

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

0042739 Report Period Beginning: 1/1/18 Ending: 12/31/18

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	203	Skilled (SNF)	203	74,095	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	203	TOTALS	203	74,095	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			19,566	19,566	8
9	SNF/PED					9
10	ICF	27,618	7,416	2,544	37,578	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	27,618	7,416	22,110	57,144	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.12%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location?
Date started 6/4/91

J. Was the facility purchased or leased after January 1, 1978?
YES Date New Construction NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 203 and days of care provided 10,090

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Lexington Health Care Center of Chicago Ridge, Inc.

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	500,742	30,898	4,566	536,206		536,206	-	536,206		1
2	Food Purchase		371,027		371,027		371,027	-	371,027		2
3	Housekeeping	402,262	43,674	-	445,936		445,936	277	446,213		3
4	Laundry	-	20,222	-	20,222		20,222	-	20,222		4
5	Heat and Other Utilities			305,933	305,933		305,933	7,888	313,821		5
6	Maintenance	28,456	-	213,303	241,759		241,759	128,655	370,414		6
7	Other (specify):* Mgmt Co.-Allocated I	-	-	-				12,919	12,919		7
8	TOTAL General Services	931,460	465,821	523,802	1,921,083		1,921,083	149,739	2,070,822		8
	B. Health Care and Programs										
9	Medical Director	-	-	112,000	112,000		112,000	-	112,000		9
10	Nursing and Medical Records	5,819,198	477,391	118,688	6,415,277		6,415,277	23,603	6,438,880		10
10a	Therapy	-	-	-				-			10a
11	Activities	101,753	14,484	10,948	127,185		127,185	-	127,185		11
12	Social Services	159,456	-	4,131	163,587		163,587	-	163,587		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt Co.-Allocated I	-	-	-				2,472	2,472		15
16	TOTAL Health Care and Programs	6,080,407	491,875	245,767	6,818,049		6,818,049	26,075	6,844,124		16
	C. General Administration										
17	Administrative	104,759	-	1,931,640	2,036,399		2,036,399	(1,911,979)	124,420		17
18	Directors Fees			-				-			18
19	Professional Services			258,864	258,864		258,864	32,469	291,333		19
20	Dues, Fees, Subscriptions & Promotions			60,072	60,072		60,072	13,884	73,956		20
21	Clerical & General Office Expenses	114,684	24,960	99,794	239,438		239,438	930,050	1,169,488		21
22	Employee Benefits & Payroll Taxes			991,037	991,037		991,037	-	991,037		22
23	Inservice Training & Education			12,032	12,032		12,032	540	12,572		23
24	Travel and Seminar			-				699	699		24
25	Other Admin. Staff Transportation		-	2,166	2,166		2,166	15,539	17,705		25
26	Insurance-Prop.Liab.Malpractice			620,118	620,118		620,118	2,813	622,931		26
27	Other (specify):* Mgmt Co.-Allocated I	-	-	-				98,627	98,627		27
28	TOTAL General Administration	219,443	24,960	3,975,723	4,220,126		4,220,126	(817,358)	3,402,768		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,231,310	982,656	4,745,292	12,959,258		12,959,258	(641,544)	12,317,714		29

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

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

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

#0042739

Report Period Beginning:

1/1/18

Ending:

12/31/18

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			83,704	83,704		83,704	240,801	324,505			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			3,048	3,048		3,048	357,115	360,163			32
33	Real Estate Taxes			-				653,450	653,450			33
34	Rent-Facility & Grounds			1,970,845	1,970,845		1,970,845	(1,963,021)	7,824			34
35	Rent-Equipment & Vehicles			92,866	92,866		92,866	1,827	94,693			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			2,150,463	2,150,463		2,150,463	(709,828)	1,440,635			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-				-				38
39	Ancillary Service Centers	-	656,512	2,143,606	2,800,118		2,800,118	-	2,800,118			39
40	Barber and Beauty Shops	-	-	7,955	7,955		7,955	(7,955)				40
41	Coffee and Gift Shops	-	-	2,692	2,692		2,692	-	2,692			41
42	Provider Participation Fee			393,786	393,786		393,786	-	393,786			42
43	Other (specify):* Non-Allowable Cos	706	-	846,285	846,991		846,991	(846,991)				43
44	TOTAL Special Cost Centers	706	656,512	3,394,324	4,051,542		4,051,542	(854,946)	3,196,596			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,232,016	1,639,168	10,290,079	19,161,263		19,161,263	(2,206,318)	16,954,945			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	(14,712)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	3,315	30		9
10	Interest and Other Investment Income	(37,113)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,280)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,159)	43		18
19	Entertainment				19
20	Contributions	(275)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(710,002)	43		24
25	Fund Raising, Advertising and Promotional	(25,688)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(483)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(162,949)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (962,346)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,243,972)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,243,972)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,206,318)		37

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

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

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

Lexington Health Care Center of Chicago Ridge, Inc.

ID# 0042739

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Trust Fees	\$ (275)	43	1
2	Labs - Part A	(49,566)	43	2
3	X-Rays - Part A	(24,546)	43	3
4	Diagnostics Managed Care	(6,545)	43	4
5	Non-Allowable Legal Fees	(97)	19	5
6	Non-Allowable Collections	(60,358)	19	6
7	Pharmacy consolidated billings	(29)	43	7
8	Marketing Salary	(706)	43	8
9	Marketing Offset (Salesforce)	(7,970)	19	9
10	Lobbying Dues	(1,704)	20	10
11	Non-Allowable Fees	(150)	20	11
12	Barber and beauty shop income	(7,955)	40	12
13	Non-Allowable Finance Charge	(3,048)	32	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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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	(162,949)		49

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19 Professional Fees	\$	Sambell of Chicago Ridge Limited Partnership	**	\$ 250	\$ 250	1
2	V	21 Miscellaneous Expense	6	Sambell of Chicago Ridge Limited Partnership	**		(6)	2
3	V	30 Depreciation		Sambell of Chicago Ridge Limited Partnership	**	214,158	214,158	3
4	V	32 Interest expense		Sambell of Chicago Ridge Limited Partnership	**	309,193	309,193	4
5	V	32 Amortization of mortgage costs		Sambell of Chicago Ridge Limited Partnership	**	71,475	71,475	5
6	V	33 Property tax		Sambell of Chicago Ridge Limited Partnership	**	647,245	647,245	6
7	V	34 Rental expense	1,967,245	Sambell of Chicago Ridge Limited Partnership	**		(1,967,245)	7
8	V	43 Trust fees		Sambell of Chicago Ridge Limited Partnership	**	275	275	8
9	V							9
10	V							10
11	V			** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Sambell of Chicago Ridge Limited Partnership				11
12	V							12
13	V							13
14	Total		\$ 1,967,251			\$ 1,242,596	\$ * (724,655)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	3		Royal Management Corp.	**	\$ 277	\$ 277	15	
16	V	5		Royal Management Corp.	**	7,183	7,183	16	
17	V	5		Royal Management Corp.	**	190	190	17	
18	V	5		Royal Management Corp.	**	515	515	18	
19	V	6		Royal Management Corp.	**	120,866	120,866	19	
20	V	6		Royal Management Corp.	**	7,476	7,476	20	
21	V	6		Royal Management Corp.	**	313	313	21	
22	V	7		Royal Management Corp.	**	12,919	12,919	22	
23	V	10		Royal Management Corp.	**	477	477	23	
24	V	10		Royal Management Corp.	**	23,126	23,126	24	
25	V	15		Royal Management Corp.	**	2,472	2,472	25	
26	V	17		Royal Management Corp.	**	19,661	19,661	26	
27	V	19		Royal Management Corp.	**	19,892	19,892	27	
28	V	19		Royal Management Corp.	**	80,752	80,752	28	
29	V	20		Royal Management Corp.	**	1,500	1,500	29	
30	V	20		Royal Management Corp.	**	14,238	14,238	30	
31	V	21		Royal Management Corp.	**	903,059	903,059	31	
32	V	21		Royal Management Corp.	**	2,452	2,452	32	
33	V	21		Royal Management Corp.	**	8,340	8,340	33	
34	V	21		Royal Management Corp.	**	4,130	4,130	34	
35	V	21		Royal Management Corp.	**	12,075	12,075	35	
36	V							36	
37	V							37	
38	V	** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Royal Management Corp.							38
39	Total		\$			\$ 1,241,913	\$ * 1,241,913	39	

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	23 Inservice Training	\$	Royal Management Corp.	**	\$ 540	\$ 540	15	
16	V	24 Travel & seminar		Royal Management Corp.	**	699	699	16	
17	V	25 Auto expense		Royal Management Corp.	**	15,539	15,539	17	
18	V	26 Insurance general		Royal Management Corp.	**	2,813	2,813	18	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	98,627	98,627	19	
20	V	30 Depreciation		Royal Management Corp.	**	23,328	23,328	20	
21	V	32 Interest		Royal Management Corp.	**	14,444	14,444	21	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,164	2,164	22	
23	V	33 Property taxes		Royal Management Corp.	**	6,205	6,205	23	
24	V	34 Rent expense		Royal Management Corp.	**	4,224	4,224	24	
25	V	35 Equipment rental		Royal Management Corp.	**	1,623	1,623	25	
26	V	17 Management fees	1,931,640	Royal Management Corp.	**	0	(1,931,640)	26	
27	V	35 Auto Lease		Royal Management Corp.	**	204	204	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	** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Royal Management Corp.							38
39	Total		\$ 1,931,640			\$ 170,410	\$ * (1,761,230)	39	

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

Facility Name & ID Number

Lexington Health Care Center of Chicago Ridge, Inc.

0042739

Report Period Beginning:

1/1/18

Ending:

12/31/18

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	James Samatas Discretionary Trust	33.33	Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingdale	Eastgate Manor	Algonquin	Supportive	1
2	John Samatas Discretionary Trust	33.33	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	of Algonquin, LLC		Living Facility	2
3	Cynthia Thiem Discretionary Trust	33.34	Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Lexington Square	Lombard	Independent and	3
4			Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	Life Care		Assisted Living	4
5			Lexington HC Ctr. of Lombard, Inc.	Lombard	of Lombard, LLC		Facility	5
6			Lexington HC Ctr. of Orland Park, Inc.	Orland Park	Lexington Square	Elmhurst	Independent	6
7			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Life Care		Living Facility	7
8			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	of Elmhurst, LLC			8
9			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Vesta Management	Lombard	Mgmt. Company	9
10					Group LLC			10
11					Sambell of	Chicago Ridge	Real Estate	11
12					Chicago Ridge Ltd.		Property	12
13					Ptsp.			13
14					Royal Management	Lombard	Mgmt. Company	14
15					Corporation			15
16					Lexington Financial	Lombard	Finance Company	16
17					Services II, LLC			17
18					Heron Point	Lombard	Mgmt. Company	18
19					Management Corp			19
20					Samvest of Lombard	Lombard	Lessor	20
21					II, LLC			21
22					North Heron	Lombard	Finance Company	22
23					Investments, LLC			23
24					Curatess, LLC	Lombard	Telemedicine	24
25					Republic	Lombard	Construction	25
26					Construction of		Company	26
27					Illinois, Inc.			27
28					Lexington Home	Lombard	Home Health	28
29					Health Care, Inc.			29
30								30

Facility Name & ID Number

Lexington Health Care Center of Chicago Ridge, Inc.

0042739

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1/1/18

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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					Lexington Hospice	Lombard	Hospice	1
2					Services, LLC			2
3					Lexington Private	Lombard	Healthcare	3
4					Home Care			4
5					Merit Sleep	Lombard	Mgmt. Company	5
6					Management, LLC			6
7					Sambell of	Bloomingtondale	Real Estate	7
8					Bloomingtondale Ltd.		Property	8
9					Ptsp.			9
10					Sambell of Elmhurst	Elmhurst	Real Estate	10
11					II Ltd. Ptsp.		Property	11
12					Sambell of	LaGrange	Real Estate	12
13					LaGrange Ltd. Ptsp.		Property	13
14					Lexington HC Sys	Lake Zurich	Real Estate	14
15					of Lake Zurich Ltd.		Property	15
16					Ptsp.			16
17					Lexington HC Sys	Lombard	Real Estate	17
18					of Lombard Ltd. Ptsp.		Property	18
19					Lexington HC Sys	Orland Park	Real Estate	19
20					of Orland Park Ltd.		Property	20
21					Ptsp.			21
22					Sambell of	Schaumburg	Real Estate	22
23					Schaumburg Ltd. Ptsp		Property	23
24					Sambell of	Streamwood	Real Estate	24
25					Streamwood Ltd. Ptsp		Property	25
26					Lexington HC Sys	Wheeling	Real Estate	26
27					of Wheeling Ltd. Ptsp.		Property	27
28					Samvest of Algonquin	Algonquin	Real Estate	28
29					Ltd. Ptsp.		Property	29
30								30

Facility Name & ID Number Lexington Health Care Center of Chicago Ri # 0042739 Report Period Beginning: 1/1/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	John Samatas	Owner/Officer	Admin/Plant Ops	33.33	See Sch 7A	See Sch 7B	See Sch 7B	Salary	\$ 3,787	L17, C7	1
2	James Samatas	Owner/Officer	Administrative	33.33	See Sch 7A	See Sch 7B	See Sch 7B	Salary	5,050	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	33.34	See Sch 7A	See Sch 7B	See Sch 7B	Salary	5,050	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0	See Sch 7A	See Sch 7B	See Sch 7B	Salary	3,787	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0	See Sch 7A	See Sch 7B	See Sch 7B	Salary	0	L17, C7	5
6	Phil Thiem	Executive Committee	Administrative	0	See Sch 7A	See Sch 7B	See Sch 7B	Salary	799	L17, C7	6
7	Jeremy Samatas	Executive Committee	Administrative	0	See Sch 7A	See Sch 7B	See Sch 7B	Salary	1,188	L17, C7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 19,661		13

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

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

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc. # 0042739 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	3	Housekeeping supplies	Bed Days Available	722,335	10	\$ 2,704	\$ 0	74,095	\$ 277	1
2	5	Utilities - gas & electric	Bed Days Available	722,335	10	70,024	0	74,095	7,183	2
3	5	Utilities - water & sewer	Bed Days Available	722,335	10	1,855	0	74,095	190	3
4	5	Utilities - maintenance office	Bed Days Available	722,335	10	5,025	0	74,095	515	4
5	6	Management allocation - salaries	Bed Days Available	722,335	10	1,178,292	1,178,292	74,095	120,866	5
6	6	Repairs & maintenance	Bed Days Available	722,335	10	72,883	0	74,095	7,476	6
7	6	Scavenger & exterminating	Bed Days Available	722,335	10	3,054	0	74,095	313	7
8	7	Management allocation - employees	Bed Days Available	722,335	10	125,945	0	74,095	12,919	8
9	10	Medical consultant	Bed Days Available	722,335	10	4,651	0	74,095	477	9
10	10	Management allocation - salaries	Bed Days Available	722,335	10	225,449	225,449	74,095	23,126	10
11	15	Management allocation - employees	Bed Days Available	722,335	10	24,098	0	74,095	2,472	11
12	17	Management allocation - salaries	Bed Days Available	722,335	10	191,670	191,670	74,095	19,661	12
13	19	Computer consultant & supplies	Bed Days Available	722,335	10	193,924	0	74,095	19,892	13
14	19	Professional fees	Bed Days Available	722,335	10	787,232	0	74,095	80,752	14
15	20	Dues & subscriptions	Bed Days Available	722,335	10	14,624	0	74,095	1,500	15
16	20	Advertising - help wanted	Bed Days Available	722,335	10	138,799	0	74,095	14,238	16
17	21	Management allocation - salaries	Bed Days Available	722,335	10	8,803,710	8,803,710	74,095	903,059	17
18	21	Bank charges	Bed Days Available	722,335	10	23,902	0	74,095	2,452	18
19	21	Office supplies & printing	Bed Days Available	722,335	10	81,306	0	74,095	8,340	19
20	21	Postage	Bed Days Available	722,335	10	40,262	0	74,095	4,130	20
21	21	Telephone	Bed Days Available	722,335	10	117,714	0	74,095	12,075	21
22										22
23										23
24										24
25	TOTALS					\$ 12,107,123	\$ 10,399,121		\$ 1,241,913	25

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc. # 0042739 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	23	Inservice Training	Bed Days Available	722,335	10	\$ 5,261	\$ 74,095	\$ 540	1
2	24	Travel and Seminar	Bed Days Available	722,335	10	6,817	74,095	699	2
3	25	Auto expense	Bed Days Available	722,335	10	151,483	74,095	15,539	3
4	26	Insurance general	Bed Days Available	722,335	10	27,426	74,095	2,813	4
5	27	Management allocation - employees	Bed Days Available	722,335	10	961,496	74,095	98,627	5
6	30	Depreciation	Bed Days Available	722,335	10	227,415	74,095	23,328	6
7	32	Interest	Bed Days Available	722,335	10	140,807	74,095	14,444	7
8	32	Amortization of mortgage costs	Bed Days Available	722,335	10	21,094	74,095	2,164	8
9	33	Property taxes	Bed Days Available	722,335	10	60,494	74,095	6,205	9
10	34	Rent expense	Bed Days Available	722,335	10	41,178	74,095	4,224	10
11	35	Equipment rental	Bed Days Available	722,335	10	15,819	74,095	1,623	11
12	35	Auto Lease	Bed Days Available	722,335	10	1,993	74,095	204	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					\$ 1,661,283	\$	\$ 170,410	25

Facility Name & ID Number Lexington Health Care Center of Chicago Ric # 0042739 Report Period Beginning: 1/1/18 Ending: 12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	MB Financial		X	Mortgage	Fixed Prin, Var	9/15/2017	\$ 5,112,015	\$ 4,856,414	9/15/2019	Libor + 3.5%	\$ 285,821	1								
2	Sambell of Elmhurst II LP	X		Mortgage	Varies	9/15/2017	418,014	403,980	9/15/2019	Libor + 3.5%	23,372	2								
3												3								
4												4								
5				Finance Charge - Insurance Policy							3,048	5								
Working Capital																				
6	MB Financial		X	Line of Credit	Varies	9/15/2017	2,000,000		9/15/2019	Libor + 2.5%		6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 7,530,029	\$ 5,260,394			\$ 312,241	9								
B. Non-Facility Related*																				
10										Amortization of loan cost	71,475	10								
11										Allocated from Mgmt Co.	16,608	11								
12										Interest income Offset	(37,113)	12								
13										Non-Allowable Finance Charge	(3,048)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ 47,922	14								
15	TOTALS (line 9+line14)						\$ 7,530,029	\$ 5,260,394			\$ 360,163	15								

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

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

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

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 2017 report.			\$	<u>859,200</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2017		\$	<u>777,907</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>(81,293)</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>802,000</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	<u>17,265</u>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ <u>90,728</u> For <u>2015</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		Alloc Fr. Mgmt Co.		<u>6,206</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>653,450</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>687,920</u>	8		
	2014	<u>757,166</u>	9		
	2015	<u>773,127</u>	10		
	2016	<u>788,061</u>	11		
	2017	<u>777,907</u>	12		
See attached real estate accrual sheet					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2017	\$		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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

FACILITY IDPH LICENSE NUMBER 0042739

CONTACT PERSON REGARDING THIS REPORT Karen Gillis

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(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>24-18-200-030-0000</u>	<u>Land & Building</u>	\$ <u>752,065.57</u>	\$ <u>752,065.57</u>
2. <u>24-07-311-012-0000</u>	<u>Land & Building</u>	\$ <u>25,841.80</u>	\$ <u>25,841.80</u>
3. <u>Royal Management Corp (Samvest of Lombard II)</u>		\$ _____	\$ _____
4. <u>05-01-202-021</u>	<u>Land & Building</u>	\$ <u>253,934.00</u>	\$ <u>6,206.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>1,031,841.37</u>	\$ <u>784,113.37</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

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

0042739

Report Period Beginning:

1/1/18

Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>31,000</u>	<u>1989</u>	<u>\$ 505,000</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>20,613</u>	<u>2</u>
3	TOTALS	31,000		\$ 525,613	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	203		1991	1991	\$ 5,143,342	\$ -	35	\$ 146,951	\$ 146,951	\$ 4,053,435	4
5			1995	1995	97,352	2,781	35	2,781		65,360	5
6						-		-			6
7						-		-			7
8						-		-			8
	Improvement Type**										
9		Leasehold Improvements	1993		2,694	77	35	77		1,964	9
10		Leasehold Improvements	1994		6,581	188	35	188		4,607	10
11		Dishwasher hood	1996		2,480	-	10	-		2,480	11
12		Lobby repairs	1996		8,698	-	10	-		8,698	12
13		Basement rehab	1997		24,477	-	10	-		24,477	13
14		Wiring	1998		3,429	-	10	-		3,429	14
15		Handrails	1998		895	-	15	-		895	15
16		Resurface & restripe parking lot	1998		4,450	-	10	-		4,450	16
17		Fire wall	1998		2,169	62	35	62		1,271	17
18		Foyer floor tile	1999		32,379	-	10	-		32,379	18
19		Wallpapering / painting / decorating	1999		8,833	-	10	1	1	8,833	19
20		Rebuild garage area	1999		1,762	50	35	50		961	20
21		Roof repairs	2000		6,240	-	10	-		6,240	21
22		Electrical wiring	2000		3,986	114	35	114		2,108	22
23		Electrical wiring	2000		2,536	72	35	72		1,336	23
24		Kitchen rehab	2000		6,623	221	35	221		4,087	24
25		Automatic doors	2000		1,300	-	10	-		1,300	25
26		Elevator eye sensors	2000		4,500	-	15	-		4,500	26
27		Resurface & restripe parking lot	2001		3,319	-	10	-		3,319	27
28		Door releases	2001		5,200	-	10	-		5,200	28
29		Carpeting	2001		10,022	-	10	-		10,022	29
30		Roof repairs	2002		25,600	1,280	20	1,280		21,807	30
31		Elevator upgrade	2002		9,865	-	10	-		9,865	31
32		Painting/decorating/carpet/wallpaper	2003		38,165	1,908	20	1,908		30,529	32
33		Rehab/new office	2003		26,733	1,337	20	1,337		21,390	33
34		Facility rehab - construction costs, painting & decorating	2003		257,174	12,859	20	12,859		199,313	34
35		Facility rehab - electrical	2003		12,840	642	20	642		9,951	35
36		Facility rehab - carpeting	2003		7,800	-	10	-		7,800	36

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

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

See Page 12A, Line 70 for total

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

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Facility rehab - floor tile	2003	\$ 3,548	\$ 177	20	\$ 177		\$ 2,745	37
38				-		-			38
39	Kickplates/Door protectors	2004	4,095	-	10	-		4,095	39
40	Kitchen Fire Protection Upgrade	2004	1,427	-	10	-		1,427	40
41	Parking Lot - Paving and Sealcoating	2005	4,375	219	20	219		2,919	41
42	Kitchen Rehab	2005	19,228	961	20	961		12,654	42
43	Lobby/Lounge Reception Area	2005	36,503	1,825	20	1,825		24,790	43
44	Sidewalk - Raise and Support	2005	1,330	67	20	67		887	44
45	Lower Level Therapy Rehab	2005	52,525	2,626	20	2,626		35,014	45
46	Transitional Unit	2005	1,020	51	20	51		667	46
47	Basement Renovation	2005	3,754	188	20	188		2,475	47
48	Landscaping Enhancement	2006	6,463	431	15	431		5,280	48
49	Lhi-Hvac	2006	4,333	217	20	217		2,622	49
50	Rehab Common Areas	2006	7,661	383	20	383		4,788	50
51	Modular Units attached to wall	2006	10,316	516	20	516		6,364	51
52	Cubical Curtains	2006	1,578	-	5	-		1,578	52
53	Landscaping	2007	5,000	333	15	333		3,802	53
54	Parking lot	2007	35,969	-	20	1,819	1,819	20,009	54
55	HVAC	2007	4,580	229	20	229		2,672	55
56	Emergency A/C	2007	30,293	1,515	20	1,515		17,170	56
57	Portable A/C	2007	3,768	188	20	188		2,147	57
58	Employee Lunch Room	2007	3,671	184	20	184		2,055	58
59	Painting	2007	16,150	808	20	808		9,157	59
60	1st floor remodel-carpentry, flooring, plumbing, electrical fixtures	2007	641,616	-	40	16,225	16,225	178,475	60
61	painting,			-		-			61
62	Create first floor therapy	2007	185	9	20	9		108	62
63	Landscaping	2008	19,600	1,307	15	1,307		13,614	63
64	Parking Lot-paving,sealcoating and repairs	2008	44,050	2,203	20	2,203		22,581	64
65	HVAC Sport Coolers	2008	3,790	95	40	95		950	65
66	Plumbing & Sprinkler Shower room	2008	9,668	483	20	483		4,830	66
67	Common areas-doors and locks	2008	3,162	158	20	158		1,712	67
68	Basement Renovation	2008	7,569	189	40	189		2,048	68
69	2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	578,270	-	27	21,028	21,028	212,032	69
70	TOTAL (lines 4 thru 69)		\$ 7,326,941	\$ 36,953		\$ 222,977	\$ 186,024	\$ 5,153,673	70

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

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

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,326,941	\$ 36,953		\$ 222,977	\$ 186,024	\$ 5,153,673	1
2	Land improvements	2009	15,180	1,012	15	1,012		9,361	2
3	Landscaping	2009	3,693	246	15	246		2,317	3
4	Chiller	2009	178,462	8,923	20	8,923		85,512	4
5	Quick connectors/spot cooler	2009	10,244	512	20	512		4,941	5
6	Plumbing & Sprinkler	2009	6,172	154	40	154		1,425	6
7	Chiller Fence	2009	5,350	268	20	268		2,412	7
8	Land improvements-patio pergola	2009	7,930	397	20	397		3,705	8
9	Land improvements patio fence	2009	14,308	715	20	715		6,495	9
10	3rd floor remodel-Carpentry, flooring, electrical, painting, sprinkler system	2009	670,689	-	27	24,389	24,389	221,533	10
11									11
12	Landscaping Enhancements	2010	4,560	304	15	304		2,483	12
13	Office carpentry, flooring, electrical, painting, plumbing, signs	2010	82,988	2,997	27	2,997		61,166	13
14	Tree removal	2010	12,094	806	15	806		6,717	14
15	Seal Crack Filing and Striping	2010	3,000	200	15	200		1,667	15
16	Parking lot signage, posts and lamps	2010	30,501	1,113	27	1,113		9,480	16
17	HVAC Quick connects	2010	4,043	147	27	147		1,189	17
18	Pantries-Tile, shelves	2010	2,855	104	27	104		858	18
19	Director of Nursing office painting	2010	8,090	295	27	295		2,360	19
20	1st floor rehab-cabinets, library lounge-art, flooring	2010	4,725	172	27	172		1,417	20
21	2nd floor rehab-painting, flooring	2010	61,521	2,244	27	2,244		17,952	21
22									22
23	Payroll Office Remodel - Electrical	2011	5,439	198	27	198		1,518	23
24	Payroll Office Remodel - Doors & Millwork	2011	10,336	376	27	376		2,789	24
25	Holding Tank	2011	16,400	596	27	596		4,420	25
26	Bulk Pipe - Removal of vent lines	2011	4,380	159	27	159		1,140	26
27	Remodel Laundry Room - Electrical, Painting & Flooring	2011	7,222	263	27	263		1,907	27
28	2nd Floor Doors	2011	23,290	847	27	847		6,211	28
29	2nd Floor Remodeling - Carpentry (Drywall, finish/trim)	2011	17,949	-	27	653	653	5,224	29
30	Exterior Painting	2011	3,000	-	27	109	109	799	30
31	Fire Dampers	2011	20,441	-	27	743	743	5,263	31
32	Boiler	2011	9,800	-	27	356	356	2,730	32
33	Parking Lot - seal and stripe	2011	4,300	-		156	156	1,131	33
34	TOTAL (lines 1 thru 33)		\$ 8,575,903	\$ 60,001		\$ 272,431	\$ 212,430	\$ 5,629,795	34

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

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

0042739

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,575,903	\$ 60,001		\$ 272,431	\$ 212,430	\$ 5,629,795	1
2	Building Wiring-EMR	2012	13,566		27	493	493	3,123	2
3									3
4	Exterior Lighting	2013	7,418		27	270	270	1,440	4
5									5
6									6
7	R/M Reclass: Condenser Motor/Fan HVAC Mechanical Room	2014	2,648		20	132	132	594	7
8	R/M Reclass: Elevator Door Restrictor	2014	5,250		10	525	525	2,363	8
9									9
10	R/M Reclass: Stairwell doors 3rd floor south & 2nd floor north	2015	4,146		20	207	207	726	10
11	R/M Reclass: Replace 5 water tubes and sealing O rings basement	2015	3,559		20	178	178	623	11
12	R/M Reclass: Crack sealing and striping parking lot	2015	4,700		27	174	174	609	12
13									13
14	RE Entity: Chair Rail Installations in 1st & 2nd Floor Rooms	2016	26,509		27	982	982	2,124	14
15	R/M Reclass (RE): Concrete Paving in Parking Lot	2016	8,800		15	587	587	1,467	15
16									16
17	Parking lot- Asphalt and resurface	2018	30,500	508	15	508		508	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Reconcile to book depreciation			(1,495)			1,495		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,682,999	\$ 59,014		\$ 276,487	\$ 217,473	\$ 5,643,372	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward	\$ 8,682,999	\$ 59,014		\$ 276,487	\$ 217,473	\$ 5,643,372	1	
2	Land improvements - management company	2002 285,241	-	40	5,848	5,848	139,381	2	
3	HVAC, electrical, security system - management company	2003 2,505	-	30	203	203	2,142	3	
4	Key card system - management company	2004 394	-	20	18	18	284	4	
5	VAV TX controls - management company	2005 120	-	20	6	6	83	5	
6	Interior Signs- management company	2006 87	-	20	5	5	71	6	
7	Building - management company	2008 12,610	-	20	141	141	5,707	7	
8	Building - management company	2009 2,405	-	20	123	123	1,246	8	
9	Building - management company	2010 2,359	-	20	94	94	1,133	9	
10	Building - management company	2011 1,774	-	20	77	77	620	10	
11	Building - management company	2012 5,577	-	20	191	191	1,366	11	
12	Building - management company	2013 4,634	-	20	249	249	1,709	12	
13	Building - management company	2014 2,508	-	20	232	232	1,131	13	
14	Building - management company	2015 441	-	20	50	50	189	14	
15	Building - management company	2016 7,277	-	20	500	500	1,290	15	
16	Building - management company	2017 4,654	-	20	186	186	288	16	
17	Building - management company	2018 883	-	20	17	17	19	17	
18			-		-			18	
19			-		-			19	
20			-		-			20	
21			-		-			21	
22			-		-			22	
23			-		-			23	
24			-		-			24	
25			-		-			25	
26			-		-			26	
27			-		-			27	
28			-		-			28	
29			-		-			29	
30			-		-			30	
31			-		-			31	
32			-		-			32	
33			-		-			33	
34	TOTAL (lines 1 thru 33)	\$ 9,016,468	\$ 59,014		\$ 284,426	\$ 225,412	\$ 5,800,031	34	

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

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc# 0042739 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	\$ 178,438	\$ 24,555	\$ 24,555	\$ -	5-10	\$ 150,412	71
72	Current Year Purchases	2,700	135	135	-	5	135	72
73	Fully Depreciated Assets	1,178,487			-		1,178,487	73
74	Allocated from Mgmt. Co.	547,684		13,618	13,618		501,760	74
75	TOTALS	\$ 1,907,308	\$ 24,690	\$ 38,308	\$ 13,618		\$ 1,830,794	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$ -	\$ -	\$ -			\$ -	76
77					-	-	-			77
78					-	-	-			78
79	Allocated from Mgmt. Co.			51,837	-	1,771	1,771		46,876	79
80	TOTALS			\$ 51,837	\$ -	\$ 1,771	\$ 1,771		\$ 46,876	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)	\$ 11,501,226	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 83,704	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 324,505	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 240,801	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,677,701	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$ -	\$ -	\$ -	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ -	\$ -	\$ -	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$ -	92
93			93
94			94
95		\$ -	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:			\$			3
4	Additions						4
5	Parking Space Lease			3,600			5
6	Allocated from Management Company			4,224			6
7	TOTAL			\$ 7,824			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: \$ 93,070 Description: See Sch 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20	Allocated from Management Company			1,623	20
21	TOTAL		\$	\$ 1,623	21

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

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

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

<u>Rental Description</u>	<u>Amount</u>
Copier	7,451
Postage	323
Printer	3,915
Med Equip	51,415
Oxygen	29,762
Alloc. Mgmt Co.	204
Total - Line 16	<u><u>93,070</u></u>

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	39(3)	hrs	\$	16,457	\$ 804,232	\$	16,457	\$ 804,232	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		5,720	175,601		5,720	175,601	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		23,032	1,168,080		23,032	1,168,080	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				641,423		641,423	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Ambulance</u>	39(3)				(4,308)			(4,308)	12
13	Other (specify): <u>See Sch 16A</u>	39(2)					15,089		15,089	13
14	TOTAL			\$	45,209	\$ 2,143,606	\$ 656,512	45,209	\$ 2,800,118	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/18

Schedule 16A

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>DME</u>	39(2)					2,762		2,762	12
13	Other (specify): <u>Oxygen</u>	39(2)					12,327		12,327	13
14	TOTAL			\$		\$	\$ 15,089		\$ 15,089	14

Facility Name & ID Number Lexington Health Care Center of Chicago Ridge, Inc. # 0042739 Report Period Beginning: 1/1/18 Ending: 12/31/18
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (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	\$ 2,289,033	\$ 2,309,611	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>3,304,830</u>)	1,570,891	1,570,891	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	195,087	195,087	6
7	Other Prepaid Expenses	35,661	35,661	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from Cook County</u>		89,466	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,090,672	\$ 4,200,716	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	8,090	8,090	12
13	Land		525,613	13
14	Buildings, at Historical Cost		5,143,342	14
15	Leasehold Improvements, at Historical Cost	1,486,973	3,873,126	15
16	Equipment, at Historical Cost	767,784	1,959,145	16
17	Accumulated Depreciation (book methods)	(1,665,565)	(7,677,701)	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 (spec <u>Rec from Insurance</u>	1,461,905	1,461,905	22
23	Other(specify): <u>Mortgage cost, net</u>		50,628	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,059,187	\$ 5,344,148	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,149,859	\$ 9,544,864	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 940,172	\$ 940,172	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		5,260,394	29
30	Accrued Salaries Payable	512,710	512,710	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,402	25,402	31
32	Accrued Real Estate Taxes(Sch.IX-B)	(89,466)	802,000	32
33	Accrued Interest Payable		24,657	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	11,801,049	5,286,225	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 13,189,867	\$ 12,851,560	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,189,867	\$ 12,851,560	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,040,008)	\$ (3,306,696)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,149,859	\$ 9,544,864	48

*(See instructions.)

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

	Description	After	
		Operating	Consolidation
00-17030-00	#NAME?		#VALUE!
00-17040-00	#NAME?		#VALUE!
Total - Line 23		-	#VALUE!
		-	#VALUE!

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

	Description	After	
		Operating	Consolidation
00-10140-00	#NAME?	#VALUE!	#VALUE!
00-12020-00	#NAME?	#VALUE!	#VALUE!
00-13040-00	#NAME?	#VALUE!	#VALUE!
00-13090-00	#NAME?	#VALUE!	#VALUE!
00-13200-00	#NAME?	#VALUE!	#VALUE!
00-13240-00	#NAME?	#VALUE!	#VALUE!
00-13250-00	#NAME?	#VALUE!	#VALUE!
00-13330-00	#NAME?	#VALUE!	#VALUE!
00-13701-00	#NAME?	#VALUE!	#VALUE!
00-14530-00	#NAME?	#VALUE!	#VALUE!
00-21030-00	#NAME?	#VALUE!	#VALUE!
00-21040-00	#NAME?	#VALUE!	#VALUE!
00-21050-00	#NAME?	#VALUE!	#VALUE!
00-21085-00	#NAME?	#VALUE!	#VALUE!
00-21100-00	#NAME?	#VALUE!	#VALUE!
00-22030-00	#NAME?	#VALUE!	#VALUE!
00-22040-00	#NAME?	#VALUE!	#VALUE!
00-22060-00	#NAME?	#VALUE!	#VALUE!
00-22065-00	#NAME?	#VALUE!	#VALUE!
00-22120-00	#NAME?	#VALUE!	#VALUE!
00-22140-00	#NAME?	#VALUE!	#VALUE!
00-22270-00	#NAME?	#VALUE!	#VALUE!
00-22290-00	#NAME?	#VALUE!	#VALUE!
00-22330-00	#NAME?	#VALUE!	#VALUE!
00-22360-00	#NAME?	#VALUE!	#VALUE!
00-23530-00	#NAME?	#VALUE!	#VALUE!
00-23750-00	#NAME?	#VALUE!	#VALUE!
00-23760-00	#NAME?	#VALUE!	#VALUE!
00-23780-00	#NAME?	#VALUE!	#VALUE!
00-23790-00	#NAME?	#VALUE!	#VALUE!
00-23820-00	#NAME?	#VALUE!	#VALUE!
00-23830-00	#NAME?	#VALUE!	#VALUE!
00-23850-00	#NAME?	#VALUE!	#VALUE!
00-23870-00	#NAME?	#VALUE!	#VALUE!
00-13717-00	#NAME?	#VALUE!	#VALUE!
00-24400-00	#NAME?	#VALUE!	#VALUE!
00-21260-00	#NAME?	#VALUE!	#VALUE!
Total - Line 36		#VALUE!	#VALUE!
		#VALUE!	#VALUE!

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,220,221)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(451,289)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,671,510)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(368,498)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (368,498)	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)	\$ (7,040,008)	24 *

* This must agree with page 17, line 47.

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

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

1		2	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,990,504	1
2	Discounts and Allowances for all Levels	(13,181,797)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,808,707	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,825,648	6
7	Oxygen	32,067	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 7,857,715	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	2,929	12
13	Barber and Beauty Care	8,911	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	977,316	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	557,873	19
20	Radiology and X-Ray	32,535	20
21	Other Medical Services	509,666	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,089,230	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income****	37,113	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 37,113	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,792,765	30

2		3	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,921,083	31
32	Health Care	6,818,049	32
33	General Administration	4,220,126	33
B. Capital Expense			
34	Ownership	2,150,463	34
C. Ancillary Expense			
35	Special Cost Centers	3,657,756	35
36	Provider Participation Fee	393,786	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,161,263	40
41	Income before Income Taxes (line 30 minus line 40)**	(368,498)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (368,498)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 920,089	44
45	Private Pay - Net Inpatient Revenue	1,147,238	45
46	Medicare - Net Inpatient Revenue	1,150,335	46
47	Other-(specify) <u>Managed Care</u>	5,591,045	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,808,707	49

* This must agree with page 4, line 45, column 4.
 ** Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.
 *** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.
 **** Provide a detailed breakdown of "Other Revenue" on an attached sheet.
 ^ Entity is a cash basis taxpayer

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

0042739

Report Period Beginning:

1/1/18

Ending:

12/31/18

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,750	2,211	\$ 148,751	\$ 67.29	1
2	Assistant Director of Nursing	1,596	2,345	94,574	40.33	2
3	Registered Nurses	39,962	44,955	1,586,928	35.30	3
4	Licensed Practical Nurses	39,203	43,844	1,223,948	27.92	4
5	CNAs & Orderlies	114,988	123,897	1,803,771	14.56	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,428	1,590	31,158	19.59	9
10	Activity Assistants	5,710	6,537	70,595	10.80	10
11	Social Service Workers	6,222	7,694	159,456	20.73	11
12	Dietician	3,734	4,342	114,898	26.46	12
13	Food Service Supervisor	1,951	2,181	58,415	26.78	13
14	Head Cook	497	576	12,904	22.40	14
15	Cook Helpers/Assistants	23,798	27,409	314,524	11.48	15
16	Dishwashers					16
17	Maintenance Workers	1,230	1,606	28,456	17.72	17
18	Housekeepers	28,372	33,188	402,262	12.12	18
19	Laundry					19
20	Administrator	1,243	1,526	104,759	68.65	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,169	10,706	114,684	10.71	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	1,641	2,077	40,485	19.49	31
32	Other Health C: See Sch 20A	23,930	29,318	920,740	31.41	32
33	Other(specify) <u>Marketing</u>	19	20	706	35.18	33
34	TOTAL (lines 1 - 33)	308,444	346,019	\$ 7,232,016 *	\$ 20.90	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	Monthly 112,000	9(3)	36
37	Medical Records Consultant	Monthly 813	10(3)	37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 19,511	10(3)	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 5,136	11(3)	44
45	Social Service Consultant	Monthly 4,131	12(3)	45
46	Other(specify) <u>Pulmonary Exchange</u>	Monthly 86,267	10(3)	46
47	<u>Medical Consultant</u>	Monthly 477	10(7)	47
48	<u>See Sch. 20B</u>	Monthly 12,097	10(3)	48
49	TOTAL (lines 35 - 48)	\$ 240,432		49

C. CONTRACT NURSES

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

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/18

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Staffing Coordinator	1,978	2,436	42,290	\$ 17.36
Unit Secretary	6,518	7,992	225,489	\$ 28.22
Accounts Coordinator	1,935	2,365	32,820	\$ 13.88
Admissions	231	262	6,359	\$ 24.25
Case Manager	2,062	2,497	68,350	\$ 27.37
MDS	2,202	2,724	128,069	\$ 47.02
Clinical Coordinator	8,034	9,940	374,053	\$ 37.63
Wound Care Coordinator	970	1,102	43,310	\$ 39.31
Total - Line 32 Other Health Care (specify):	23,930	29,318	920,740	\$ 31.41

Schedule 20B

XVIII. Staffing and Salary Costs
B. Consultant Services

Description	# of Hrs. Paid and Accrued	Total Consultant Cost	Ref.
Post Acute Consultant	Monthly	2,947	10(3)
Telemedicine Consultant	Monthly	9,150	10(3)
Total - Line 48	Monthly	12,097	

Facility Name: Lexington Health Care Center of Chicago Ridge, Inc.
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

<u>Vendor</u>	<u>Type</u>	<u>Amount</u>
ROYAL MANAGEMENT OPERATION	Computer Services	32,213
Softchoice	Computer Services	4,147
Collections	Legal Services	60,358
Bert Spilker & Associates	Legal Services	76
Delaney Delaney & Voorn Ltd	Legal Services	1,151
Duane Morris	Legal Services	387
Hinshaw & Culbert Son LLP	Legal Services	234
Hughes Socol Piers Resnick & Dym Ltd.	Legal Services	942
Much Shelist	Legal Services	6,616
Secretary of State	Legal Services	100
RSM US LLP	Accounting	37,819
Pension Administrators	401K Administration	1,130
PERSONNEL PLANNERS, INC.	U/C Consulting	915
Dennis W. Hetler & Assoc	RE Tax Consultant	22,367
Total (agree to Schedule V, line 19, column 3)		<u>258,864</u>
Less		
Less: Non-Allowable Legal Fees		(60,455)
Less: Bring in real estate entity		250
Less: Non-Allowable Computer service		(7,970)
Samvest of Lombard		
Friedman & Huey	Accounting	125
Duane Morris	Legal	24
Illinois Secretary of State	Filing Fees	2
		<u>151</u>
Allocated from Mgmt Co.		
Much Shelist	Legal	1,514
Duane Morris	Legal	969
Partridge Partners	Legal	73
RSM	Accounting	1,662
Friedman & Huey	Accounting	501
IL Secretary of State	Filing Fees	5
West Suburban Bank	Banking	6
Personnel Planners	U/C Consultant	10
LaSalle Network	Recruiting / Finance	8,779
Pension Administrators, Inc.	401K Administration	228
Gene Whitehorn	Public Aid Pending Consultant	1,513
Steely Group LLC	Financial Consulting	2,468
M Werner Consulting	Public Aid Consultant	68
Early Stage Solutions	Financial Consulting	16,736
Objective Arts	Public Aid Pending Consultants	307
Adam Lefton	Financial Consulting	7,097
Brilliant Staffing LLC	Financial Consulting	2,359
Mark J Eenigenburg	Budgeting Consultant	2,208
Deloitte Consulting LLP	Compensation Consulting	1,035
John Mattone Partners	Workplace Consultant	5,707
Mark Rodeghier	Survey Preparation Consultant	305
JGC Advisors LLC	Contracting Consultant	143
Michel Desjardins	Contracting Consultant	77
Pathway Health Services	Operational & Financial Consulting	(163)
Brandlin & Associates	Banking Consultants	22,014
Steven Wood	Strategy/Operations Consulting	868
Susan Parker	Social Service Consultant	14
Focus Pointe Global	Strategic Planning	240
Andrzej Stankiewicz	General Business Consulting	201
DLC	Financial Planning & Analysis	3,225
Fieldwork	Recruitment Consultant	431
Computer Services	Computer Consulting	19,892
		<u>100,493</u>
Total (agree to Schedule V, line 19, column 8)		<u>291,333</u>

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

Report Period Beginning:

1/1/18Ending: 12/31/18**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA - \$5346
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,824 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 393,786
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.