

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC

0053637 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	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,108	5,380	2,684	13,172	8
9	SNF/PED					9
10	ICF	5,213	76		5,289	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,321	5,456	2,684	18,461	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 51.09%

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 07/31/15

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/31/15 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 49 and days of care provided 2,575

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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, L # 0053637 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
	A. General Services										
1	Dietary	163,792	22,374	5,817	191,983		191,983	72	192,055		1
2	Food Purchase		145,163		145,163		145,163	146	145,309		2
3	Housekeeping	72,790	16,384		89,174		89,174	389	89,563		3
4	Laundry	35,893	12,016		47,909		47,909		47,909		4
5	Heat and Other Utilities			90,055	90,055		90,055	582	90,637		5
6	Maintenance	55,406	1,407	48,500	105,313		105,313	4,847	110,160		6
7	Other (specify):* See Supplemental							285	285		7
8	TOTAL General Services	327,881	197,344	144,372	669,597		669,597	6,321	675,918		8
	B. Health Care and Programs										
9	Medical Director			2,400	2,400		2,400		2,400		9
10	Nursing and Medical Records	1,190,693	48,751	16,072	1,255,516		1,255,516		1,255,516		10
10a	Therapy	20,212			20,212		20,212		20,212		10a
11	Activities	32,421	4,681	184	37,286		37,286		37,286		11
12	Social Services			1,692	1,692		1,692		1,692		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	1,243,326	53,432	20,348	1,317,106		1,317,106		1,317,106		16
	C. General Administration										
17	Administrative	125,161			125,161		125,161	6,965	132,126		17
18	Directors Fees										18
19	Professional Services			182,791	182,791		182,791	(4,483)	178,308		19
20	Dues, Fees, Subscriptions & Promotions			54,304	54,304		54,304	(24,900)	29,404		20
21	Clerical & General Office Expenses	144,884	4,555	465,991	615,430		615,430	(400,591)	214,839		21
22	Employee Benefits & Payroll Taxes			282,699	282,699		282,699	(6,179)	276,520		22
23	Inservice Training & Education			2,985	2,985		2,985		2,985		23
24	Travel and Seminar			2,294	2,294		2,294	136	2,430		24
25	Other Admin. Staff Transportation			32,200	32,200		32,200	359	32,559		25
26	Insurance-Prop.Liab.Malpractice			63,887	63,887		63,887	653	64,540		26
27	Other (specify):* See Supplemental							10,324	10,324		27
28	TOTAL General Administration	270,045	4,555	1,087,151	1,361,751		1,361,751	(417,716)	944,035		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,841,252	255,331	1,251,871	3,348,454		3,348,454	(411,395)	2,937,059		29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

Rushville Nursing & Rehabilitation Center, LLC
 Medicaid Cost Report
 01/01/18 - 12/31/18

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 7 - Other General Services				
Extended Care Consulting, LLC				-
Employee Benefits			285	285
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>285</u>	<u>285</u>
Line 15 - Other Health Care Services				
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 27 - Other General Administration				
Extended Care Consulting, LLC				-
Employee Benefits			10,324	10,324
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>10,324</u>	<u>10,324</u>

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			6,840	6,840		6,840	101,622	108,462			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							71,169	71,169			32
33	Real Estate Taxes							39,913	39,913			33
34	Rent-Facility & Grounds			298,985	298,985		298,985	(298,985)				34
35	Rent-Equipment & Vehicles			6,817	6,817		6,817	179	6,996			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			312,642	312,642		312,642	(86,102)	226,540			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		92,930	493,623	586,553		586,553		586,553			39
40	Barber and Beauty Shops			50	50		50		50			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			155,121	155,121		155,121		155,121			42
43	Other (specify):* See Supplemental											43
44	TOTAL Special Cost Centers		92,930	648,794	741,724		741,724		741,724			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,841,252	348,261	2,213,307	4,402,820		4,402,820	(497,497)	3,905,323			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Rushville Nursing & Rehabilitation Center, LLC
 Medicaid Cost Report
 01/01/18 - 12/31/18

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 43 - Other Special Cost Centers				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,111)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(500)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(437,627)	21		24
25	Fund Raising, Advertising and Promotional	(25,115)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Supplemental	(16,792)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (484,145)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(13,352)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (13,352)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (497,497)		37

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

BHF USE ONLY							
48		49		50		51	52

ID# 0053637

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Other Income	\$ (4,764)	21	1
2	Other Professional	(1,044)	19	2
3	Theft Loss	(5)	21	3
4	Bank Charges	(3,821)	21	4
5	Amortization		31	5
6				6
7				7
8	Rushville Healthcare Properties, LLC			8
9	Professional Fees	(4,616)	19	9
10	Administration	(85)	21	10
11	Amortization	(2,457)	31	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
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	(16,792)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC# 0053637

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	72	0	0	0	0	0	0	0	0	72	1
2	Food Purchase	0	0	146	0	0	0	0	0	0	0	0	146	2
3	Housekeeping	0	0	389	0	0	0	0	0	0	0	0	389	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	582	0	0	0	0	0	0	0	0	582	5
6	Maintenance	0	0	1,557	3,290	0	0	0	0	0	0	0	4,847	6
7	Other (specify):*	0	0	0	285	0	0	0	0	0	0	0	285	7
8	TOTAL General Services	0	0	2,746	3,575	0	0	0	0	0	0	0	6,321	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	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	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	558	6,407	0	0	0	0	0	0	0	6,965	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,660)	4,616	(3,439)	0	0	0	0	0	0	0	0	(4,483)	19
20	Fees, Subscriptions & Promotions	(25,615)	0	715	0	0	0	0	0	0	0	0	(24,900)	20
21	Clerical & General Office Expenses	(446,302)	85	3,671	41,955	0	0	0	0	0	0	0	(400,591)	21
22	Employee Benefits & Payroll Taxes	0	0	0	(6,179)	0	0	0	0	0	0	0	(6,179)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	136	0	0	0	0	0	0	0	0	136	24
25	Other Admin. Staff Transportation	0	0	359	0	0	0	0	0	0	0	0	359	25
26	Insurance-Prop.Liab.Malpractice	0	0	653	0	0	0	0	0	0	0	0	653	26
27	Other (specify):*	0	0	0	10,324	0	0	0	0	0	0	0	10,324	27
28	TOTAL General Administration	(477,577)	4,701	2,653	52,507	0	0	0	0	0	0	0	(417,716)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(477,577)	4,701	5,399	56,082	0	0	0	0	0	0	0	(411,395)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC # 0053637 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)	
	D. Ownership													
30	Depreciation	0	100,672	950	0	0	0	0	0	0	0	0	101,622	30
31	Amortization of Pre-Op. & Org.	(2,457)	2,457	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,111)	67,133	8,147	0	0	0	0	0	0	0	0	71,169	32
33	Real Estate Taxes	0	38,270	1,643	0	0	0	0	0	0	0	0	39,913	33
34	Rent-Facility & Grounds	0	(298,985)	0	0	0	0	0	0	0	0	0	(298,985)	34
35	Rent-Equipment & Vehicles	0	0	179	0	0	0	0	0	0	0	0	179	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(6,568)	(90,453)	10,919	0	0	0	0	0	0	0	0	(86,102)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(484,145)	(85,752)	16,318	56,082	0	(497,497)	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:		
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	34 Rent	\$ 298,985	Rushville Healthcare Properties, LLC	100.00%	\$	\$	(298,985)	1
2	V	32 Interest		Rushville Healthcare Properties, LLC	100.00%				2
3	V	19 Professional Fees		Rushville Healthcare Properties, LLC	100.00%	4,616		4,616	3
4	V	21 Office		Rushville Healthcare Properties, LLC	100.00%	85		85	4
5	V	26 Property Insurance		Rushville Healthcare Properties, LLC	100.00%				5
6	V	30 Depreciation		Rushville Healthcare Properties, LLC	100.00%	100,672		100,672	6
7	V	31 Amortization		Rushville Healthcare Properties, LLC	100.00%	2,457		2,457	7
8	V	32 Interest		Rushville Healthcare Properties, LLC	100.00%	67,133		67,133	8
9	V	33 Real Estate Taxes		Rushville Healthcare Properties, LLC	100.00%	38,270		38,270	9
10	V	36 Mortgage Insurance Premiums		Rushville Healthcare Properties, LLC	100.00%				10
11	V								11
12	V								12
13	V								13
14	Total		\$ 298,985			\$ 213,233	\$ *	(85,752)	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Rushville Nursing & Rehabilitation Center, LLC

0053637

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	Sherwin Ray	60.00%	Beecher Manor Nursing and Rehab	Beecher, IL	Ex. Care Consulting	Evanston, IL	Home Office	1
2	Atied Associates, LLC	40.00%	Briar Place	Indian Head, IL	Ex. Care Clinical	Evanston, IL	Administrative	2
3			Chateau Village Nursing and Rehab	Willowbrook, IL	2201 Main Street	Evanston, IL	Bldg. Company	3
4			Grasmere Place	Chicago, IL	CCS VEBA	Evanston, IL	Health Insurance	4
5			Lakewood Nursing and Rehab	Plainfield, IL	Vent Lease	Evanston, IL	Vent. Rental	5
6			Lemont Nursing and Rehab	Lemont, IL	Mac RX, LLC	Des Plaines, IL	Pharmacy	6
7			Prairie Manor Halth Care	Chicago Heights, IL	Reliable Medical	Des Plaines, IL	Medical Supply	7
8			Rainbow Beach Nursing Center	Chicago, IL				8
9			Sheridan Shores	Chicago, IL				9
10			South Suburban Rehabilitation Center	Chicago, IL				10
11			Tri-State Nursing and Rehab	Lansing, IL				11
12			Wheaton Care Center	Wheaton, IL	Rushville HC			12
13			Kensington Place Nursing and Rehab	Chicago, IL	Properties, LLC	Rushville, IL	Bldg. Company	13
14			Countryside Nursing and Rehab	Dolton, IL				14
15			Spring Creek Nursing and Rehab	Joliet, IL				15
16			Park House Nursing and Rehab	Chicago, IL				16
17			Timber Point Healthcare Center	Camp Point, IL				17
18			Prairie Village Healthcare Center	Jacksonville, IL				18
19			Major Hospital - Dyer	Dyer, IN				19
20			Major Hospital - Lake County	East Chicago, IN				20
21			Major Hospital - Sebo	Holbart, IN				21
22			Major Hospital - Lincolnshire	Merrillville, IN				22
23			Major Hospital - Munster	Munster, IN				23
24			McKinley Health Care Center	Canton, OH				24
25			St. James Manor	Crete, IL				25
26			St. James Manor - Assisted Living	Crete, IL				26
27			The Parc at Joliet	Joliet, IL				27
28			The Estates of Hyde Park	Chicago, IL				28
29			Rushville Nursing and Rehab	Rushville, IL				29
30			Paramount of Oak Park	Oak Park, IL				30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Rushville Nursing & Rehabilitation Center, LLC

0053637

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			Sheffield Manor Assisted Living	Dyer, IN				1
2			Kenosha Estates	Kenosha, WI				2
3			Milwaukee Estates	Milwaukee, WI				3
4			Appleton	Appleton, WI				4
5			Naperville Manor	Naperville, IL				5
6			South Holland Manor	South Holland, IL				6
7			Westmont Manor	Westmont, IL				7
8			Wheaton Care Center	Wheaton, IL				8
9			Estates of Hyde Park	Hyde Park, IL				9
10			Major Hospital - Spring Mill	Merrillville, IN				10
11			Major Hospital - Spring Mill AL	Merrillville, IN				11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

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	1 Dietary	\$	Extended Care Consulting, LLC	100.00%	\$ 72	\$	72	15
16	V	2 Food		Extended Care Consulting, LLC	100.00%	146		146	16
17	V	3 Housekeeping		Extended Care Consulting, LLC	100.00%	389		389	17
18	V	5 Utilities		Extended Care Consulting, LLC	100.00%	582		582	18
19	V	6 Maintenance		Extended Care Consulting, LLC	100.00%	1,557		1,557	19
20	V	17 Administrative		Extended Care Consulting, LLC	100.00%	558		558	20
21	V	19 Professional Fees	5,474	Extended Care Consulting, LLC	100.00%	2,035		(3,439)	21
22	V	20 Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	715		715	22
23	V	21 Office and Clerical		Extended Care Consulting, LLC	100.00%	3,671		3,671	23
24	V	24 Seminar and Travel		Extended Care Consulting, LLC	100.00%	136		136	24
25	V	25 Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	359		359	25
26	V	26 Insurance		Extended Care Consulting, LLC	100.00%	653		653	26
27	V	30 Depreciation		Extended Care Consulting, LLC	100.00%	950		950	27
28	V	32 Interest		Extended Care Consulting, LLC	100.00%	8,147		8,147	28
29	V	33 Real Estate Taxes	77	Extended Care Consulting, LLC	100.00%	1,720		1,643	29
30	V	35 Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	179		179	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		\$ 5,551			\$ 21,869	\$ *	16,318	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	6 Maintenance (Pooled)	\$	Extended Care Consulting, LLC	100.00%	\$ 3,290	\$	3,290	15
16	V	6 Maintenance (Direct)		Extended Care Consulting, LLC	100.00%	0			16
17	V	7 Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	285		285	17
18	V	7 Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%	0			18
19	V	17 Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	6,407		6,407	19
20	V	21 Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	41,955		41,955	20
21	V	21 Office and Clerical (Direct)	8,074	Extended Care Consulting, LLC	100.00%	8,074			21
22	V	27 Emp. Gen. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	9,671		9,671	22
23	V	27 Emp. Gen. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	653		653	23
24	V	22 Employee Benefits	6,179	Extended Care Consulting, LLC	100.00%			(6,179)	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		\$ 14,253			\$ 70,335	\$ *	56,082	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	22 Employee Benefits	\$ 124,011	CCS VEBA	100.00%	\$ 124,011	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 124,011			\$ 124,011	\$ *	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, I # 0053637 Report Period Beginning: 01/01/18 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	Sherwin Ray	Partner	Administration	60.00%	See Supplemental	7.30	18.25%	Salary	\$ 36,505	17 - 01	1
2	Adam Vales	Relative	Clerical	0.00%	See Supplemental	0.59	1.48%	Alloc. Salary	1,118	22 - 07	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 37,623		13

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Rushville Nursing & Rehabilitation Center, LLC
 Medicaid Cost Report
 01/01/18 - 12/31/18

Page 7 Supplemental Schedule

Description	Alloc. Hours	Total Hours	Alloc. Percentage	Total Compensation		Alloc. Compensation		
				Salary	Mgmt. Fees	Salary	Mgmt. Fees	
Owners / Director Compensation								
Sherwin Ray							-	-
Timber Point Healthcare Center	9.31	40.00	23.27%	200,000	-		46,549	-
Prairie Village Healthcare Center	9.31	40.00	23.27%	200,000	-		46,549	-
Countryside Nursing & Rehab	14.08	40.00	35.20%	200,000	-		70,397	-
Rushville Nursing & Rehab	7.30	40.00	18.25%	200,000	-		36,505	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
							-	-
Total	<u>40</u>		<u>100.00%</u>				<u>200,000</u>	<u>-</u>

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC # 0053637 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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC # 0053637 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 Extended Care Consulting, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905 - 3000
 Fax Number (847) 491 - 9565

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	Dietary	Patient Days	1,389,746	40	\$ 5,386	\$ 18,461	\$ 72	1
2	2	Food	Patient Days	1,389,746	40	10,961	18,461	146	2
3	3	Housekeeping	Patient Days	1,389,746	40	29,295	18,461	389	3
4	5	Utilities	Patient Days	1,389,746	40	43,781	18,461	582	4
5	6	Maintenance	Patient Days	1,389,746	40	117,234	18,461	1,557	5
6	17	Administrative	Patient Days	1,389,746	40	42,000	18,461	558	6
7	19	Professional Fees	Patient Days	1,389,746	40	153,207	18,461	2,035	7
8	20	Dues and Subscriptions	Patient Days	1,389,746	40	53,847	18,461	715	8
9	21	Office and Clerical	Patient Days	1,389,746	40	276,330	18,461	3,671	9
10	24	Travel and Seminar	Patient Days	1,389,746	40	10,217	18,461	136	10
11	25	Other Staff Admin. Trans.	Patient Days	1,389,746	40	27,054	18,461	359	11
12	26	Insurance	Patient Days	1,389,746	40	49,193	18,461	653	12
13	30	Depreciation	Patient Days	1,389,746	40	71,516	18,461	950	13
14	32	Interest	Patient Days	1,389,746	40	613,328	18,461	8,147	14
15	33	Real Estate Taxes	Patient Days	1,389,746	40	129,471	18,461	1,720	15
16	35	Rent - Equipment and Auto	Patient Days	1,389,746	40	13,470	18,461	179	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,646,290	\$		\$ 21,869	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC # 0053637 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 Extended Care Consulting, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905 - 3000
 Fax Number (847) 941 - 9565

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	6	Maintenance	Patient Days	1,389,746	40	\$ 247,664	\$ 247,664	18,461	\$ 3,290	1
2	6	Maintenance	Direct	357,298	40	357,298	357,298			2
3	7	Emp. Ben. - Gen. Serv.	Patient Days	1,389,746	40	21,482		18,461	285	3
4	7	Emp. Ben. - Gen. Serv.	Direct	47,140	40	47,140				4
5	17	Administrative	Patient Days	1,389,746	40	482,303	482,303	18,461	6,407	5
6	21	Office and Clerical	Patient Days	1,389,746	40	3,158,355	3,158,355	18,461	41,955	6
7	21	Office and Clerical	Direct	484,472	40	484,472	484,472	8,074	8,074	7
8	27	Emp. Gen. - Gen. Admin.	Patient Days	1,389,746	40	728,044		18,461	9,671	8
9	27	Emp. Gen. - Gen. Admin.	Direct	72,742	40	72,742		653	653	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					\$ 5,599,500	\$ 4,730,092		\$ 70,335	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC # 0053637 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 CCS VEBA
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905 - 3000
 Fax Number (847) 491 - 9565

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	22	Employee Benefits	Direct Allocation	8,429,403	\$ 8,429,403	\$	124,011	\$ 124,011	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				\$ 8,429,403	\$		\$ 124,011	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, L # 0053637 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			
A. Directly Facility Related																				
Long-Term																				
1	Atied Associates		X				\$	\$		\$ 67,133	1									
2											2									
3											3									
4											4									
5											5									
Working Capital																				
6	Extended Care Cons., LLC		X	Line of Credit						8,147	6									
7											7									
8											8									
9	TOTAL Facility Related						\$	\$		\$ 75,280	9									
B. Non-Facility Related*																				
10											10									
11											11									
12	Interest Income		X							(4,111)	12									
13											13									
14	TOTAL Non-Facility Related						\$	\$		\$ (4,111)	14									
15	TOTALS (line 9+line14)						\$	\$		\$ 71,169	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 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.) SEE ACCOUNTANTS' PREPARATION REPORT

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Rushville Nursing & Rehabilitation Center, LLC COUNTY Schuyler
 FACILITY IDPH LICENSE NUMBER 0053637
 CONTACT PERSON REGARDING THIS REPORT Edward N. Slack, CPA
 TELEPHONE (847) 628 - 8796 FAX #: (248) 327 - 8417

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>08 - 30 - 451 - 008</u>	<u>Long Term Care Facility</u>	\$ <u>302.18</u>	\$ <u>302.18</u>
2.	<u>08 - 30 - 379 - 004</u>	<u>Long Term Care Facility</u>	\$ <u>57.94</u>	\$ <u>57.94</u>
3.	<u>08 - 30 - 451 - 006</u>	<u>Long Term Care Facility</u>	\$ <u>441.20</u>	\$ <u>441.20</u>
4.	<u>08 - 30 - 377 - 011</u>	<u>Long Term Care Facility</u>	\$ <u>71.02</u>	\$ <u>71.02</u>
5.	<u>08 - 30 - 379 - 003</u>	<u>Long Term Care Facility</u>	\$ <u>190.92</u>	\$ <u>190.92</u>
6.	<u>08 - 30 - 377 - 012</u>	<u>Long Term Care Facility</u>	\$ <u>392.90</u>	\$ <u>392.90</u>
7.	<u>08 - 30 - 451 - 007</u>	<u>Long Term Care Facility</u>	\$ <u>1,597.48</u>	\$ <u>1,597.48</u>
8.	<u>08 - 30 - 379 - 001</u>	<u>Long Term Care Facility</u>	\$ <u>174.50</u>	\$ <u>174.50</u>
9.	<u>08 - 30 - 379 - 002</u>	<u>Long Term Care Facility</u>	\$ <u>211.44</u>	\$ <u>211.44</u>
10.	<u>08 - 30 - 376 - 044</u>	<u>Long Term Care Facility</u>	\$ <u>245.24</u>	\$ <u>245.24</u>
		TOTALS	\$ <u><u>3,684.82</u></u>	\$ <u><u>3,684.82</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 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 providecopies of their original second installment tax bill.

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC

0053637

Report Period Beginning:

01/01/18 Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,354 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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).

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	<u>Facility</u>		<u>1998</u>	\$ <u>171,881</u>	1
2	<u>Ext. Care Con. LLC</u>			<u>7,387</u>	2
3	TOTALS			\$ 179,268	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC

0053637

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	
	Bed* FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99	2015	1966	\$ 1,428,751	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Architecture Planning		2015	3,220						9
10	Window Coverings - Blinds (Resident Rooms)		2016	3,054						10
11	Roofing		2018	24,650						11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC

0053637

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	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37		\$	\$		\$	\$	\$	37	
38								38	
39								39	
40								40	
41								41	
42								42	
43								43	
44								44	
45								45	
46								46	
47								47	
48								48	
49								49	
50								50	
51								51	
52								52	
53								53	
54								54	
55								55	
56								56	
57								57	
58								58	
59								59	
60								60	
61								61	
62								62	
63								63	
64								64	
65								65	
66								66	
67								67	
68								68	
69								69	
70	TOTAL (lines 4 thru 69)	\$	1,459,675	\$		\$		\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC# 0053637

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	Totals from Page 12A, Carried Forward		\$ 1,459,675	\$		\$	\$	\$	1
2									2
3	<u>Related Party Allocations - See Supplemental Schedules</u>								3
4									4
5	<u>Allocations - Extended Care Consulting, LLC</u>	2007	61						5
6	<u>Allocations - Extended Care Consulting, LLC</u>	2009	37						6
7	<u>Allocations - Extended Care Consulting, LLC</u>	2010	358						7
8	<u>Allocations - Extended Care Consulting, LLC</u>	2011	129						8
9	<u>Allocations - Extended Care Consulting, LLC</u>	2012	43						9
10	<u>Allocations - Extended Care Consulting, LLC</u>	2014	589						10
11	<u>Allocations - Extended Care Consulting, LLC</u>	2016	706						11
12	<u>Allocations - Extended Care Consulting, LLC</u>	2017							12
13	<u>Allocations - Extended Care Consulting, LLC</u>	2018							13
14									14
15	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2002	10,179						15
16	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2002	8,409						16
17	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2003	9,909						17
18	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2005	492						18
19	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2009	89						19
20	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2014	853						20
21	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2015	140						21
22	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2016	553						22
23	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2017	960						23
24	<u>Allocations - Extended Care Consulting, LLC / 2201 Main, LLC</u>	2018	440						24
25									25
26	<u>Allocations - Extended Care Consulting, LLC / Dyer Building</u>	2007	3,188						26
27									27
28									28
29	<u>Depreciation - Rushville Nursing & Rehabilitation Center, LLC</u>			6,840		6,840		9,762	29
30	<u>Depreciation - Rushville Healthcare Properties, LLC</u>			100,672		100,672		465,387	30
31	<u>Depreciation - Extended Care Consulting, LLC</u>			467		467		40,688	31
32	<u>Depreciation - Extended Care Consulting, LLC / 2201 Main LLC</u>			413		413		26,400	32
33	<u>Depreciation - Extended Care Consulting, LLC / Dyer Building</u>			70		70		812	33
34	TOTAL (lines 1 thru 33)		\$ 1,496,810	\$ 108,462		\$ 108,462	\$	\$ 543,049	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 6,773	\$	\$	\$		\$	71
72	Current Year Purchases	9,331						72
73	Fully Depreciated Assets							73
74	See Supplemental	363,894						74
75	TOTALS	\$ 379,998	\$	\$	\$		\$	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	Ext. Care Consult., LLC			\$ 338	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 338	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,056,414	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 108,462	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 108,462	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 543,049	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC

0053637

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	See Suppl.							5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2019</u>	\$ _____
13.	<u>/2020</u>	\$ _____
14.	<u>/2021</u>	\$ _____

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: \$ 6,996 Description: See Supplemental Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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 - 03	hrs	\$		\$ 245,977	\$		\$ 245,977	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			34,304			34,304	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			206,782			206,782	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				90,894		90,894	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>See Supplemental</u>	39 - 02					2,036		2,036	12
13	Other (specify): <u>See Supplemental</u>	39 - 03				6,560			6,560	13
14	TOTAL			\$		\$ 493,623	\$ 92,930		\$ 586,553	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC

0053637

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*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 2,512	\$ 49,995	1
2	Cash-Patient Deposits	3,138	3,138	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>756,252</u>)	885,061	885,061	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	77,813	77,813	6
7	Other Prepaid Expenses	3,151	3,151	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>	36,898	56,377	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,008,573	\$ 1,075,535	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		171,881	13
14	Buildings, at Historical Cost		1,428,751	14
15	Leasehold Improvements, at Historical Cost	24,650	24,650	15
16	Equipment, at Historical Cost	19,158	339,553	16
17	Accumulated Depreciation (book methods)	(9,762)	(475,149)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>		3,686	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 34,046	\$ 1,493,372	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,042,619	\$ 2,568,907	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,365,099	\$ 1,365,099	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,138	3,138	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	114,916	114,916	30
31	Accrued Taxes Payable (excluding real estate taxes)	47,994	47,994	31
32	Accrued Real Estate Taxes(Sch.IX-B)		40,905	32
33	Accrued Interest Payable		4,537	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	1,103,872	1,324,865	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,635,019	\$ 2,901,454	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,093,079	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 1,093,079	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,635,019	\$ 3,994,533	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,592,400)	\$ (1,425,626)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,042,619	\$ 2,568,907	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

Rushville Nursing & Rehabilitation Center, LLC
 Medicaid Cost Report
 01/01/18 - 12/31/18

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
Real Estate Escrow Deposit	36,898	19,479	56,377
			-
			-
			-
Sub-Total	<u>36,898</u>	<u>19,479</u>	<u>56,377</u>
Line 23 - Long Term Assets			
Financing Fees (Net of Amortization)		3,686	3,686
			-
			-
			-
Sub-Total	<u>-</u>	<u>3,686</u>	<u>3,686</u>
Line 36 - Other Current Liability			
Due to Affiliated Entities	278,872	220,993	499,865
Due to Others	825,000		825,000
			-
			-
			-
Sub-Total	<u>1,103,872</u>	<u>220,993</u>	<u>1,324,865</u>
Line 43 - Long term Liabilities			
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,273,359)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,273,359)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(319,041)	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)	\$ (319,041)	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)	\$ (1,592,400)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 3,891,229	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,891,229	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	183,495	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 183,495	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions	180	24
25	Interest and Other Investment Income***	4,111	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,291	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	4,764	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,764	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,083,779	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	669,597	31
32	Health Care	1,317,106	32
33	General Administration	1,361,751	33
B. Capital Expense			
34	Ownership	312,642	34
C. Ancillary Expense			
35	Special Cost Centers	586,603	35
36	Provider Participation Fee	155,121	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,402,820	40
41	Income before Income Taxes (line 30 minus line 40)**	(319,041)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (319,041)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,485,048	44
45	Private Pay - Net Inpatient Revenue	981,449	45
46	Medicare - Net Inpatient Revenue	1,358,253	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	61,971	47
48	Other-(specify) <u>Hospice - Net Inpatient Revenue</u>	4,508	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,891,229	49

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

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Rushville Nursing & Rehabilitation Center, LLC
 Medicaid Cost Report
 01/01/18 - 12/31/18

Page 19 Supplemental Schedule

Description		Amount		Total		
Other Income		4,764		4,764		
Total				<u>4,764</u>		<u>4,764</u>

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC

0053637

Report Period Beginning:

01/01/18

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	1,743	1,904	\$ 67,295	\$ 35.34	1
2	Assistant Director of Nursing					2
3	Registered Nurses	13,330	14,234	425,336	29.88	3
4	Licensed Practical Nurses	7,726	8,267	175,973	21.29	4
5	CNAs & Orderlies	35,104	37,372	456,439	12.21	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,437	1,710	20,212	11.82	8
9	Activity Director	1,541	1,824	19,961	10.94	9
10	Activity Assistants	1,187	1,246	12,460	10.00	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,986	2,063	26,885	13.03	13
14	Head Cook	3,255	3,506	31,798	9.07	14
15	Cook Helpers/Assistants	11,008	11,489	105,109	9.15	15
16	Dishwashers					16
17	Maintenance Workers	3,554	3,811	55,406	14.54	17
18	Housekeepers	6,915	7,550	72,790	9.64	18
19	Laundry	3,416	3,776	35,893	9.51	19
20	Administrator	2,024	2,232	88,656	39.72	20
21	Assistant Administrator					21
22	Other Administrative	380	380	36,505	96.07	22
23	Office Manager					23
24	Clerical	5,256	5,667	144,884	25.57	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					31
32	Other Health Care(specify)					32
33	Other(specify)	2,002	2,124	65,650	30.91	33
34	TOTAL (lines 1 - 33)	101,864	109,155	\$ 1,841,252 *	\$ 16.87	34

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 5,817	01 - 03	35
36	Medical Director	2,400	09 - 03	36
37	Medical Records Consultant			37
38	Nurse Consultant	11,944	10 - 03	38
39	Pharmacist Consultant	4,128	10 - 03	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	184	11 - 03	44
45	Social Service Consultant	1,692	12 - 03	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 26,165		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount			
Melissa Conover / Keesha Abernathy	Administrator	0	\$ 88,656	Workers' Compensation Insurance	\$ 29,888	IDPH License Fee	\$ 1,990			
Sherwin Ray	Administration	33.33	36,505	Unemployment Compensation Insurance	17,229	Advertising: Employee Recruitment	3,738			
				FICA Taxes	132,316	Health Care Worker Background Check	4,562			
				Employee Health Insurance	90,797	(Indicate # of checks performed)				
				Employee Meals		<u>Patient Background Checks</u>				
				Illinois Municipal Retirement Fund (IMRF)*		Licenses	1,626			
				Other Employee Benefits	6,290	Dues - Associations	14,929			
						Dues and Subscriptions	1,844			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 125,161			Advertising and Promotion	25,115			
(List each licensed administrator separately.)						Extended Care Consulting, LLC	715			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Description				Description	Line #	Amount	Description	Amount		
							Out-of-State Travel	\$		
							In-State Travel			
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			\$ 276,520	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 29,404
(Attach a copy of any management service agreement)										
C. Professional Services										
Vendor/Payee	Type									
Extended Care Consulting, LLC	Home Office	\$	114,000							
Plante & Moran, PLLC	Accounting		24,000							
Personnel Planners, Inc.	Unemployment Consultant		1,206							
Ability Network	Data Processing / IT Cons.		3,906							
National Datacare Corporation	Data Processing / IT Cons.		1,450							
Propay	Data Processing / IT Cons.		12,343							
Matrixcare	Data Processing / IT Cons.		14,829							
Other	Data Processing / IT Cons.		5,789							
Blymas	Other Professional		2,221				Seminar Expense		2,294	
Other	Other Professional		2,003				Extended Care Consulting, LLC		136	
Other	Non-Allowable		1,044							
TOTAL (agree to Schedule V, line 19, column 3)			\$ 182,791	TOTAL			\$	Entertainment Expense ()		
(For legal fee disclosure, see page 39 of instructions)							(agree to Sch. V, line 24, col. 8)		\$ 2,430	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

Facility Name & ID Number Rushville Nursing & Rehabilitation Center, LLC# 0053637Report Period Beginning: 01/01/18Ending: 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? No
If YES, give association name and amount. ICLTC - \$14,929
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 3,762 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 155,121
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? Yes 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? 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? 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. N/A
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' PREPARATION REPORT