licensed Practical Nurses	31,673	34,598	952,857	27.54	4
5	CNAs & Orderlies	80,956	87,841	1,174,812	13.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,564	7,110	99,744	14.03	8
9	Activity Director	1,824	2,080	29,790	14.32	9
10	Activity Assistants	7,062	7,655	95,614	12.49	10
11	Social Service Workers	9,013	9,965	194,177	19.49	11
12	Dietician					12
13	Food Service Supervisor	1,832	2,080	50,307	24.19	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,240	22,504	291,721	12.96	15
16	Dishwashers					16
17	Maintenance Workers	3,773	4,313	82,411	19.11	17
18	Housekeepers	19,340	22,445	287,753	12.82	18
19	Laundry	1,537	1,769	20,054	11.34	19
20	Administrator	1,864	2,080	132,747	63.82	20
21	Assistant Administrator	1,896	2,080	55,473	26.67	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,112	13,598	174,339	12.82	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,752	1,952	23,764	12.17	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Attached</u>					33
34	TOTAL (lines 1 - 33)	224,804	248,446	\$ 4,585,536 *	\$ 18.46	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	277	\$ 13,046	01-03	35
36	Medical Director	Monthly	12,000	09-03	36
37	Medical Records Consultant	Monthly	4,800	10-03	37
38	Nurse Consultant	Monthly	126,500	10-03	38
39	Pharmacist Consultant	Monthly	12,015	10-03	39
40	Physical Therapy Consultant			10A-03	40
41	Occupational Therapy Consultant			10A-03	41
42	Respiratory Therapy Consultant			10A-03	42
43	Speech Therapy Consultant			10A-03	43
44	Activity Consultant			11-03	44
45	Social Service Consultant	45	2,662	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	322	\$ 171,023		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

Center Home Hispanic Elderly
 Detail of Legal Expense
 12/31/2018

GL Account	Date	Vendor	Description of Service	Amount	Adjustment	Allowable
8380.6	6/25/2018	Much Shelist	Annual Report	250.00	(250.00)	-
8380.6	5/10/2017	Neal Gerber & Eisenberg	Prior Year Legal Services	65.40	(65.40)	-
8380.6	6/16/2017	Neal Gerber & Eisenberg	Prior Year Legal Services	81.75	(81.75)	-
8380.6	11/13/2017	Neal Gerber & Eisenberg	Prior Year Legal Services	196.20	(196.20)	-
8380.6	12/19/2017	Neal Gerber & Eisenberg	Prior Year Legal Services	45.24	(45.24)	-
8380.6	7/27/2018	Meyer Magence	IDHR/Position Statement/General Counseling	4,500.00	-	4,500.00
8380.6	6/20/2018	Meyer Magence	IDHR/Position Statement/General Counseling	4,500.00	-	4,500.00
8380.6	6/28/2018	Meyer Magence	IDHR/Position Statement/General Counseling	450.00	-	450.00
8380.6	8/7/2018	Meyer Magence	IDHR/Position Statement/General Counseling	150.00	-	150.00
8380.6	12/18/2018	Meyer Magence	IDHR/Position Statement/General Counseling	2,250.00	-	2,250.00
8380.6	12/7/2017	Hall Prangle & Schoonveld	Prior Year Legal Services	92.00	(92.00)	-
8380.6	1/8/2018	Hall Prangle & Schoonveld	Prior Year Legal Services	299.00	(299.00)	-
8380.6	1/8/2018	Hall Prangle & Schoonveld	Prior Year Legal Services	3,568.95	(3,568.95)	-
8380.6	1/8/2018	Hall Prangle & Schoonveld	Prior Year Legal Services	1,893.50	(1,893.50)	-
8380.6	2/27/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	303.00	-	303.00
8380.6	2/27/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	372.00	-	372.00
8380.6	1/27/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	4,201.00	-	4,201.00
8380.6	3/14/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	175.00	-	175.00
8380.6	3/14/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	5,420.60	-	5,420.60
8380.6	3/14/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	2,661.47	-	2,661.47
8380.6	3/14/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	(1,574.98)	-	(1,574.98)
8380.6	3/14/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	1,805.00	-	1,805.00
8380.6	3/14/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	6,036.77	-	6,036.77
8380.6	12/31/2017	Hall Prangle & Schoonveld	Prior Year Legal Services	299.00	(299.00)	-
8380.6	4/9/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	2,613.50	-	2,613.50
8380.6	4/9/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	(1,744.59)	-	(1,744.59)
8380.6	4/9/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	188.96	-	188.96
8380.6	4/9/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	1,812.76	-	1,812.76
8380.6	6/18/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	3,448.03	-	3,448.03
8380.6	4/30/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	3,004.95	-	3,004.95
8380.6	6/30/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	797.25	-	797.25
8380.6	8/29/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	325.95	-	325.95
8380.6	8/29/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	708.90	-	708.90
8380.6	9/20/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	2,014.90	-	2,014.90
8380.6	9/20/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	3,994.26	-	3,994.26
8380.6	9/20/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	(46.00)	-	(46.00)
8380.6	10/8/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	540.00	-	540.00
8380.6	10/8/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	2,552.64	-	2,552.64
8380.6	11/19/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	989.99	-	989.99
8380.6	11/19/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	(332.46)	-	(332.46)
8380.6	6/18/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	1,029.63	-	1,029.63
8380.6	12/6/2018	Hall Prangle & Schoonveld	Resident Litigation Matter	1,541.00	-	1,541.00
8380.6	11/22/2017	SB2	Prior Year Legal Services	571.43	(571.43)	-
8380.6	1/12/2018	SB2	Prior Year Legal Services	214.29	(214.29)	-
8380.6	12/13/2017	SB2	Prior Year Legal Services	220.63	(220.63)	-
8380.6	12/31/2017	SB2	Prior Year Legal Services	571.42	(571.42)	-
8380.6	1/22/2018	SB2	Monthly PA Review	550.00	-	550.00
8380.6	1/2/2018	SB2	Monthly PA Review	192.36	-	192.36
8380.6	2/14/2018	SB2	Monthly PA Review	507.25	-	507.25
8380.6	3/1/2018	SB2	Monthly PA Review	187.50	-	187.50
8380.6	7/31/2018	Polsinelli	Managed Care Contracting	3,821.96	(508.32)	3,313.64
8380.6	10/31/2018	Polsinelli	Managed Care Contracting	1,207.60	-	1,207.60
8420.6	12/31/2018	Dykema	Loan Work	400.00	(400.00)	-
				69,925.01	(9,277.13)	60,647.88

Facility Name & ID Number Center Home Hispanic Elderly

0050989

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ILCLTC - \$25,256
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 20,608 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. \$ 384,930
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. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 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