



Facility Name & ID Number Providence Palos Heights

# 0052381 Report Period Beginning: 01/01/18 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	145	Skilled (SNF)	145	52,925	1
2		Skilled Pediatric (SNF/PED)			2
3	48	Intermediate (ICF)	48	17,520	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	193	TOTALS	193	70,445	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		Medicaid Recipient	Private Pay	Other		
8	SNF	8,962	4,066	25,993	39,021	8
9	SNF/PED					9
10	ICF	11,741	3,234	1,398	16,373	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,703	7,300	27,391	55,394	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.63%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
N/A

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 02/01/60

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 145 and days of care provided 19,753

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number Providence Palos Heights # 0052381 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
<b>A. General Services</b>											
1	Dietary	640,058	67,562	0	707,620	0	707,620	0	707,620		1
2	Food Purchase		427,656		427,656	0	427,656	0	427,656		2
3	Housekeeping	263,586	0	70,285	333,871	0	333,871	0	333,871		3
4	Laundry	101,201	46,561	0	147,762	0	147,762	0	147,762		4
5	Heat and Other Utilities			228,335	228,335	0	228,335	24,031	252,366		5
6	Maintenance	309,790	315,435	35,100	660,325	0	660,325	1,855	662,180		6
7	Other (specify):*	0	0	0	0	0	0	0	0		7
8	<b>TOTAL General Services</b>	1,314,635	857,214	333,720	2,505,569	0	2,505,569	25,886	2,531,455		8
	<b>B. Health Care and Programs</b>										
9	Medical Director	0	0	169,000	169,000	0	169,000	0	169,000		9
10	Nursing and Medical Records	5,962,602	347,338	353,415	6,663,355	0	6,663,355	0	6,663,355		10
10a	Therapy	0	0	2,520,744	2,520,744	0	2,520,744	0	2,520,744		10a
11	Activities	94,630	14,140	654	109,424	0	109,424	0	109,424		11
12	Social Services	190,795	0	83,602	274,397	0	274,397	0	274,397		12
13	CNA Training	0	0	0	0	0	0	0	0		13
14	Program Transportation	0	0	0	0	0	0	0	0		14
15	Other (specify):*	0	0	0	0	0	0	0	0		15
16	<b>TOTAL Health Care and Programs</b>	6,248,027	361,478	3,127,415	9,736,920	0	9,736,920	0	9,736,920		16
	<b>C. General Administration</b>										
17	Administrative	0	0	1,927,296	1,927,296	0	1,927,296	(1,918,801)	8,495		17
18	Directors Fees			0	0	0	0	0	0		18
19	Professional Services			25,295	25,295	0	25,295	138,563	163,858		19
20	Dues, Fees, Subscriptions & Promotions			48,811	48,811	0	48,811	42,342	91,153		20
21	Clerical & General Office Expenses	456,463	153,250	1,010,269	1,619,982	0	1,619,982	328,061	1,948,043		21
22	Employee Benefits & Payroll Taxes			1,679,715	1,679,715	0	1,679,715	358,526	2,038,241		22
23	Inservice Training & Education			0	0	0	0	0	0		23
24	Travel and Seminar			11,418	11,418	0	11,418	54,493	65,911		24
25	Other Admin. Staff Transportation		0	0	0	0	0	0	0		25
26	Insurance-Prop.Liab.Malpractice			456,399	456,399	0	456,399	287,697	744,096		26
27	Other (specify):* <b>Contract Admin</b>	0	0	626,312	626,312	0	626,312	(542,928)	83,384		27
28	<b>TOTAL General Administration</b>	456,463	153,250	5,785,515	6,395,228	0	6,395,228	(1,252,047)	5,143,181		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	8,019,125	1,371,942	9,246,650	18,637,717	0	18,637,717	(1,226,161)	17,411,556		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 &amp; ID Number

Providence Palos Heights

#0052381

Report Period Beginning:

01/01/18

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	
	<b>D. Ownership</b>											
30	Depreciation			0	0	0	0	318,405	318,405			30
31	Amortization of Pre-Op. & Org.			0	0	0	0	14,098	14,098			31
32	Interest			0	0	0	0	171,785	171,785			32
33	Real Estate Taxes			0	0	0	0	12,390	12,390			33
34	Rent-Facility & Grounds			1,062,996	1,062,996	0	1,062,996	(1,062,996)	0			34
35	Rent-Equipment & Vehicles			8,382	8,382	0	8,382	49,444	57,826			35
36	Other (specify):* <b>Mortgage Prem Ins</b>			0	0	0	0	32,273	32,273			36
37	<b>TOTAL Ownership</b>			1,071,378	1,071,378	0	1,071,378	(464,601)	606,777			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportator	0	0	0	0	0	0	0	0			38
39	Ancillary Service Centers	0	342,237	1,198,493	1,540,730	0	1,540,730	0	1,540,730			39
40	Barber and Beauty Shops	8,063	0	0	8,063	0	8,063	0	8,063			40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0			41
42	Provider Participation Fee	0	0	325,444	325,444	0	325,444	0	325,444			42
43	Other (specify):*	0	0	0	0	0	0	0	0			43
44	<b>TOTAL Special Cost Centers</b>	8,063	342,237	1,523,937	1,874,237	0	1,874,237	0	1,874,237			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	8,027,188	1,714,179	11,841,965	21,583,332	0	21,583,332	(1,690,762)	19,892,570			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	\$ 0		\$	1
2	Other Care for Outpatients	0			2
3	Governmental Sponsored Special Programs	0			3
4	Non-Patient Meals	0			4
5	Telephone, TV & Radio in Resident Rooms	0			5
6	Rented Facility Space	0			6
7	Sale of Supplies to Non-Patients	0			7
8	Laundry for Non-Patients	0			8
9	Non-Straightline Depreciation	0			9
10	Interest and Other Investment Income	(28,187)	32		10
11	Discounts, Allowances, Rebates & Refunds	0			11
12	Non-Working Officer's or Owner's Salary	0			12
13	Sales Tax	0			13
14	Non-Care Related Interest	0			14
15	Non-Care Related Owner's Transactions	0			15
16	Personal Expenses (Including Transportation)	0			16
17	Non-Care Related Fees	0			17
18	Fines and Penalties	0			18
19	Entertainment	0			19
20	Contributions	0			20
21	Owner or Key-Man Insurance	0			21
22	Special Legal Fees & Legal Retainer:	0			22
23	Malpractice Insurance for Individuals	0			23
24	Bad Debt	(990,000)	21		24
25	Fund Raising, Advertising and Promotional	(542,928)	20		25
	Income Taxes and Illinois Persona				
26	Property Replacement Tax	0			26
27	CNA Training for Non-Employees	0			27
28	Yellow Page Advertising	0			28
29	Other-Attach Schedule See 5a	(1,687)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (1,562,802)</b>		<b>\$ 0</b>	<b>30</b>

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$ 0	0	31
32	Donated Goods-Attach Schedule*	0	0	32
	Amortization of Organization &			
33	Pre-Operating Expense	0	0	33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(127,960)	VII-B	34
35	Other- Attach Schedule	0		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (127,960)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,690,762)</b>		<b>37</b>

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

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

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

Providence Palos Heights

ID# 0052381

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(1,687)	22	2
3		0		3
4		0		4
5		0		5
6		0		6
7		0		7
8		0		8
9		0		9
10		0		10
11		0		11
12		0		12
13		0		13
14		0		14
15		0		15
16		0		16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	<b>Total</b>	(1,687)		49

**Legal Fee Support**

Journal Entry Series	TRX Date	Account Number	Account Description	Originating Master Name	Description	Debit Amount	Credit Amount	Reference
73462 Financial	8/1/2018	55-4110-11	Legal Fees		ATC Healthcare case	\$ 1,919.00	\$ -	recl non-resident legal fees
73462 Financial	8/1/2018	55-4110-11	Legal Fees		ATC Healthcare case	\$ 608.00	\$ -	recl non-resident legal fees
<b>Subtotal</b>						<b>\$ 2,527.00</b>	<b>\$ -</b>	
79919 Financial	12/31/2018	55-4110-11	Legal Fees		Inv 3194195/3	\$ -	\$ 4,979.45	Reclass Dykema Inv
79919 Financial	12/31/2018	55-4110-11	Legal Fees		Inv 3203883	\$ -	\$ 28,387.30	Reclass Dykema Inv
71151 Purchasing	6/30/2018	55-4110-11	Legal Fees	Dykema Gossett PLLC	Purchases	\$ 4,979.45	\$ -	115653-000001 & 000002
73462 Financial	8/1/2018	55-4110-11	Legal Fees		Dykema Gossett invoice	\$ 28,387.30	\$ -	recl non-resident legal fees
<b>Subtotal</b>						<b>\$ 33,366.75</b>	<b>\$ 33,366.75</b>	
71212 Purchasing	6/1/2018	55-4110-11	Legal Fees	Jackson Lewis PC	Purchases	\$ 7,085.50	\$ -	PH/ R.Okendo/119845-391934
71213 Purchasing	6/20/2018	55-4110-11	Legal Fees	Jackson Lewis PC	Purchases	\$ 1,468.00	\$ -	PH/R.Okendo/229845-391934
74935 Financial	9/30/2018	55-4110-11	Legal Fees		Recl Sept Jackson Lewis Invs.	\$ 7,360.00	\$ -	Recl Sept Jackson Lewis Invs.
74935 Financial	9/30/2018	55-4110-11	Legal Fees		Recl Sept Jackson Lewis Invs.	\$ 2,523.00	\$ -	Recl Sept Jackson Lewis Invs.
<b>Subtotal</b>						<b>\$ 18,436.50</b>	<b>\$ -</b>	
67969 Purchasing	4/1/2018	55-4110-11	Legal Fees	Much Shelist	Purchases	\$ 565.00	\$ -	PH/ 0008002.0051
<b>Subtotal</b>						<b>\$ 565.00</b>	<b>\$ -</b>	
64953 Purchasing	1/31/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 155.02	\$ -	PH/ PPROV08.000
67483 Purchasing	3/1/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 226.68	\$ -	PH/ PPROV08.000
67484 Purchasing	3/31/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 19.46	\$ -	PH/ PPROV08.000
68861 Purchasing	4/30/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 151.96	\$ -	PH/ PPROV08.000
74252 Purchasing	8/31/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 20.54	\$ -	PH/ PPROV08.000
75412 Purchasing	9/30/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 180.00	\$ -	PH/ PPROV08.000
77110 Purchasing	11/1/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 870.00	\$ -	PH/ PPROV08.000
79588 Purchasing	12/1/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 2,117.42	\$ -	PPROV08.00/PH
79589 Purchasing	12/31/2018	55-4110-11	Legal Fees	Stone Pogrund & Korey	Purchases	\$ 25.00	\$ -	PPROV08.000
<b>Subtotal</b>						<b>\$ 3,766.08</b>	<b>\$ -</b>	
73461 Financial	8/1/2018	55-4110-11	Legal Fees		US Legal Support- Coda	\$ -	\$ 1,692.55	reclass US Legal Support
73461 Financial	8/1/2018	55-4110-11	Legal Fees		US Legal Support- Olszewski	\$ -	\$ 2,241.51	reclass US Legal Support
65230 Purchasing	1/24/2018	55-4110-11	Legal Fees	US Legal Support	Purchases	\$ 1,692.55	\$ -	PH/ 17 L 0022452
69176 Purchasing	5/10/2018	55-4110-11	Legal Fees	US Legal Support	Purchases	\$ 2,241.51	\$ -	PH/ 13341.C6E8
<b>Subtotal</b>						<b>\$ 3,934.06</b>	<b>\$ 3,934.06</b>	

ATC Healthcare case	\$ 2,527.00
Dykema Gossett PLLC	\$ -
Jackson Lewis	\$ 18,436.50
Much Shelist	\$ 565.00
Stone Pogrund & Korey	\$ 3,766.08
US Legal Support	\$ -
<b>Total</b>	<b>\$ 25,294.58</b>

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Providence Palos Heights

# 0052381 Report Period Beginning:

01/01/18

Ending:

12/31/18

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	24,031	0	0	0	0	0	0	0	0	0	24,031	5
6	Maintenance	0	1,855	0	0	0	0	0	0	0	0	0	1,855	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	25,886	0	0	0	0	0	0	0	0	0	25,886	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	0	0	0	0	0	0	0	0	0	0	0	0	16
	<b>C. General Administration</b>													
17	Administrative	0	(1,927,296)	0	8,495	0	0	0	0	0	0	0	(1,918,801)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	138,563	0	0	0	0	0	0	0	0	0	138,563	19
20	Fees, Subscriptions & Promotions	(542,928)	42,342	0	0	0	0	0	0	0	0	0	(500,586)	20
21	Clerical & General Office Expenses	(990,000)	1,318,061	0	0	0	0	0	0	0	0	0	328,061	21
22	Employee Benefits & Payroll Taxes	(1,687)	360,213	0	0	0	0	0	0	0	0	0	358,526	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	54,493	0	0	0	0	0	0	0	0	0	54,493	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	17,697	0	270,000	0	0	0	0	0	0	0	287,697	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	(1,534,615)	4,073	0	278,495	0	0	0	0	0	0	0	(1,252,047)	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(1,534,615)	29,959	0	278,495	0	0	0	0	0	0	0	(1,226,161)	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Providence Palos Heights# 0052381

Report Period Beginning:

01/01/18 Ending:12/31/18

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	43,814	274,591	0	0	0	0	0	0	0	318,405	30
31	Amortization of Pre-Op. & Org.	0	0	0	14,098	0	0	0	0	0	0	0	14,098	31
32	Interest	(28,187)	0	14,340	185,632	0	0	0	0	0	0	0	171,785	32
33	Real Estate Taxes	0	0	12,390	0	0	0	0	0	0	0	0	12,390	33
34	Rent-Facility & Grounds	0	0	0	(1,062,996)	0	0	0	0	0	0	0	(1,062,996)	34
35	Rent-Equipment & Vehicles	0	0	49,444	0	0	0	0	0	0	0	0	49,444	35
36	Other (specify):* See Supplemental	0	0	0	32,273	0	0	0	0	0	0	0	32,273	36
37	<b>TOTAL Ownership</b>	(28,187)	0	119,988	(556,402)	0	0	0	0	0	0	0	(464,601)	37
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	0	0	0	0	0	0	0	0	0	0	0	0	44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	(1,562,802)	29,959	119,988	(277,907)	0	0	0	0	0	0	0	(1,690,762)	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 Page 6 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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	17 Administrative	\$ 1,927,296	Providence Palos Heights, LLC	100.00%	\$	\$ (1,927,296)	1
2	V	5 Utilities		Providence Palos Heights, LLC	100.00%	24,031	24,031	2
3	V	6 Maintenance		Providence Palos Heights, LLC	100.00%	1,855	1,855	3
4	V	19 Professional Fees		Providence Palos Heights, LLC	100.00%	138,563	138,563	4
5	V	20 Dues and Subscription		Providence Palos Heights, LLC	100.00%	42,342	42,342	5
6	V	21 Office and Clerical - Salary		Providence Palos Heights, LLC	100.00%	1,310,006	1,310,006	6
7	V	21 Office and Clerical - Other		Providence Palos Heights, LLC	100.00%	8,055	8,055	7
8	V	22 Payroll Taxes		Providence Palos Heights, LLC	100.00%	360,213	360,213	8
9	V	24 Travel and Seminar		Providence Palos Heights, LLC	100.00%	54,493	54,493	9
10	V	26 Insurance		Providence Palos Heights, LLC	100.00%	17,697	17,697	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,927,296			\$ 1,957,255	\$ * 29,959	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	30 Depreciation	\$	Providence Palos Heights, LLC	100.00%	\$ 43,814	\$ 43,814
16	V	32 Interest		Providence Palos Heights, LLC	100.00%	14,340	14,340
17	V	33 Real Estate Taxes		Providence Palos Heights, LLC	100.00%	12,390	12,390
18	V	35 Rent - Equipment and Vehicles		Providence Palos Heights, LLC	100.00%	49,444	49,444
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 119,988	\$ * 119,988

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Administration	\$	Providence Life Services	100.00%	\$ 8,495	\$ 8,495	15
16	V	26 Insurance		Providence Life Services	100.00%	270,000	270,000	16
17	V	30 Depreciation		Providence Life Services	100.00%	274,591	274,591	17
18	V	31 Amortization		Providence Life Services	100.00%	14,098	14,098	18
19	V	32 Interest		Providence Life Services	100.00%	185,632	185,632	19
20	V	36 Mortgage Insurance Premium		Providence Life Services	100.00%	32,273	32,273	20
21	V	34 Rent	1,062,996	Providence Life Services	100.00%		(1,062,996)	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		\$ 1,062,996			\$ 785,089	\$ * (277,907)	39

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

Facility Name &amp; ID Number

Providence Palos Heights

# 0052381

Report Period Beginning:

01/01/18

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	Providence Life Services	100.00%						1
2	Board of Directors / Governors							2
3								3
4								4
5	Justin Kats	N/A	Providence Healthcare & Rehabilitation	Palos Heights, IL	Village Woods	Crete, IL	Ast. & Ind. Living	5
6	Richard Van Hattem	N/A	Providence Healthcare & Rehabilitation	Downers Grove, IL	Saratoga Grove	Downers Grove, IL	Ast. & Ind. Living	6
7	Don Van Dyk	N/A	Providence Healthcare & Rehabilitation	Zeeland, MI	Royal Atrium Inn	Zeeland, MI	Ast. & Ind. Living	7
8	Robert Workman	N/A	Park Place Health & Wellness Center	Elmhurst, IL	Park Place	Elmhurst, IL	Ast. & Ind. Living	8
9	Lucrette Bamford	N/A	Park Place of St. John	St. John, IN	Park Place St. John	St. John, IN	Ind. Living	9
10	Kevin Botma	N/A	Victorian Village Health & Wellness Ctr	Homer Glen, IL	Victorian Village	Home Glen, IL	Ast. & Ind. Living	10
11	Jean Cavanaugh	N/A	Plymouth Place	Lagrange Park, IL	Emerald Meadows	Grand Rapids, MI	Ast. Living	11
12	Dr. Al Diepstra	N/A			Thomas Park	Orland Park, IL	Ind. Living	12
13	Bastian Knoppers	N/A			Arbor Place	Lisle, IL	Ind. Living	13
14	Dave Larsen	N/A			Providence at Home	Tinley Park, IL	Home Health	14
15	Howard Rynberk, Jr.	N/A			Providence Hospice	Tinley Park, IL	Hospice	15
16	Gart Smit	N/A			Providence Mgmt.			16
17	Tim Smits	N/A			& Development Co	Tinley Park, IL	Mgmt. Company	17
18	Robert Van Staalduned	N/A			Providence Palos			18
19	Bill Zandstra	N/A			Heights, LLC	Tinley Park, IL	Bldg. Company	19
20	Tim Breems	N/A			Providence Downers			20
21	Norm Aardema	N/A			Grove, LLC	Tinley Park, IL	Bldg. Company	21
22	Janice DeBoer	N/A			Providence Zeeland	Tinley Park, IL	Bldg. Company	22
23	Don DeGraff	N/A			Providence of Grand			23
24	Arnold Koldenhoven	N/A			Rapids, LLC	Tinley Park, IL	Bldg. Company	24
25	Bruce Leep	N/A						25
26	Dick Molenhouse	N/A						26
27	Calvin Tameling	N/A						27
28	Roy Van Eck	N/A						28
29	Sam Van Til	N/A						29
30								30

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1								\$		1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
10										10	
11										11	
12										12	
13								TOTAL	\$		13

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

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

Facility Name & ID Number Providence Palos Heights

# 0052381 Report Period Beginning: 01/01/18

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 Providence Palos Heights, LLC  
 Street Address 18601 North Creek Drive, Suite A  
 City / State / Zip Code Tinley Park, Illinois 60477  
 Phone Number ( 708) 342-8100  
 Fax Number ( 708) 342-8006

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 **Providence Palos Heights**

# **0052381** Report Period Beginning: **01/01/18**

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

Name of Related Organization Providence Palos Heights, LLC  
 Street Address 18601 North Creek Drive, Suite A  
 City / State / Zip Code Tinley Park, Illinois 60477  
 Phone Number (708) 342-8100  
 Fax Number (708) 342-8006

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	21	Clerical & General Office Expens	Direct	1	\$ 427,297	\$ 427,297	1	\$ 427,297	1	
2	21	Clerical & General Office Expens	Direct	1	8,055	0	1	8,055	2	
3	22	Employee Benefits & Payroll Tax	Direct	1	120,788	0	1	120,788	3	
4	24	Travel and Seminar	Direct	1	7,967	0	1	7,967	4	
5	26	Insurance-Prop.Liab.Malpractice	Direct	1	242	0	1	242	5	
6	5	Heat and Other Utilities	Accumulated Cost	96,385,692	18	45,518	19,976,584	9,434	6	
7	6	Maintenance	Accumulated Cost	96,385,692	18	629	19,976,584	130	7	
8	20	Dues, Fees, Subscriptions & Prom	Accumulated Cost	96,385,692	18	30,308	19,976,584	6,282	8	
9	21	Clerical & General Office Expens	Accumulated Cost	96,385,692	18	419,747	362,868	19,976,584	87,153	9
10	22	Employee Benefits & Payroll Tax	Accumulated Cost	96,385,692	18	82,527	19,976,584	17,104	10	
11	24	Travel and Seminar	Accumulated Cost	96,385,692	18	9,289	19,976,584	1,925	11	
12	26	Insurance-Prop.Liab.Malpractice	Accumulated Cost	96,385,692	18	624	19,976,584	129	12	
13	30	Depreciation	Accumulated Cost	96,385,692	18	47,304	19,976,584	9,804	13	
14	35	Rent-Equipment & Vehicles	Accumulated Cost	96,385,692	18	3,089	19,976,584	640	14	
15	5	Heat and Other Utilities	Accumulated Cost	96,385,692	18	70,429	19,976,584	14,597	15	
16	6	Maintenance	Accumulated Cost	96,385,692	18	8,321	19,976,584	1,725	16	
17	19	Professional Services	Accumulated Cost	96,385,692	18	668,556	19,976,584	138,563	17	
18	20	Dues, Fees, Subscriptions & Prom	Accumulated Cost	96,385,692	18	173,988	19,976,584	36,060	18	
19	21	Clerical & General Office Expens	Accumulated Cost	96,385,692	18	3,838,487	3,608,188	19,976,584	795,555	19
20	22	Employee Benefits & Payroll Tax	Accumulated Cost	96,385,692	18	1,072,683	19,976,584	222,321	20	
21	24	Travel and Seminar	Accumulated Cost	96,385,692	18	215,197	19,976,584	44,601	21	
22	26	Insurance-Prop.Liab.Malpractice	Accumulated Cost	96,385,692	18	83,597	19,976,584	17,326	22	
23	30	Depreciation	Accumulated Cost	96,385,692	18	164,095	19,976,584	34,010	23	
24	33	RE Tax	Accumulated Cost	96,385,692	18	59,783	19,976,584	12,390	24	
25	TOTALS				\$ 7,558,519	\$ 4,398,353		\$ 2,014,098	25	

Facility Name & ID Number **Providence Palos Heights**

# **0052381** Report Period Beginning: **01/01/18**

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 Providence Palos Heights, LLC  
 Street Address 18601 North Creek Drive, Suite A  
 City / State / Zip Code Tinley Park, Illinois 60477  
 Phone Number ( 708) 342-8100  
 Fax Number ( 708) 342-8006

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	32	Interest Expense Capital	Accumulated Cost	18	\$ 2,464	\$ 0	19,976,584	\$ 511	1
2	32	Interest Expense	Accumulated Cost	18	66,727	0	19,976,584	13,830	2
3	35	Rent-Equipment & Vehicles	Accumulated Cost	18	235,475	0	19,976,584	48,804	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				\$ 304,666	\$		\$ 63,145	25

Facility Name & ID Number Providence Palos Heights # 0052381 Report Period Beginning: 01/01/18 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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	FHA		X	Mortgage		08/15/13	\$ 5,920,000	\$ 4,895,992	09/01/38	3.6000	\$ 185,632	1								
2												2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	Interest Income										(28,187)	6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>						\$ 5,920,000	\$ 4,895,992			\$ 157,445	9								
<b>B. Non-Facility Related*</b>																				
10	Providence Palos Heights, LLC		X								14,340	10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$ 0	\$ 0			\$ 14,340	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 5,920,000	\$ 4,895,992			\$ 171,785	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 32,273 Line # 36-03

\* 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**

1. Real Estate Tax accrual used on 2017 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$		<b>12,390</b>		2
3. Under or (over) accrual (line 2 minus line 1).		\$		<b>12,390</b>		3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$				4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$				5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$				6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6		\$		<b>12,390</b>		7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2013	_____	8	<b>FOR BHF USE ONLY</b>		
	2014	_____	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$	13
	2015	_____	10	14	PLUS APPEAL COST FROM LINE 5 \$	14
	2016	_____	11	15	LESS REFUND FROM LINE 6 \$	15
	2017	_____	12	16	AMOUNT TO USE FOR RATE CALCULATION\$	16
<b>Providence Palos Heights - Not Subject to Real Estate Taxes</b>						
<b>Alloc. Providence Life Services = \$12,390</b>						

**NOTES:**

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



X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,845 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	441,662	1960	\$ 30,000	1
2					2
3	TOTALS	441,662		\$ 30,000	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	50	1960	1960	\$ 341,041	\$		\$	\$	4
5	50	1962	1962	122,119					5
6		1963	1963	86,546					6
7	93	1967	1967	585,862					7
8		1975	1975	147,301					8
<b>Improvement Type**</b>									
9	Various		1967	312,475					9
10	Various		1970	74,824					10
11	Various		1971	10,740					11
12	Various		1972	3,992					12
13	Various		1973	2,002					13
14	Various		1974	1,001					14
15	Various		1976	8,418					15
16	Various		1977	1,073					16
17	Various		1979	450					17
18	Various		1980	629					18
19	Various		1982	3,077					19
20	Various		1983	4,063					20
21	Various		1984	11,366					21
22	Various		1985	5,552					22
23	Various		1986	308,545					23
24	Various		1987	242,285					24
25	Various		1988	144,720					25
26	Various		1989	75,090					26
27	Various		1990	258,016					27
28	Various		1991	88,476					28
29	Various		1992	51,572					29
30	Various		1993	283,946					30
31	Various		1994	396,618					31
32	Various		1995	221,026					32
33	Various		1996	688,195					33
34	Various		1997	629,702					34
35	Various		1998	297,552					35
36	Various		1999	289,532					36

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

See Page 12A, Line 70 for total

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

## XI. OWNERSHIP COSTS (continued)

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

1	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	Various	2000	\$ 271,326	\$		\$	\$	\$	37
38	Various	2001	140,957						38
39	Various	2002	245,058						39
40	Various	2003	221,647						40
41	Various	2004	87,909						41
42	Various	2005	215,550						42
43	Various	2006	423,397						43
44	Various	2007	395,211						44
45	Various	2008	187,517						45
46	Various	2009	217,504						46
47	Various	2010	362,679						47
48	Various	2011	256,876						48
49	Various	2012	214,757						49
50	Various	2013	271,763						50
51	Millwork and Ceramic (Vinyl) Tile - Unit 1 Lobby	2014	13,964						51
52	Renovation Carryover - Flooring - Unit 1	2014	3,127						52
53	B & C Paint, Wallpaper Removal, TV Wiring - Unit 2	2014	27,250						53
54	Lobby Carpeting, Painting and Wallpaper - Unit 1	2014	5,907						54
55	B & C Carpeting - Unit 2	2014	2,910						55
56	Practitioner and DON Office - Carpeting	2014	3,742						56
57	IT Email Archiving	2014	5,817						57
58	Landscaping - Chapel Courtyard	2014	9,845						58
59	Egress System - IT Cabling and Wiring - Throughout Building	2014	30,219						59
60	Chiller - 15 Ton - Unit 1	2014	32,898						60
61	Furnace - Unit 2	2014	6,859						61
62	Icare Licensing	2014	10,199						62
63	Lobby - Millwork, Painting, Wallpaper, and Carpeting - Unit 1	2014	29,490						63
64	Bathrooms - Ceramic Tile, Plumbing, Painting, Electrical - Unit 1	2014	40,352						64
65	HVAC - New Fan Motor - Unit 2	2014	3,932						65
66	Blacktop and Paving - East Parking Lot	2014	90,000						66
67	Air Conditioning Units	2014	4,997						67
68	Disposal Replacement - Unit 1	2014	5,384						68
69	Doctor and DON Office - Paint and Carpet	2014	17,888						69
70	TOTAL (lines 4 thru 69)		\$ 9,554,737	\$ 0		\$ 0	\$ 0	\$ 0	70

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

Facility Name &amp; ID Number Providence Palos Heights

# 0052381

Report Period Beginning:

01/01/18

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,554,737	\$ 0		\$ 0	\$	\$ 0	1
2									2
3	Touchscreen Replacement	2014	25,000						3
4	Doors - Laundry and Activity Rooms	2014	3,125						4
5	Doors - Laundry and Activity Rooms	2014	4,220						5
6	HVAC Fan Coils	2014	23,212						6
7	Patching and Sealcoating - Front, Sout, and East Lots	2014	12,694						7
8	Door Handles and Handrails	2014	5,879						8
9	Entry Sliding Door - Unit 1	2015	2,998						9
10	Elevator Pit Springs - Unit 2	2015	10,008						10
11	Fan Coils - Unit 1 and 2	2015	3,520						11
12	Sprinkler Heads - IDPH Survey	2015	14,582						12
13	Asbestos Abatement	2015	17,800						13
14	Egress System	2015	45,890						14
15	Parkint Lot Repavement	2015	93,774						15
16	R&M - Parking Lot Striping	2015	5,755						16
17	R&M - Parking Lot Excavating with Trench and Stone	2015	6,250						17
18	R&M - Move Toilet off Dining Hall	2015	6,850						18
19	R&M - HVAC - Remove and Replace 7 Fan Coils - Unit 1&2	2015	13,762						19
20	R&M - Elevator Pit Pipe, Ladder, and Restrictors	2015	8,783						20
21	R&M - Roofing Repairs & Three Skylights Installed	2015	4,890						21
22	R&M - Boiler - Installed New Motor Coupling	2015	4,329						22
23	R&M - Piping Replacement - D Wing	2015	3,800						23
24	R&M - Boiler Water Line Insulation Install	2015	3,193						24
25	R&M - Hallway Key Switches	2015	2,698						25
26	R&M - Main Entry Door Control and Motor Gear Box	2015	2,607						26
27	Smoke Detectors and Installation - Wicker Room	2016	6,147						27
28	Emergency Distribution System - Power Separation	2016	89,061						28
29	Chiller - 90 Tons - Unit 2	2016	60,988						29
30	Railings - Entrance, D Exit, B Exit, and Laundry	2016	36,800						30
31	Wiring - Emergency Distribution System - Power Separation	2016	7,250						31
32	R&M - Door Closers & Locks - Pedestrian and Storate Rooms	2016	13,737						32
33	R&M - Chiller Repairs	2016	15,481						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,109,820	\$ 0		\$ 0	\$ 0	\$ 0	34

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

Facility Name &amp; ID Number Providence Palos Heights

# 0052381

Report Period Beginning:

01/01/18

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,109,820	\$ 0		\$ 0	\$	\$ 0	1
2									2
3	R&M - Fire System Valve Replacement and Asphalt Repair	2016	8,503						3
4	R&M - Repair Broken 2" Galvanized Vent Line	2016	3,875						4
5	R&M - Elevator - Install Sold State Starter	2016	7,411						5
6	Flooring - Family Room	2017	24,156						6
7	Fan Coils and Exhaust Fans - Resident Rooms	2017	49,000						7
8	HVAC - Lower Level Conference Room	2017	8,344						8
9	Landscaping - Main Entrance and Sign Areas	2017	39,633						9
10	Nurses Station - Carpentry and Cabinets - Unit 1	2017	43,770						10
11	Brick Tuckpoint	2017	16,460						11
12	Furnaces - Main Lobby	2017	14,200						12
13	Wall Repair - Studs, Drywall, Paint - Lobby	2017	6,645						13
14	Exterior Fencing - Chapel	2017	12,470						14
15	Lobby Bathroom - Tile, Wall Repair, Wall Paper, and Paint	2017	14,908						15
16	Carpet - Social Services, Business Office, and Chapel	2017	28,694						16
17	Curtains - Resident Rooms	2017	10,366						17
18	Elevator - Valve Replacement	2017	19,930						18
19	Wallpaper, Paint, and Carpet - Resident Rooms	2017	55,170						19
20	Window Treatments - Resident Rooms	2017	10,679						20
21	Shower Room - Tile, Faucets, Paint - Unit 1	2017	22,500						21
22	Dining Room - Piping, Sprinkler System, Electrical, Drywall, and	2017	20,690						22
23	Ejector Pumps - Kitchen and Wash Room	2017	10,134						23
24	Land Improvements - Disposal	2018	(495,218)						24
25	Buildings - Disposal	2018	(4,140,560)						25
26	Equipment - Disposal	2018	(4,726,000)						26
27	Buildings	2018	24,766						27
28	Equipment	2018	80,757						28
29									29
30									30
31	Depreciation - Providence Palos Heights, LLC			43,814		43,814		4,363,800	31
32	Depreciation - Providence Life Services			274,591		274,591			32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,281,103	\$ 318,405		\$ 318,405	\$ 0	\$ 4,363,800	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 6,036,518	\$	\$	\$ 0		\$	71
72	Current Year Purchases	108,301			0			72
73	Fully Depreciated Assets				0			73
74					0			74
75	TOTALS	\$ 6,144,819	\$ 0	\$ 0	\$ 0		\$ 0	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				\$	\$	\$	\$ 0		\$	76
77							0			77
78							0			78
79							0			79
80	TOTALS			\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	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)	\$ 7,455,922	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 318,405	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 318,405	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 0	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,363,800	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Providence Palos Heights

# 0052381

Report Period Beginning: 01/01/18

Ending: 12/31/18

**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								6
7	<b>TOTAL</b>				\$			7

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 57,826 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	Facility Maintenance	GMC Truck	\$ 698.47	\$ 8,382	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ 698.47	\$ 8,382	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. /2018 \$ \_\_\_\_\_

13. /2019 \$ \_\_\_\_\_

14. /2020 \$ \_\_\_\_\_

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

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

**Page 14 Supplemental Schedule**

<b><u>Description</u></b>	<b><u>Amount</u></b>	<b><u>Total</u></b>
Vehicle Lease	8,382	8,382
Alloc. - Providences Life Services	49,444	49,444
<b>Total</b>	<b>57,826</b>	<b>57,826</b>

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

	Facility			
	1	2	3	4
	Drop-outs	Completed	Contract	Total
1 Community College Tuition	\$	\$	\$	\$ 0
2 Books and Supplies				0
3 Classroom Wages (a)				0
4 Clinical Wages (b)				0
5 In-House Trainer Wages (c)				0
6 Transportation				0
7 Contractual Payments				0
8 CNA Competency Tests				0
9 TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10 SUM OF line 9, col. 1 and 2 (e)	\$ 0			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

1	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8	9
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
1	Licensed Occupational Therapist	V10A	0.00 hrs	\$ 0	0	\$ 361,181	0	\$ 0		\$ 361,181	1		
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	0	77,062	0	0		77,062	2		
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0	0		0	3		
4	Licensed Physical Therapist	V10A	0.00 hrs	0	0	2,082,501	0	0		2,082,501	4		
5	Physician Care		visits								5		
6	Dental Care		visits								6		
7	Work Related Program		hrs								7		
8	Habilitation	V39	0.00 hrs	0	0	0	58,472	0		58,472	8		
9	Pharmacy	V39	0.00 # of prescripts	0	0	0	990,308	0		990,308	9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10		
11	Academic Education		hrs								11		
12	Other (specify): LAB/RADIOLOGY	V39	0.00	0	0	0	149,713	0		149,713	12		
13	Other (specify): BILLABLE SUPPLIES	V39	0.00	0	0	0	342,237	0		342,237	13		
14	TOTAL			\$		\$ 2,520,744	\$ 1,540,730			\$ 4,061,474	14		

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

Facility Name &amp; ID Number Providence Palos Heights

# 0052381

Report Period Beginning: 01/01/18

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*	
<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,500	\$ 2,500 1
2	Cash-Patient Deposits	16,960	16,960 2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,559,495 )	3,929,730	3,929,730 3
4	Supply Inventory (priced at )	0	0 4
5	Short-Term Investments	0	0 5
6	Prepaid Insurance	0	0 6
7	Other Prepaid Expenses	123,140	123,140 7
8	Accounts Receivable (owners or related parties)	0	0 8
9	Other(specify): <u>Inventories - Dietary</u>	4,257	637,944 9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,075,587	\$ 4,710,274 10
<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0	0 11
12	Long-Term Investments	0	0 12
13	Land	0	30,000 13
14	Buildings, at Historical Cost	0	5,057,502 14
15	Leasehold Improvements, at Historical Cos	0	448,100 15
16	Equipment, at Historical Cost	0	1,920,320 16
17	Accumulated Depreciation (book methods)	0	(4,363,800) 17
18	Deferred Charges	0	0 18
19	Organization & Pre-Operating Costs	0	0 19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0	0 20
21	Restricted Funds	0	0 21
22	Other Long-Term Assets (specify):	0	0 22
23	Other(specify): <u>Deferred Financing Costs</u>	0	174,080 23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 0	\$ 3,266,202 24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,075,587	\$ 7,976,476 25

	1	2	
	Operating	After Consolidation*	
<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 97,207	\$ 97,207 26
27	Officer's Accounts Payable	0	0 27
28	Accounts Payable-Patient Deposits	14,958	14,958 28
29	Short-Term Notes Payable	0	179,686 29
30	Accrued Salaries Payable	80,990	80,990 30
31	Accrued Taxes Payable (excluding real estate taxes)	(21,320)	(21,320) 31
32	Accrued Real Estate Taxes(Sch.IX-B)	0	0 32
33	Accrued Interest Payable	0	20,669 33
34	Deferred Compensation	0	0 34
35	Federal and State Income Taxes	0	0 35
<b>Other Current Liabilities(specify):</b>			
36		0	0 36
37	<u>Intercompany</u>	1,039,369	2,799,397 37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,211,204	\$ 3,171,587 38
<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	0	4,895,992 39
40	Mortgage Payable	0	0 40
41	Bonds Payable	0	0 41
42	Deferred Compensation	0	0 42
<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Deferred Liabilities - Revenue</u>	22,146	22,146 43
44	<u>Related Party Loans - Int. Non-Allowable</u>	8,300,265	8,300,265 44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 8,322,411	\$ 13,218,403 45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 9,533,615	\$ 16,389,990 46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (5,458,028)	\$ (8,413,514) 47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,075,587	\$ 7,976,476 48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,554,802)	1
2	Restatements (describe):		2
3	Prior Period Adj.	(92,582)	3
4	0	0	4
5	0	0	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,647,384)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(810,644)	7
8	Aquisitions of Pooled Companies	0	8
9	Proceeds from Sale of Stock	0	9
10	Stock Options Exercised	0	10
11	Contributions and Grants	0	11
12	Expenditures for Specific Purposes	0	12
13	Dividends Paid or Other Distributions to Owners	( 0 )	13
14	Donated Property, Plant, and Equipment	0	14
15	Other (describe) 0	0	15
16	Other (describe) 0	0	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (810,644)	17
<b>B. Transfers (Itemize):</b>			
18	ILU net asset activity for the year	0	18
19	0	0	19
20	0	0	20
21	0	0	21
22	0	0	22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (5,458,028)	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

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 16,859,376	1
2	Discounts and Allowances for all Levels	(4,107,927)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,751,449	3
<b>B. Ancillary Revenue</b>			
4	Day Care	0	4
5	Other Care for Outpatients	0	5
6	Therapy	5,795,825	6
7	Oxygen	0	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 5,795,825	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education	0	9
10	Other Government Grants	0	10
11	CNA Training Reimbursements	0	11
12	Gift and Coffee Shop	0	12
13	Barber and Beauty Care	4,219	13
14	Non-Patient Meals	0	14
15	Telephone, Television and Radio	0	15
16	Rental of Facility Space	0	16
17	Sale of Drugs	1,921,196	17
18	Sale of Supplies to Non-Patients	0	18
19	Laboratory	126,886	19
20	Radiology and X-Ray	97,095	20
21	Other Medical Services	47,831	21
22	Laundry	0	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,197,227	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	0	24
25	Interest and Other Investment Income***	28,187	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 28,187	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>	0	27
28	<u>AL/IL</u>	0	28
28a	<u>Misc Revenue</u>	0	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 0	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 20,772,688	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,505,569	31
32	Health Care	9,736,920	32
33	General Administration	6,395,228	33
<b>B. Capital Expense</b>			
34	Ownership	1,071,378	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,548,793	35
36	Provider Participation Fee	325,444	36
<b>D. Other Expenses (specify):</b>			
37	0	0	37
38	0	0	38
39	0	0	39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 21,583,332	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(810,644)	41
42	<b>Income Taxes</b>	0	42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (810,644)	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 4,174,476	44
45	Private Pay - Net Inpatient Revenue	2,016,371	45
46	Medicare - Net Inpatient Revenue	11,794,748	46
47	Other-(specify) <b>ALL OTHER SNF/SCF IP REVENUE</b>	2,398,410	47
48	Other-(specify) <b>C/A ANCILLARY ACCOUNTS</b>	(7,632,557)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,751,449	49

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

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

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

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

Facility Name & ID Number Providence Palos Heights

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	2,069	2,155	\$ 122,246	\$ 56.73	1
2	Assistant Director of Nursing	2,082	2,322	95,283	41.03	2
3	Registered Nurses	74,495	78,911	3,043,714	38.57	3
4	Licensed Practical Nurses	7,608	8,082	244,093	30.20	4
5	CNAs & Orderlies	141,212	147,988	2,375,772	16.05	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	1,930	2,123	46,959	22.12	9
10	Activity Assistants	3,415	3,568	47,671	13.36	10
11	Social Service Workers	7,430	8,158	190,795	23.39	11
12	Dietician	1,980	2,063	62,756	30.42	12
13	Food Service Supervisor	1,984	2,088	60,615	29.03	13
14	Head Cook	2,430	2,773	50,093	18.06	14
15	Cook Helpers/Assistants	14,230	15,080	243,865	16.17	15
16	Dishwashers	20,261	21,020	222,729	10.60	16
17	Maintenance Workers	16,597	17,621	309,790	17.58	17
18	Housekeepers	17,114	18,781	263,586	14.03	18
19	Laundry	7,272	7,876	101,201	12.85	19
20	Administrator	0	0	0		20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	21,237	22,640	456,463	20.16	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	3,732	4,144	70,780	17.08	31
32	Other Health Care(specify)	707	707	10,713	15.15	32
33	Other(specify)	795	795	8,064	10.14	33
34	TOTAL (lines 1 - 33)	348,580	368,895	\$ 8,027,188 *	\$ 21.76	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	0	\$ 0	35	
36	Medical Director	0	169,000	09-03	36
37	Medical Records Consultant	0	1,386	10-03	37
38	Nurse Consultant	0	19,661	10-03	38
39	Pharmacist Consultant	0	0		39
40	Physical Therapy Consultant	0	0		40
41	Occupational Therapy Consultant	0	0		41
42	Respiratory Therapy Consultant	0	0		42
43	Speech Therapy Consultant	0	0		43
44	Activity Consultant	0	654	11-03	44
45	Social Service Consultant	0	796	12-03	45
46	Other(specify)	0	0		46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		\$ 191,497		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		58,699	10-03	52
53	TOTAL (lines 50 - 52)	\$	58,699		53



Facility Name &amp; ID Number Providence Palos Heights

# 0052381

Report Period Beginning: 01/01/18

Ending: 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. Leading Age
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5-10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 108,560 Line 10-02
- (7) Have all costs reported on this form been determined using accounting procedure consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 325,444  
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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,249
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Plante & Moran, PLLC - Not Final
- (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