

Facility Name & ID Number Symphony at 87th Street

0053728 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	<u>210</u>	Skilled (SNF)	<u>210</u>	<u>76,650</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>210</u>	TOTALS	<u>210</u>	<u>76,650</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	<u>30,233</u>	<u>2,472</u>	<u>34,257</u>	<u>66,962</u>	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	<u>30,233</u>	<u>2,472</u>	<u>34,257</u>	<u>66,962</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.36%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 07/01/1999

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 210 and days of care provided 11,490

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Symphony at 87th Street # 0053728 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	438,326	39,858	26,465	504,649		504,649	-	504,649		1
2	Food Purchase		439,578		439,578		439,578	-	439,578		2
3	Housekeeping	9,042	438,853	-	447,895		447,895	-	447,895		3
4	Laundry	-	252,295	28,718	281,013		281,013	-	281,013		4
5	Heat and Other Utilities			265,735	265,735		265,735	2,221	267,956		5
6	Maintenance	101,827	-	185,124	286,951		286,951	2,957	289,908		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	549,195	1,170,584	506,042	2,225,821		2,225,821	5,178	2,230,999		8
	B. Health Care and Programs										
9	Medical Director	-	-	18,000	18,000		18,000	-	18,000		9
10	Nursing and Medical Records	5,246,622	296,036	41,071	5,583,729		5,583,729	148,461	5,732,190		10
10a	Therapy	-	-	-				-			10a
11	Activities	187,884	-	2,778	190,662		190,662	-	190,662		11
12	Social Services	165,294	-	-	165,294		165,294	-	165,294		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt Alloc of Benefit	-	-	-				46,165	46,165		15
16	TOTAL Health Care and Programs	5,599,800	296,036	61,849	5,957,685		5,957,685	194,626	6,152,311		16
	C. General Administration										
17	Administrative	109,451	-	1,001,715	1,111,166		1,111,166	(1,001,715)	109,451		17
18	Directors Fees			-				-			18
19	Professional Services			525,111	525,111		525,111	62,177	587,288		19
20	Dues, Fees, Subscriptions & Promotions			58,131	58,131		58,131	(11,808)	46,323		20
21	Clerical & General Office Expenses	277,370	31,749	45,439	354,558		354,558	115,179	469,737		21
22	Employee Benefits & Payroll Taxes			1,127,467	1,127,467		1,127,467	-	1,127,467		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			5,744	5,744		5,744	1,084	6,828		24
25	Other Admin. Staff Transportation		-	846	846		846	8,245	9,091		25
26	Insurance-Prop.Liab.Malpractice			849,732	849,732		849,732	4,132	853,864		26
27	Other (specify):* Mgmt Alloc of Benefit	-	-	-				23,030	23,030		27
28	TOTAL General Administration	386,821	31,749	3,614,185	4,032,755		4,032,755	(799,676)	3,233,079		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,535,816	1,498,369	4,182,076	12,216,261		12,216,261	(599,872)	11,616,389		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.

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			58,259	58,259		58,259	124,890	183,149			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			174,246	174,246		174,246	(25,885)	148,361			32
33	Real Estate Taxes			578,165	578,165		578,165	4,179	582,344			33
34	Rent-Facility & Grounds			2,650,701	2,650,701		2,650,701	3,036	2,653,737			34
35	Rent-Equipment & Vehicles			163,053	163,053		163,053	5,406	168,459			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			3,624,424	3,624,424		3,624,424	111,626	3,736,050			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	43,156	43,156		43,156	(3,995)	39,161			38
39	Ancillary Service Centers	-	406,237	2,503,478	2,909,715		2,909,715	(5,589)	2,904,126			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			451,690	451,690		451,690	-	451,690			42
43	Other (specify):* Non-Allowable Cos	92,410	-	4,770,016	4,862,426		4,862,426	(4,862,426)				43
44	TOTAL Special Cost Centers	92,410	406,237	7,768,340	8,266,987		8,266,987	(4,872,010)	3,394,977			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,628,226	1,904,606	15,574,840	24,107,672		24,107,672	(5,360,256)	18,747,416			45

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

Facility Name & ID Number Symphony at 87th Street

0053728

Report Period Beginning:

01/01/18

Ending:

12/31/18

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	(15,778)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	108,979	30		9
10	Interest and Other Investment Income	(25,953)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	4,466	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(4,455)	43		18
19	Entertainment				19
20	Contributions	(125)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,495,576)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>See PG5A</u>	(401,855)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,830,297)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(529,959)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (529,959)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (5,360,256)		37

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

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

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

Symphony at 87th Street

ID# 0053728

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Income	\$ (200)	21	1
2	Valet Parking	(33,468)	43	2
3	Director of Customer Experience	(13,015)	43	3
4	Admissions Salary	(79,395)	43	4
5	Marketing Consultant & Materials	(116,332)	43	5
6	Laboratory Costs	(49,576)	43	6
7	X-Ray Costs	(58,794)	43	7
8	Theft and Damage loss	(378)	43	8
9	Non-allowable legal	(30,113)	19	9
10	To capitalize repairs and maintenance	(3,400)	6	10
11	Offset Lobbying expenses	(17,184)	20	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	(401,855)		49

VII. RELATED PARTIES

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

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

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	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	5 UTILITIES	\$	MAESTRO CONSULTING SERVICES LLC	100%	\$ 2,221	\$ 2,221	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%			16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	6,357	6,357	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%			18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	143,554	143,554	19
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	7,127	7,127	20
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	46,165	46,165	21
22	V	17 ADMINISTRATIVE MANAGEMENT FEI	1,001,715	MAESTRO CONSULTING SERVICES LLC	100%		(1,001,715)	22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	92,290	92,290	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	5,376	5,376	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	71,615	71,615	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	43,764	43,764	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	1,084	1,084	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	8,245	8,245	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	4,132	4,132	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	23,030	23,030	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	15,911	15,911	31
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	68	68	32
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	4,179	4,179	33
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	3,036	3,036	34
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	7,518	7,518	35
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	6,687	6,687	36
37	V							37
38	V							38
39	Total		\$ 1,001,715			\$ 492,359	\$ * (509,356)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10 Nursing Supplies	\$ 14,292	Integra Healthcare Equipment	100%	\$ 12,072	\$ (2,220)	15
16	V	35 Equipment Rental	56,655	Integra Healthcare Equipment	100%	47,856	(8,799)	16
17	V	39 Oxygen Supplies	30,061	Integra Healthcare Equipment	100%	25,392	(4,669)	17
18	V	39 Pharmacy	810	Integra Healthcare Equipment	100%	684	(126)	18
19	V	39 Speech Pathology	2,269	Integra Healthcare Equipment	100%	1,917	(352)	19
20	V	39 Respiratory Consultant	2,845	Integra Healthcare Equipment	100%	2,403	(442)	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		\$ 106,932			\$ 90,324	\$ * (16,608)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	38	Transportation	\$ 42,097	Lifeline Ambulance	100%	\$ 38,102	\$ (3,995)	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			\$ 42,097			\$ 38,102	\$ * (3,995)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 188,979	Maple Leaf Insurance	100%	\$ 188,979	\$	15
16	V	26	Liability Insurance	485,538	Maple Leaf Insurance	100%	485,538		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			\$ 674,517			\$ 674,517	\$ *	39

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

Facility Name & ID Number

Symphony at 87th Street

0053728

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	SymcareHealthcare, LLC	99.99%	SYMPHONY OF DEERBROOK	DEERBROOK	MAESTRO CONSUL	LINCOLNWOOD	BOOKKEEPING	1
2	Symcare HMG, LLC	0.01%	SYMPHONY OF COUNTRYSIDE	AURORA	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3			SYMPHONY OF CRESTWOOD	CRESTWOOD	MAPLELEAF INSUR	GRAND CAYMAN	INSURANCE	3
4			SYMPHONY OF MAPLE CREST	BELVIDERE	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYMPHONY OF NORTHWOODS	BELVIDERE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SE	5
6			SYMPHONY OF SYCAMORE	QUINCY	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT THE TILLERS	OSWEGO				7
8			SYMPHONY OF EVANSTON	EVANSTON				8
9			SYMPHONY OF DYER	DYER, IN				9
10			SYMPHONY OF CHESTERTON	CHESTERTON, IN				10
11			SYMPHONY OF CROWN POINT	CROWN POINT, IN				11
12			SYMPHONY ARIA	HILLSIDE				12
13			SYMPHONY BRONZEVILLE PARK	CHICAGO				13
14			SYMPHONY BUFFALO GROVE	BUFFALO GROVE				14
15			SYMPHONY IVY	CHICAGO				15
16			SYMPHONY JACKSON SQUARE	CHICAGO				16
17			SYMPHONY LINCOLN PARK	CHICAGO				17
18			SYMPHONY MIDWAY	CHICAGO				18
19			SYMPHONY PARK SOUTH	CHICAGO				19
20			SYMPHONY SOUTH SHORE	CHICAGO				20
21			CLAREMONT HANOVER PARK	HANOVER PARK				21
22			CALIFORNIA GARDENS	CHICAGO				22
23			MONROE CORP	CHICAGO				23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Symphony at 87th Street # 0053728 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	No owners receive compensation from this facility								\$	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 Symphony at 87th Street

0053728

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

Facility Name & ID Number Symphony at 87th Street

0053728

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 MAESTRO CONSULTING SERVICES LLC
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

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	5	UTILITIES	AVAIL. CENSUS DAYS	1,668,541	25	\$ 48,352	\$ 76,650	\$ 2,221	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,668,541	25		76,650		2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,668,541	25	138,375	76,650	6,357	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,668,541	25		76,650		4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,668,541	25	3,124,933	3,124,933	143,554	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,668,541	25	155,149	76,650	7,127	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,668,541	25	1,004,938	76,650	46,165	7
8	17	ADMINISTRATIVE	AVAIL. CENSUS DAYS	1,668,541	25		76,650		8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,668,541	25	2,008,992	76,650	92,290	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,668,541	25	117,020	76,650	5,376	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,668,541	25	1,558,938	1,558,938	71,615	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,668,541	25	952,676	76,650	43,764	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,668,541	25	23,599	76,650	1,084	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,668,541	25	179,481	76,650	8,245	14
15	26	INSURANCE	AVAIL. CENSUS DAYS	1,668,541	25	89,939	76,650	4,132	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,668,541	25	501,334	76,650	23,030	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,668,541	25	346,345	76,650	15,911	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,668,541	25	1,470	76,650	68	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,668,541	25	90,970	76,650	4,179	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,668,541	25	66,085	76,650	3,036	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,668,541	25	163,656	76,650	7,518	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,668,541	25	145,555	76,650	6,687	22
23									23
24									24
25	TOTALS					\$ 10,717,807	\$ 4,683,871	\$ 492,359	25

Facility Name & ID Number Symphony at 87th Street

0053728

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 Integra Healthcare Equipment
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL 60126
 Phone Number (630-834-3700
 Fax Number (630-834-1500

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	10	Nursing Supplies	Direct		\$	\$		12,072	1
2	35	Equipment Rental	Direct					47,856	2
3	39	Oxygen Supplies	Direct					25,392	3
4	39	Pharmacy	Direct					684	4
5	39	Speech Pathology	Direct					1,917	5
6	39	Respiratory Consultant	Direct					2,403	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				\$	\$		90,324	25

Facility Name & ID Number Symphony at 87th Street

0053728

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 Lifeline Ambulance, LLC
 Street Address 2424 S. Wasbash Ave
 City / State / Zip Code Chicago, IL 60616
 Phone Number (312-949-9595
 Fax Number (312-949-9262

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	38	Transportation	Direct		\$	\$		\$ 38,102	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				\$	\$		\$ 38,102	25

Facility Name & ID Number Symphony at 87th Street

0053728

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

Maple Leaf Insurance

Street Address

PO Box 69,720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

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	22	Workers Compensation	Direct		\$	\$		\$ 188,979	1
2	26	Liability Insurance	Direct					485,538	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				\$	\$		\$ 674,517	25

Facility Name & ID Number Symphony at 87th Street # 0053728 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	LifeMed	X		Pharmacy Services	38,731	1/1/2018	\$ 6,197,033	\$ 127,328	1/1/2024	0.0750	\$ 5,612	1								
2	Omnicare		X	Pharmacy Services	67,444	11/27/2017	2,170,337	17,063	10/20/2020	0.0750	5,672	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	1,011,000	12/31/2023	0.02		3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest Only	9/18/2018	35,000,000		9/17/2021	Libor +3.95	162,962	6								
7	*Original loan with Symcare Healthcare LLC. Facility pays the interest																			
8												8								
9	TOTAL Facility Related				\$265,678.34		\$ 55,583,495	\$ 1,155,391			\$ 174,246	9								
B. Non-Facility Related*																				
10												10								
11								Interest Income offset			(25,953)	11								
12								Allocated from Mgmt Co.			68	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (25,885)	14								
15	TOTALS (line 9+line14)						\$ 55,583,495	\$ 1,155,391			\$ 148,361	15								

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

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2017 report.			\$	<u>519,745</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2017		\$	<u>535,566</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>15,821</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>562,344</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		Alloc Fr. Mgmt Co.		<u>4,179</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>582,344</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>424,905</u>	8	FOR BHF USE ONLY	
	2014	<u>433,464</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	<u>455,895</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	<u>498,295</u>	11	15	LESS REFUND FROM LINE 6 \$
	2017	<u>535,566</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
<u>Real estate taxes paid \$535,566 x 1.05=\$562,344</u>					
<u>Allocated from Maestro Consulting = \$4,179</u>					

NOTES:

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME SYMPHONY AT 87TH STREET COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053728

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

TELEPHONE (410) 258-7363 FAX #: N/A

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>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>74,849.54</u>	\$ <u>74,948.54</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>94,733.31</u>	\$ <u>94,733.31</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>145,821.40</u>	\$ <u>145,821.40</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>104,950.90</u>	\$ <u>104,950.90</u>
5. <u>19-36-322-015-0000</u>	<u>Long Term Care Property</u>	\$ <u>94,733.31</u>	\$ <u>94,733.31</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>13,868.11</u>	\$ <u>13,868.11</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	\$ <u>3,414.58</u>	\$ <u>3,414.58</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	\$ <u>3,195.22</u>	\$ <u>3,195.22</u>
9. <u>10-27-319-028-0000</u>	<u>Allocated-7257 N. Lincoln</u>	\$ <u>87,874.67</u>	\$ <u>4,179.00</u>
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>623,441.04</u></u>	\$ <u><u>539,844.37</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 provide copies of their original **second installment tax bill.**

Facility Name & ID Number Symphony at 87th Street

0053728

Report Period Beginning:

01/01/18

Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,911 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2	<u>Allocated From Maestro- 7257 Lincoln</u>		<u>2004</u>	<u>7,350</u>	2
3	TOTALS			\$ 7,350	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					\$ -			\$ -		\$ -	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1999		89,068		20	4,434	4,434	86,115	9
10	Various		2000		45,130		20	1,174	1,174	21,706	10
11	Various		2001		40,213	-	20	2,011	2,011	34,918	11
12	Various		2002		12,014	-	20	344	344	10,860	12
13	Various		2003		20,012	-	20	795	795	16,488	13
14	Various		2004		27,005	-	20	244	244	26,883	14
15	Various		2005		16,125	-	20	75	75	15,613	15
16	Various		2006		109,609	-	20	-	-	109,608	16
17	Various		2010		320,346	-	20	29,837	29,837	262,379	17
18	Various		2011		169,484	-	20	14,484	14,484	131,939	18
19	Various		2012		43,995	-	20	3,686	3,686	38,775	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

Facility Name & ID Number Symphony at 87th Street

0053728

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		\$ 893,001	\$		\$ 57,083	\$ 57,083	\$ 755,283	70

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

Facility Name & ID Number Symphony at 87th Street

0053728

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		\$ 893,001	\$		\$ 57,083	\$ 57,083	\$ 755,283	1
2	Installed 4" And 6" Check Valves And Cast Iron Pipe For Pump S	2015	12,450	-	20	623	623	2,490	2
3	Patched Cracks On Roof	2015	3,500	-	20	175	175	700	3
4	Custom Built Backsplash For 2Nd And 3Rd Floor Dinning Room	2015	2,982	-	20	149	149	596	4
5	Doors & Window(1) Replacement	2016	3,799	-	20	190	190	459	5
6	Roof Repair	2016	20,210	-	20	1,011	1,011	2,274	6
7	Hvac Repair	2016	4,227	-	20	211	211	511	7
8	Fan Coil Motor	2016	2,526	-	20	126	126	316	8
9	Architectural Services-Upgrade Of Mechanical Room	2016	29,415	-	20	1,471	1,471	2,942	9
10	Plumbing - Piping Replacement In Kitchen	2017	7,240	-	20	362	362	724	10
11	Plumbing - Repairs In Kitchen Piping- Floor Drains	2017	7,640	-	20	382	382	764	11
12	Coupling/Risers On Pumps-Cooling System-3Rd Floor Rooms	2017	3,290	-	20	164	164	328	12
13	Remove and replace lochinvar boiler-basement	2018	29,303	5,154	20	5,154		5,154	13
14	Compressor-Kitchen. New compressor, plumbing.	2018	4,455	525	20	525		525	14
15	Phone upgrade-Connection system, analog adapter, installation	2018	33,110	18	20	18		18	15
16	Parking lot repair-cleaning holes, and saw cutting major			-		-			16
17	holes and putting new asphalt surgance	2018	3,400		20	170	170	170	17
18	Reconcile to financial statement depreciation			8,623			(8,623)		18
19									19
20				-		-			20
21				-		-			21
22				-		-			22
23									23
24									24
25				-		-			25
26									26
27				-		-			27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254	34

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

Facility Name & ID Number Symphony at 87th Street

0053728

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 12B, Carried Forward	\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254		1
2			-		-				2
3									3
4									4
5					-				5
6					-				6
7					-				7
8					-				8
9									9
10									10
11					-				11
12					-				12
13					-				13
14					-				14
15					-				15
16									16
17					-				17
18					-				18
19					-				19
20					-				20
21									21
22					-				22
23					-				23
24									24
25									25
26									26
27									27
28					-				28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254		34

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

Facility Name & ID Number Symphony at 87th Street

0053728

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 12C, Carried Forward	\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254		1
2			-		-				2
3									3
4									4
5									5
6									6
7									7
8				-		-			8
9									9
10									10
11									11
12									12
13									13
14				-		-			14
15				-		-			15
16				-		-			16
17									17
18									18
19				-		-			19
20				-		-			20
21				-		-			21
22									22
23									23
24									24
25									25
26									26
27									27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254		34

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

Facility Name & ID Number Symphony at 87th Street

0053728

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 12D, Carried Forward	\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254		1
2			-		-				2
3			-		-				3
4			-		-				4
5			-		-				5
6			-		-				6
7			-		-				7
8			-		-				8
9			-		-				9
10			-		-				10
11			-		-				11
12			-		-				12
13			-		-				13
14			-		-				14
15			-		-				15
16			-		-				16
17			-		-				17
18			-		-				18
19			-		-				19
20			-		-				20
21			-		-				21
22			-		-				22
23			-		-				23
24			-		-				24
25			-		-				25
26			-		-				26
27			-		-				27
28			-		-				28
29			-		-				29
30			-		-				30
31			-		-				31
32			-		-				32
33			-		-				33
34	TOTAL (lines 1 thru 33)	\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254		34

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

Facility Name & ID Number Symphony at 87th Street# 0053728

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 12E, Carried Forward		\$ 1,060,548	\$ 14,320		\$ 67,814	\$ 53,494	\$ 773,254	1
2				-		-			2
3									3
4				-		-			4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Various	2005	96,496	-	20	4,825	4,825	92,678	9
10	Built In Kitchen Unit/Cabinet/Table Legs And Sink	2007	10,200	-	20	510	510	6,970	10
11	Replace Built-In Cabinets And Credenza Unit	2007	9,800	-	20	490	490	6,615	11
12	2Nd Floor - Sink	2007	4,800	-	20	240	240	3,240	12
13	3Rd Floor - Assisted Bathing Area	2007	5,200	-	20	260	260	3,510	13
14	150 Yds Tranquility Dandelion - Wall Covering	2007	2,546	-	20	127	127	2,204	14
15	2Nd Floor Dining Room - Electrical	2007	3,500	-	20	175	175	2,363	15
16	3Rd Floor Dining Room - Electrical	2007	3,500	-	20	175	175	2,363	16
17	Basement Corridor	2007	2,750	-	20	138	138	1,861	17
18	Lobby/Large Main Office - Carpeting	2007	8,578	-	20	429	429	6,230	18
19	Door Upgrades & R&M	2007	4,301	-	20	215	215	2,903	19
20	Replace Ejector Pumps For Flood Control System	2007	3,700	-	20	185	185	2,374	20
21	Vct Tiles For Bathroom	2008	4,656	-	20	233	233	2,563	21
22	Upholstered Cornice And Roller Shades; Remove Existing Window	2008	8,647	-	20	432	432	4,753	22
23	Material & Labor For Power Supply & Switch For Airconditioning	2008	5,726	-	20	286	286	3,147	23
24	Installation: Sprinkler, Ddc Valve, Expansion Tank & Antifreeze	2008	7,665	-	20	383	383	4,214	24
25	Replacement Motor & Compressor And Refrigerant Of Freezer	2008	5,368	-	20	268	268	2,949	25
26	Telephone System Tadrion	2008	23,739	-	20	1,187	1,187	13,057	26
27	Motor Conversion	2008	2,965	-	20	148	148	1,629	27
28	130 Ft Of Sdr35 Drain Tile	2008	8,910	-	20	446	446	4,905	28
29	Asphalt Repair Work Sealing And Striping	2008	7,600	-	20	380	380	4,160	29
30	Prime And Paint Outside Railings, Repair Walls, Paint Pavroll Of	2008	3,220	-	20	161	161	1,771	30
31	Painting - 2Nd Floor Doorframes And Dining Room	2008	2,970	-	20	149	149	1,638	31
32	Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window S	2008	10,600	-	20	530	530	5,830	32
33	Part & Labor to repair Fire Sprinkler System	2009	4,224	-	20	211	211	2,110	33
34	TOTAL (lines 1 thru 33)		\$ 1,312,209	\$ 14,320		\$ 80,397	\$ 66,077	\$ 959,291	34

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

Facility Name & ID Number Symphony at 87th Street

0053728

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 12F, Carried Forward	\$ 1,312,209	\$ 14,320		\$ 80,397	\$ 66,077	\$ 959,291		1
2	Core Glosswhite Tile	2009 2,753		20	138	138	1,380		2
3	Paint & Remodeling of 7 Shower Rooms	2009 17,363		20	868	868	8,680		3
4	Flooring	2011 194,042		20	9702	9,702	77,616		4
5	Casework/Countertops	2011 68,125		20	3406	3,406	27,248		5
6	Demolition/Carpentry	2011 74,500		20	3725	3,725	29,800		6
7	Buildout	2011 65,045		20	3252	3,252	26,016		7
8	Wallpaper/Paint	2011 59,430		20	2972	2,972	23,776		8
9	VCT Tile Removal & Installation-Resident Rooms 1st,2nd & 3rd FL	2014 44,000		20	2200	2,200	11,000		9
10	Install New Vinyl Base in Resident Rooms with New Tiles-1,2&3rd F	2014 3,900		20	195	195	975		10
11	2nd Floor - Replaced Wood Door and Window	2014 2,812		20	141	141	704		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	TOTAL (lines 1 thru 33)	\$ 1,844,179	\$ 14,320		\$ 106,996	\$ 92,676	\$ 1,166,486		34

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

Facility Name & ID Number Symphony at 87th Street# 0053728

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 12G, Carried Forward		\$ 1,844,179	\$ 14,320		\$ 106,996	\$ 92,676	\$ 1,166,486	1
2	Buildings:								2
3	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	66,151		35	1890	1,890	28,587	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated From Maestro</u>	2003	537		20	28	28	406	9
10	<u>Allocated From Maestro</u>	2004	10,924		20	545	545	8,041	10
11	<u>Allocated From Maestro</u>	2005	648		20	32	32	449	11
12	<u>Allocated From Maestro</u>	2006	878		20	44	44	543	12
13	<u>Allocated From Maestro</u>	2008	926		20	46	46	475	13
14	<u>Allocated From Maestro</u>	2009	14,903		20	745	745	7,161	14
15	<u>Allocated From Maestro</u>	2010	2,290		20	115	115	974	15
16	<u>Allocated From Maestro</u>	2011	124		20	6	6	49	16
17	<u>Allocated From Maestro</u>	2012	138		20	7	7	47	17
18	<u>Allocated From Maestro</u>	2014	1,723		20	86	86	397	18
19	<u>Allocated From Maestro</u>	2015	485		20	24	24	81	19
20	<u>Allocated From Maestro</u>	2016	2,123		20	212	212	507	20
21	<u>Allocated From Maestro</u>	2017	284		20	14	14	28	21
22									22
23	<u>Allocated From Maestro- 7257 Lincoln</u>	2015	1,043		20	70	70	232	23
24	<u>Allocated From Maestro- 7257 Lincoln</u>	2005	6,030		20	215	215	4,638	24
25	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	1,315		20	66	66	953	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,954,701	\$ 14,320		\$ 111,141	\$ 96,821	\$ 1,220,054	34

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

Facility Name & ID Number Symphony at 87th Street

0053728

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 12H, Carried Forward								
2		\$ 1,954,701	\$ 14,320		\$ 111,141	\$ 96,821	\$ 1,220,054		1
3									2
4									3
5									4
6									5
7									6
8									7
9									8
10									9
11									10
12									11
13									12
14									13
15									14
16									15
17									16
18									17
19									18
20									19
21									20
22									21
23									22
24									23
25									24
26									25
27									26
28									27
29									28
30									29
31									30
32									31
33									32
34	TOTAL (lines 1 thru 33)		\$ 1,954,701	\$ 14,320		\$ 111,141	\$ 96,821	\$ 1,220,054	34

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

Facility Name & ID Number Symphony at 87th Street

0053728

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 359,142	\$ 8,592	\$ 24,896	\$ 16,304		\$ 271,496	71
72	Current Year Purchases	178,370	35,347	35,347	-		35,347	72
73	Fully Depreciated Assets	1,966,788			-		1,966,788	73
74	Allocated from Maestro	190,041		11,765	11,765		72,539	74
75	TOTALS	\$ 2,694,341	\$ 43,939	\$ 72,008	\$ 28,069		\$ 2,346,170	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		Allocated From Maestro	2017	\$ 407	\$	\$ -	\$ -	5	\$ 407	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 407	\$	\$	\$		\$ 407	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)	\$ 4,656,799	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 58,259	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 183,149	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 124,890	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,566,631	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Symphony at 87th Street

0053728

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: Invesque

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:		<u>210</u>		\$ <u>2,650,701</u>	<u>15</u>	<u>15</u>	3
4	Additions							4
5								5
6	<u>Allocated From Maestro</u>				<u>3,036</u>			6
7	TOTAL		<u>210</u>		\$ <u>2,653,737</u>			7

10. Effective dates of current rental agreement:

Beginning 11/1/2015

Ending 10/31/2030

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

Fiscal Year Ending Annual Rent

12. 12/31/2019 \$ 2,447,289

13. 12/31/2020 \$ 2,502,353

14. 12/31/2021 \$ 2,558,656

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

N/A

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: \$ 161,772

Description: See Attached 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	<u>Allocated From Maestro</u>		\$	\$ <u>6,687</u>	17
18					18
19					19
20					20
21	TOTAL		\$	\$ <u>6,687</u>	21

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

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

Facility Name: Symphony at 87th Street
IDPH License ID Number: 0053728
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Bariatric Beds/Pressurized mattresses	58,602
Respiratory Equipment	422
Vital Monitors	7,476
Copiers	95,279
Water Dispenser	567
Music on paging system	170
Postage machine	537
Allocated from Maestro	7,518
Integra allocation	(8,799)
Total - Line 16	<u>161,772</u>

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	5	5				
					Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	15,446	\$ 1,112,102	\$	15,446	\$ 1,112,102	1
2	Licensed Speech and Language Development Therapist	39(3), (7)	hrs		1,485	106,576		1,485	106,576	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		15,663	1,127,769		15,663	1,127,769	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2), (7)	# of prescripts				376,050		376,050	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2), (7)					25,392		25,392	12
13	Other (specify): <u>See Sch 16A</u>				1,843	132,731		1,843	132,731	13
14	TOTAL			\$	34,437	\$ 2,479,178	\$ 401,442	34,437	\$ 2,880,620	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: Symphony at 87th Street
IDPH License ID Number: 0053728
Fiscal Year End: 12/31/18

Schedule 16A

Line 13 Other (specify)

Description	Units	Amount
Inhalation Therapy Costs-Private		198
Inhalation Therapy Costs-Medicare A		5,597
Inhalation Therapy Costs-Medicaid		4,933
Other Ancillary Costs-Medicare A		133
I.V. Therapy Costs-Medicare A		37,269
I.V. Therapy Costs-Managed Care		67,418
I.V. Therapy Costs-Medicaid		9,600
Inhalation Therapy Costs-Managed Care		7,583
Total - Line 13	1,843.49	132,731

Facility Name & ID Number Symphony at 87th Street

0053728

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	\$ (15,307)	\$ (15,307)	1
2	Cash-Patient Deposits	39,486	39,486	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>3,673,762</u>)	5,990,872	5,990,872	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,012	5,012	6
7	Other Prepaid Expenses	308,773	308,773	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Acct. Rec. employee loan</u>	7,747	7,747	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,336,583	\$ 6,336,583	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		7,350	13
14	Buildings, at Historical Cost		66,151	14
15	Leasehold Improvements, at Historical Cost	70,615	1,888,550	15
16	Equipment, at Historical Cost	311,452	2,694,748	16
17	Accumulated Depreciation (book methods)	(77,957)	(3,566,631)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): _____			22
23	Other(specify): <u>See Attached Schedule</u>	686,068	686,068	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 990,178	\$ 1,776,236	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,326,761	\$ 8,112,819	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,689,085	\$ 1,689,085	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	39,646	39,646	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	462,224	462,224	30
31	Accrued Taxes Payable (excluding real estate taxes)	63,158	63,158	31
32	Accrued Real Estate Taxes(Sch.IX-B)	562,344	562,344	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	5,722,107	5,722,107	36
37	_____			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,538,564	\$ 8,538,564	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,155,391	1,155,391	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	_____			43
44	_____			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,155,391	\$ 1,155,391	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,693,955	\$ 9,693,955	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,367,194)	\$ (1,581,136)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,326,761	\$ 8,112,819	48

*(See instructions.)

Facility Name: Symphony at 87th Street
 IDPH License ID Number: 0053728
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Clearing Account	(649)	(649)
Due To/From- Aria LLC	68,000	68,000
Due To/From- Buffalo Grove LLC	45,000	45,000
Due To/From Deerbrook LLC	336	336
Due To/From- Lincoln Park LLC	54,552	54,552
Due To/From-Morgan Park	1,817	1,817
Due To/From- California Gardens	18	18
Due To/From-Ren @ 87th	495,401	495,401
Due To/From-Beverly LP	21,593	21,593
Total - Line 23	686,068	686,068

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Due To/From-Bonzeville Park LLC	71,000	71,000
Due To/From-Jackson Square LLC	35,000	35,000
Due To/From- Midway	719	719
Due To/From- South Shore	250,000	250,000
Due To/From-Symphony Financial Services	544	544
Due To/From-Symcare Healthcare	1,893,092	1,893,092
Due To/From-Symcare ML	1,391,763	1,391,763
Due To/From-Maestro	106,103	106,103
Accrued Payables	71,365	71,365
Accrued Payables-Professional fees	24,636	24,636
Accrued Payables-Health Insurance	87,525	87,525
Accrued Payables-Dental Insurance	(862)	(862)
Accrued Payables-Vision Insurance	(158)	(158)
Accrued Payables-Life Insurance	2,521	2,521
Accrued Payables-Short Term Disability	(1,880)	(1,880)
Accrued Payables-Payroll Union Dues	4,097	4,097
Accrued Payables-401K Deductions	1,457	1,457
Accrued Payables-401K Loan repayments	299	299
Accrued Payables-Heart and Soul Foundation	60	60
Accrued Payables-WC/GL Insurance	345,832	345,832
Accrued Payables-Bed Taxes	(4,349)	(4,349)
Accrued Payables-Bed Taxes Addil	591	591
Accrued Payables-Management Fees	425,116	425,116
Accrued Payables-Interest	1,760	1,760
Accrued Payables-Sales Tax	(1)	(1)
Sales Tax Payable-Manual	59	59
Deferred Rent	1,015,818	1,015,818
Total - Line 36	5,722,107	5,722,107

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,534,455	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,534,455	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(3,901,646)	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) Rounding	(3)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (3,901,649)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,367,194)	24 *

* This must agree with page 17, line 47.

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

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

1		2	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 19,944,497	1
2	Discounts and Allowances for all Levels	(6,387,890)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,556,607	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,716,826	6
7	Oxygen	989	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,717,815	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	(10)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	601,657	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	185,522	19
20	Radiology and X-Ray	60,963	20
21	Other Medical Services	60,756	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 908,888	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	25,953	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 25,953	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	(3,237)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (3,237)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,206,026	30

1		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,225,821	31
32	Health Care	5,957,685	32
33	General Administration	4,032,755	33
B. Capital Expense			
34	Ownership	3,624,424	34
C. Ancillary Expense			
35	Special Cost Centers	7,815,297	35
36	Provider Participation Fee	451,690	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 24,107,672	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,901,646)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,901,646)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,621,120	44
45	Private Pay - Net Inpatient Revenue	1,103,914	45
46	Medicare - Net Inpatient Revenue	2,769,838	46
47	Other-(specify) <u>Hospice</u>	915,308	47
48	Other-(specify) <u>Managed Care / MAIP</u>	2,146,427	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,556,607	49

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

Facility Name: Symphony at 87th Street
IDPH License ID Number: 0053728
Fiscal Year End: 12/31/18

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Preferred Insurance Provider Incentive	7,020
Other Services-Revenue Managed Care	(56,563)
Other Income	135
Closing Costs & Adjustment to Prior Year Exp.	46,171
Total - Line 28	<u>(3,237)</u>

Facility Name & ID Number Symphony at 87th Street

0053728

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	1,903	2,097	\$ 118,367	\$ 56.45	1
2	Assistant Director of Nursing	1,865	2,109	89,916	42.63	2
3	Registered Nurses	17,174	19,292	655,866	34.00	3
4	Licensed Practical Nurses	63,807	72,262	1,987,603	27.51	4
5	CNAs & Orderlies	117,036	133,086	1,773,595	13.33	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,483	10,712	187,884	17.54	10
11	Social Service Workers	5,738	6,305	165,294	26.22	11
12	Dietician					12
13	Food Service Supervisor	2,011	2,183	74,867	34.30	13
14	Head Cook	5,809	6,447	88,801	13.77	14
15	Cook Helpers/Assistants	19,759	21,247	274,658	12.93	15
16	Dishwashers					16
17	Maintenance Workers	3,856	4,306	101,827	23.65	17
18	Housekeepers	484	564	9,042	16.03	18
19	Laundry					19
20	Administrator	1,636	1,820	109,451	60.14	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,124	15,758	277,370	17.60	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	5,119	5,597	106,265	18.99	31
32	Other Health C: See Sch 20A	14,491	16,800	515,010	30.66	32
33	Other(specify) <u>Admis./Relations</u>	3,111	3,643	92,410	25.37	33
34	TOTAL (lines 1 - 33)	287,406	324,228	\$ 6,628,226 *	\$ 20.44	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	Monthly	\$ 26,465	1(3)	35
36	Medical Director	Monthly	18,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	7,127	10(7)	38
39	Pharmacist Consultant	Monthly	21,052	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	4,231	39(7)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,778	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Psychiatric</u>	Monthly	11,180	10(3)	46
47	<u>Dental Consultant</u>	Monthly	7,275	39(3)	47
48	<u>Orthopedic Consultant</u>	Monthly	12,000	39(3)	48
49	TOTAL (lines 35 - 48)		\$ 110,108		49

C. CONTRACT NURSES

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

Facility Name: Symphony at 87th Street
IDPH License ID Number: 0053728
Fiscal Year End: 12/31/18

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Alzheimers	1,590	1,683	51,218	\$ 30.43
MDS Coordinator	4,885	5,228	218,640	\$ 41.82
Wound Care	8,016	9,889	245,152	\$ 24.79
Total - Line 32 Other Health Care (specify):	14,491	16,800	515,010	

Facility Name & ID Number Symphony at 87th Street

0053728

Report Period Beginning: 01/01/18

Ending: 12/31/18

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	
<u>Daniel Johnson</u>	<u>Administrator</u>	<u>0.00%</u>	\$ <u>109,451</u>	<u>Workers' Compensation Insurance</u>	\$ <u>192,067</u>	<u>IDPH License Fee</u>	\$ <u>344</u>	
				<u>Unemployment Compensation Insurance</u>	<u>63,347</u>	<u>Advertising: Employee Recruitment</u>	<u>344</u>	
				<u>FICA Taxes</u>	<u>486,800</u>	<u>Health Care Worker Background Check</u>	<u>4,010</u>	
				<u>Employee Health Insurance</u>	<u>309,853</u>	(Indicate # of checks performed <u>334</u>)		
				<u>Employee Meals</u>		<u>Patient Background Checks</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Dues & Subscriptions</u>	<u>4,055</u>	
				<u>Employee Physicals</u>	<u>9,365</u>	<u>Licenses & Permits</u>	<u>10,174</u>	
				<u>Pension Contributions</u>	<u>40,852</u>	<u>Health Care Council of Illinois</u>	<u>34,367</u>	
				<u>Other Employee Benefits</u>	<u>21,529</u>	<u>Relias Learning, LLC</u>	<u>5,181</u>	
				<u>401K</u>	<u>3,654</u>	<u>See Sch 21F</u>	<u>(11,808)</u>	
						<u>Less: Public Relations Expense</u>	()	
						<u>Non-allowable advertising</u>	()	
						<u>Yellow page advertising</u>	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>109,451</u>	TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>1,127,467</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>46,323</u>	
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
<u>Management Fees- Maestro (Eliminated in Col. 7)</u>			\$ <u>1,001,715</u>				<u>Out-of-State Travel</u>	\$ <u> </u>
							<u>In-State Travel</u>	<u> </u>
							<u>Seminar Expense</u>	<u>5,744</u>
							<u>Allocated from Maestro</u>	<u>1,084</u>
TOTAL (agree to Schedule V, line 17, col. 3)			\$ <u>1,001,715</u>	TOTAL		\$ <u> </u>	<u>Entertainment Expense</u>	()
(Attach a copy of any management service agreement)							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ <u>6,828</u>
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>Achieve Accreditation</u>	<u>Accreditation</u>		\$ <u>9,098</u>					
<u>Corporation Service</u>	<u>State Filings</u>		<u>359</u>					
<u>Ability Network, Inc.</u>	<u>Secure exchange Services</u>		<u>7,870</u>					
<u>Allscripts, LLC</u>	<u>IT System</u>		<u>3,283</u>					
<u>LTC Consulting Service</u>	<u>Billing Consulting</u>		<u>101,518</u>					
<u>Alteryz, Inc.</u>	<u>Data Analytics</u>		<u>1,012</u>					
<u>American Express</u>	<u>Internet</u>		<u>4,035</u>					
<u>MTS Consulting</u>	<u>Tax Consulting</u>		<u>8,441</u>					
<u>National Datacare Corp</u>	<u>Data Processing</u>		<u>2,800</u>					
<u>Personnel Planners</u>	<u>Unemployment Consulting</u>		<u>3,513</u>					
<u>Resolute Healthcare</u>	<u>Healthcare Consulting</u>		<u>12,214</u>					
<u>See Supplemental Schedules</u>			<u>370,968</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>525,111</u>					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony at 87th Street
 IDPH License ID Number: 0053728
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
RSM US LLP	Accounting	13,080
Bonnie T. Boilini	Legal	500
Comcast Cable	Internet	31,738
Creative Technology Solutions	IT Support	23,648
Cerida Investment Corp.	Business Services	430
ClickCare Technologies Inc.	IT Support	4,059
Dart Chart Systems	Software	14,295
Data Robot, Inc.	Computer Services	1,244
Digital Marketing SEO	Branding	401
Duane Morris	Legal	29,109
Formation Healthcare Group	Monthly Subscription Fee	1,011
FYI Systems, Inc.	Computer IT	418
Health Data Systems, Inc.	Programming	3,691
Maestro Consulting Services	Professional Fees	69,881
Managed Care Group	IT Support	1,916
Marcum LLP	Accounting	4,857
Market Metrix	Customer Employee Metrix Subscription	856
Much Shelist	Legal	500
Nexuscomm, LLC	Cable	720
Neal, Gerver & Eisenber, LLC	Legal	59
Mood Media	Branding	42
Patient Ping, Inc.	Care Coordination Network	4,500
Point Click Care Technologies, LLC	Cloud based software services	34,600
Prime Care Technologies	PBJ Reporting	221
Real Time Medical Systems, LLC	Clinical and Financial Analytics Services	3,991
Constant Care Technologies	Medical Device technology	164
SB2 Inc.	Revenue recognition recovery system	2,231
Scott Norton	Computer Consulting	392
Stone, Pogrund & Korey LLC	Legal	30,113
Snowflake Computing, Inc.	Computer Services	667
Wencel Worldwide, Inc.	Branding	4,110
Telemedicine Solutions, LLC	Web Clinical based technology	15,825
McCabe Kirshner P.C.	In house Legal Council	71,699
	From from page 21	154,143
	Total (agree to Schedule V, line 19, column 3)	525,111
	Allocated from Management Company Professional Services	92,290
	Allocated from Management Company Professional Services	
	Less: Non-Allowable Legal Fees	(30,113)
	Total (agree to Schedule V, line 19, column 8)	587,288

Facility Name: **Symphony at 87th Street**
IDPH License ID Number: **0053728**
Fiscal Year End: **12/31/18**

Schedule 21F

XIX. SUPPORT SCHEDULES

F. Dues, Fees, Subscriptions and promotions

<u>Vendor</u>	<u>Amount</u>
Lobbying adjustment	(17,184)
Allocated from Maestro	5,376
	<u>(11,808)</u>

Facility Name & ID Number Symphony at 87th Street# 0053728

Report Period Beginning:

01/01/18

Ending:

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

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL: \$30,767
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? _____
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 831 Line 10
- (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? Yes
If YES, give effective date of lease. 11/1/2015
- (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 X NO _____ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Renaissance at 87th St., IDPH 0042093, Date 11/01/15
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 451,690
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. \$ N/A Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (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.