

		FOR BHF USE					

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2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0051797</u></p> <p>Facility Name: <u>Symphony Deerbrook, LLC D/B/A Symphony of Joliet</u></p> <p>Address: <u>306 North Larkin Avenue</u> <u>Joliet</u> <u>60435</u> Number City Zip Code</p> <p>County: <u>Will</u></p> <p>Telephone Number: <u>(815) 744-5560</u> Fax # <u>(815) 744-6914</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>01/01/2012</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Amanda Springborn</u> Telephone Number: <u>(314) 925-3838</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/18</u> to <u>12/31/18</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # <u>(847) 517-7067</u></td> </tr> </table> <p align="center">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # <u>(847) 517-7067</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet

0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	214	Skilled (SNF)	214	78,110	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	214	TOTALS	214	78,110	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	40,451	6,405	15,833	62,689	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	40,451	6,405	15,833	62,689	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.26%

D. How many bed reserve days during this year were paid by the Department?

N/A (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 01/01/2012

J. Was the facility purchased or leased after January 1, 1978?

YES Date 12/31/11 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 214 and days of care provided 6,420

Medicare Intermediary Wisconsin Physician Services (WPS)

IV. ACCOUNTING BASIS

ACCURAL 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 Deerbrook, LLC D/B/A Symphon # 0051797 Report Period Beginning: 1/1/18 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	369,142	44,790	19,529	433,461		433,461	-	433,461		1
2	Food Purchase		348,601		348,601		348,601	-	348,601		2
3	Housekeeping	185,356	115,215	-	300,571		300,571	-	300,571		3
4	Laundry	84,145	22,889	6,626	113,660		113,660	-	113,660		4
5	Heat and Other Utilities			204,849	204,849		204,849	2,264	207,113		5
6	Maintenance	140,472	-	126,133	266,605		266,605	6,478	273,083		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	779,115	531,495	357,137	1,667,747		1,667,747	8,742	1,676,489		8
	B. Health Care and Programs										
9	Medical Director	-	-	110,150	110,150		110,150	-	110,150		9
10	Nursing and Medical Records	4,808,908	267,360	98,247	5,174,515		5,174,515	151,801	5,326,316		10
10a	Therapy	-	-	-				-			10a
11	Activities	222,362	-	2,888	225,250		225,250	-	225,250		11
12	Social Services	106,405	-	-	106,405		106,405	-	106,405		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt alloc of benef	-	-	-				47,045	47,045		15
16	TOTAL Health Care and Programs	5,137,675	267,360	211,285	5,616,320		5,616,320	198,846	5,815,166		16
	C. General Administration										
17	Administrative	113,211	-	748,745	861,956		861,956	(748,745)	113,211		17
18	Directors Fees			-				-			18
19	Professional Services			463,376	463,376		463,376	80,530	543,906		19
20	Dues, Fees, Subscriptions & Promotions			53,629	53,629		53,629	(12,640)	40,989		20
21	Clerical & General Office Expenses	266,547	35,320	43,755	345,622		345,622	135,373	480,995		21
22	Employee Benefits & Payroll Taxes			1,108,837	1,108,837		1,108,837	-	1,108,837		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			4,054	4,054		4,054	1,105	5,159		24
25	Other Admin. Staff Transportation		-	3,195	3,195		3,195	8,402	11,597		25
26	Insurance-Prop.Liab.Malpractice			498,175	498,175		498,175	4,210	502,385		26
27	Other (specify):* Mgmt alloc of benef	-	-	-				23,469	23,469		27
28	TOTAL General Administration	379,758	35,320	2,923,766	3,338,844		3,338,844	(508,296)	2,830,548		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,296,548	834,175	3,492,188	10,622,911		10,622,911	(300,708)	10,322,203		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			288,247	288,247		288,247	(16,256)	271,991			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			83,205	83,205		83,205	(28,430)	54,775			32
33	Real Estate Taxes			131,606	131,606		131,606	4,259	135,865			33
34	Rent-Facility & Grounds			2,746,942	2,746,942		2,746,942	3,094	2,750,036			34
35	Rent-Equipment & Vehicles			188,172	188,172		188,172	2,956	191,128			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			3,438,172	3,438,172		3,438,172	(34,377)	3,403,795			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	23,764	23,764		23,764	-	23,764			38
39	Ancillary Service Centers	-	252,785	1,544,157	1,796,942		1,796,942	(2,332)	1,794,610			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	33,719	33,719		33,719	-	33,719			41
42	Provider Participation Fee			458,719	458,719		458,719	-	458,719			42
43	Other (specify):* Non-Allowable Cos	157,313	-	537,230	694,543		694,543	(694,543)				43
44	TOTAL Special Cost Centers	157,313	252,785	2,597,589	3,007,687		3,007,687	(696,875)	2,310,812			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,453,861	1,086,960	9,527,949	17,068,770		17,068,770	(1,031,960)	16,036,810			45

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(8,591)	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	(36,616)	30		9
10	Interest and Other Investment Income	(31,242)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	6,869	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	(8,874)	43		18
19	Entertainment	(102)	43		19
20	Contributions	(1,600)	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	(333,027)	43		24
25	Fund Raising, Advertising and Promotional	(150)	43		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>	(383,328)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (796,661)		\$	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)	(235,299)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (235,299)		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,031,960)		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

BHF USE ONLY							
48		49		50		51	

Symphony Deerbrook, LLC D/B/A Symphony of Joliet

ID# 0051797

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (119,355)	43	1
2	Laboratory Costs	(30,225)	43	2
3	X-Ray Costs	(31,686)	43	3
4	Lobbying Expense	(18,118)	20	4
5	Admissions Salary	(73,944)	43	5
6	Director of Customer Experience	(35,580)	43	6
7	Valet Parking	(750)	43	7
8	Radiology Costs	(100)	43	8
9	Other income	(2,660)	21	9
10	Trust Overcharges	182	43	10
11	Community Relations Director	(57,461)	43	11
12	Nonallowable legal	(13,631)	19	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
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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	(383,328)		49

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet

0051797

Report Period Beginning: 1/1/18

Ending: 12/31/18

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		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
1	V		\$				\$	\$	1
2	V								2
3	V			N/A					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.

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Servcies	\$	Symphony Financial Services, LLC	100	\$ 113	\$ 113	15
16	V	21	Clerical & General Office Exp		Symphony Financial Services, LLC	100	20,456	20,456	16
17	V	30	Depreciation		Symphony Financial Services, LLC	100	4,146	4,146	17
18	V	32	Interest		Symphony Financial Services, LLC	100	2,743	2,743	18
19	V	35	Rent - Equipment & Vehicles		Symphony Financial Services, LLC	100	2,313	2,313	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			\$			\$ 29,771	\$ * 29,771	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	5	Utilities	\$	Maestro Consulting Services	100	\$ 2,264	\$ 2,264	15
16	V	6	Maintenance Salaries		Maestro Consulting Services	100	0		16
17	V	6	Maintenance Expenses		Maestro Consulting Services	100	6,478	6,478	17
18	V	7	Employee Benefits - Maintenance		Maestro Consulting Services	100	0		18
19	V	10	Clinical Salaries		Maestro Consulting Services	100	146,289	146,289	19
20	V	10	Contract Nursing		Maestro Consulting Services	100	7,263	7,263	20
21	V	15	Employee Benefits - Clinical		Maestro Consulting Services	100	47,045	47,045	21
22	V	17	Administrative - Other	748,745	Maestro Consulting Services	100	0	(748,745)	22
23	V	19	Professional Fees		Maestro Consulting Services	100	94,048	94,048	23
24	V	20	Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100	5,478	5,478	24
25	V	21	Clerical & General Salaries		Maestro Consulting Services	100	72,979	72,979	25
26	V	21	Clerical & General Expenses		Maestro Consulting Services	100	44,598	44,598	26
27	V	24	Seminars and Education		Maestro Consulting Services	100	1,105	1,105	27
28	V	25	Transportation		Maestro Consulting Services	100	8,402	8,402	28
29	V	26	Insurance		Maestro Consulting Services	100	4,210	4,210	29
30	V	27	Employee Benefits - Administrative		Maestro Consulting Services	100	23,469	23,469	30
31	V	30	Depreciation		Maestro Consulting Services	100	16,214	16,214	31
32	V	32	Interest Expense		Maestro Consulting Services	100	69	69	32
33	V	33	Real Estate Tax		Maestro Consulting Services	100	4,259	4,259	33
34	V	34	Building Rental		Maestro Consulting Services	100	3,094	3,094	34
35	V	35	Equipment Rental		Maestro Consulting Services	100	7,661	7,661	35
36	V	35	Auto Lease		Maestro Consulting Services	100	6,814	6,814	36
37	V								37
38	V								38
39	Total			\$ 748,745			\$ 501,739	\$ * (247,006)	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 and Medical Records	\$ 11,273	Integra Healthcare Equipment, LLC	0.19	\$ 9,522	\$ (1,751)	15
16	V	35	Rent-Equipment & Vehicles	89,066	Integra Healthcare Equipment, LLC	0.19	75,234	(13,832)	16
17	V	39	Oxygen	15,018	Integra Healthcare Equipment, LLC	0.19	12,686	(2,332)	17
18	V	43	Penalties-Administrative	957	Integra Healthcare Equipment, LLC	0.19	808	(149)	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			\$ 116,314			\$ 98,250	\$ * (18,064)	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	Worker's Compensation	\$ 173,465	Maple Leaf Insurance	100%	\$ 173,465	\$	15
16	V	26	Liability Insurance	364,442	Maple Leaf Insurance	100%	364,442		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			\$ 537,907			\$ 537,907	\$ *	39

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

Facility Name & ID Number

Symphony Deerbrook, LLC D/B/A Symphony of Joliet

0051797

Report Period Beginning:

1/1/18

Ending: 12/31/18

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Debra Hartman	27.22	Symphony Countryside, LLC D/B/A Countrysit	Aurora	Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Hartman Family Fdn	5.00	Symphony Crestwood, LLC D/B/A Symphony o	Crestwood	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	5.00	Symphony Deerbrook, LLC D/B/A Symphony o	Joliet	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	5.00	Symphony Maple Crest, LLC D/B/A Maple Cre	Belvidere	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	5.00	Symphony Northwoods, LLC D/B/A Northwooc	Belvidere	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6	Rena Dickman	5.00	Symphony Evanston Healthcare	Evanston				6
7	Robert Hartman	4.44	Symphony of Dyer	Indiana				7
8	Jack Hartman	3.33	Symphony of Crown Point	Indiana				8
9	Joseph Hartman	3.33	Symphony of Chesterton	Indiana				9
10	David J. Hartman	22.22						10
11	Jay Flatt	3.33			Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12	Gerry Jenich	11.11			7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13					Diamond Insurance	Northbrook	Work Comp Ins.	13
14					Mapleleaf Insurance	Grand Cayman	Liability/Work Con	14
15			California Gardens Corp.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Monroe Pavillion	Chicago	JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			Sycamore Village	Swansea	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Symphony of Aria	Hillside	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			Symphony at 87th Street	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			Symphony at Midway	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	20
21			Symphony at Tillers	Oswego	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			Symphony at Bronzeville	Chicago	Lifemed Pharmacy	Bensenville	Pharmacy	22
23			Symphony of Buffalo Grove	Buffalo Grove	ConcertoHealth	Chicago	Clinical Services	23
24			Symphony of Chicago West	Chicago				24
25			Symphony of Glendale	Glendale, Wiscosin	* No expense paid by home to the related			25
26			Symphony of Hanover Park	Hanover Park	entity, therefore no page 6 or 8.			26
27			Symphony of Lincoln Park	Chicago	** No expense of this related business			27
28			Symphony of Morgan Park	Chicago	allocated to homes			28
29			Symphony of South Shore	Chicago				29
30			Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphoi # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
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 Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Symphony Financial Services, LLC
 Street Address 7257 N. Lincoln Ave
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	19	Professional Services	Occupied Bed Days	480,705	9	\$ 694	\$ 78,110	\$ 113	1
2	21	Clerical & General Office Expens	Occupied Bed Days	480,705	9	125,888	78,110	20,456	2
3	30	Depreciation	Occupied Bed Days	480,705	9	25,515	78,110	4,146	3
4	32	Interest	Occupied Bed Days	480,705	9	16,882	78,110	2,743	4
5	35	Rent - Equipment & Vehicles	Occupied Bed Days	480,705	9	14,234	78,110	2,313	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					\$ 183,213	\$	\$ 29,771	25

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Maestro Consulting Services
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Bed Days Available	1,668,541	25	\$ 48,352	78,110	\$ 2,264	1
2	6	Maintenance Salaries	Bed Days Available	1,668,541	25		78,110		2
3	6	Maintenance Expenses	Bed Days Available	1,668,541	25	138,375	78,110	6,478	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,668,541	25		78,110		4
5	10	Clinical Salaries	Bed Days Available	1,668,541	25	3,124,933	3,124,933	146,289	5
6	10	Contract Nursing	Bed Days Available	1,668,541	25	155,149	78,110	7,263	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,668,541	25	1,004,938	78,110	47,045	7
8	17	Administrative - Other	Bed Days Available	1,668,541	25		78,110		8
9	19	Professional Fees	Bed Days Available	1,668,541	25	2,008,992	78,110	94,048	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,668,541	25	117,020	78,110	5,478	10
11	21	Clerical & General Salaries	Bed Days Available	1,668,541	25	1,558,938	1,558,938	72,979	11
12	21	Clerical & General Expenses	Bed Days Available	1,668,541	25	952,676	78,110	44,598	12
13	24	Seminars and Education	Bed Days Available	1,668,541	25	23,599	78,110	1,105	13
14	25	Transportation	Bed Days Available	1,668,541	25	179,481	78,110	8,402	14
15	26	Insurance	Bed Days Available	1,668,541	25	89,939	78,110	4,210	15
16	27	Employee Benefits - Administrati	Bed Days Available	1,668,541	25	501,334	78,110	23,469	16
17	30	Depreciation	Bed Days Available	1,668,541	25	346,345	78,110	16,214	17
18	32	Interest Expense	Bed Days Available	1,668,541	25	1,470	78,110	69	18
19	33	Real Estate Tax	Bed Days Available	1,668,541	25	90,970	78,110	4,259	19
20	34	Building Rental	Bed Days Available	1,668,541	25	66,085	78,110	3,094	20
21	35	Equipment Rental	Bed Days Available	1,668,541	25	163,656	78,110	7,661	21
22	35	Auto Lease	Bed Days Available	1,668,541	25	145,555	78,110	6,814	22
23									23
24									24
25	TOTALS				\$ 10,717,807	\$ 4,683,871		\$ 501,739	25

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation		\$	\$		\$ 9,522	1
2	35	Rent-Equipment & Vehicles	Direct Allocation					75,234	2
3	39	Oxygen	Direct Allocation					12,686	3
4	43	Penalties-Administrative	Direct Allocation					808	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				\$	\$		\$ 98,250	25

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Worker's Compensation	Direct Allocation		\$	\$		\$ 173,465	1
2	26	Liability Insurance	Direct Allocation					364,442	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				\$	\$		\$ 537,907	25

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphon # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	LifeMed	X		Pharmacy Services	38,371	1/1/2018	\$ 6,197,033	\$ 253,607	1/1/2024	0.075	\$ 14,222	1								
2	Omnicare		X	Pharmacy Services	67,444	11/27/2017	2,170,337	66,985	10/20/2020	0.075	3,261	2								
3												3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest	9/18/2018	35,000,000		9/17/2021	LIBOR + 4.25	65,722	6								
7	* Original loan with Symcare Healthcare LLC. Facility pays the interest expense																			
8												8								
9	TOTAL Facility Related				\$105,815.34		\$ 43,367,370	\$ 320,592			\$ 83,205	9								
B. Non-Facility Related*																				
10												10								
11											(31,242)	11								
12											69	12								
13											2,743	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (28,430)	14								
15	TOTALS (line 9+line14)						\$ 43,367,370	\$ 320,592			\$ 54,775	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.		\$	151014	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	\$	137,863	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(13,151)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	144,757	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.)		\$	4,259	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	135,865	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2013	139040	8	
	2014	148219	9	
	2015	148109	10	
	2016	143448	11	
	2017	137,863	12	
2018 Tax Accrual = \$137,863 X 1.05 = \$144,757 (rounded)				
FOR BHF USE ONLY				
	13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Deerbrook, LLC D/B/A Symphony of Joliet COUNTY Will

FACILITY IDPH LICENSE NUMBER 0051797

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>30-07-07-401-034-0000</u>	<u>Nursing Home</u>	\$ <u>137,863.00</u>	\$ <u>137,863.00</u>
2. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>87,874.67</u>	\$ <u>4,259.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>225,737.67</u></u>	\$ <u><u>142,122.00</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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 55380 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).

N/A

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Maestro 7257</u>	<u>-</u>	<u>2004</u>	<u>\$ 7,490</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 7,490	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	Allocated from Maestro 7257		2004	67411		39	1,926	1,926	29131	8
	Improvement Type**									
9	Power Receptacles/Electrical Work		2013	10,699	568	20	568		3,077	9
10	Interior Electrical Alarm - 1st Floor		2013	24,618	1,231	20	1,231		6,873	10
11					-		-			11
12	Wallpaper/Paint - 1st & 2nd Floor - Lobby, Hallways, Admission Office, Therapy, North Bedrooms, East Bedrooms, Nurse's station, Conference Room and Activity Room		2013	25,654	1,282	20	1,282		7,017	12
13					-		-			13
14					-		-			14
15					-		-			15
16	First & Second Floor - East and North Wings		2013	42,950	2,147	20	2,147		11,989	16
17	-Refinish walls, sconces & wood trims around door (Hallway)				-		-			17
18	- Resident Lounge - Wood Panel & Trims				-		-			18
19					-		-			19
20	Spa/Shower floors, walls, sconces, chalk layers and counter walls - East Wing/Rooms		2013	19,826	992	20	992		5,454	20
21					-		-			21
22					-		-			22
23	Glass windows - 1st Floor - Dining Room		2013	5,640	282	20	282		1,434	23
24					-		-			24
25	Plumbing / Valves in bathroom - 1st floor - Lobby, Dining Room		2013	2,511	125	20	125		637	25
26					-		-			26
27	Demolition/Carpentry - 1st Floor - bathrooms in East Bedrooms, Lobby, Dining Room; Front West Side (Exterior)		2013	439,856	21,992	20	21,992		121,288	27
28										28
29										29
30	Frames/Wood Doors - 1st Fl. - Lobby, Dining, Admissions & Conf.Room		2013	4,794	240	20	240		1,319	30
31										31
32	Masonry Work - Exterior Renovation (Open Wall for Windows)		2013	6,270	313	20	313		1,749	32
33										33
34	Signage - Exterior, Vestibule and Dining Room (1st Floor)		2013	14,365	719	20	719		4,046	34
35										35
36					-		-			36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/18

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Remove/Install of flooring - 1st Floor -	2013	\$ 60,699	\$ 3,035	20	\$ 3,035	\$	\$ 16,083	37
38	Lobby, Hallway, Dining Room, Admissions & Conf. Rooms, Therapy			-		-			38
39	North, East and South Bedrooms								39
40				-		-			40
41	Custom Millwork -1st Floor-Lobby, Dining Room and Therapy	2013	130,000	6,500	20	6,500		35,750	41
42				-		-			42
43	Construction Draw-1st Fl - Lobby, Dining & Resident Rooms	2013	125,563	6,278	20	6,278		34,879	43
44	(North, East and South Bedrooms), Exterior, Admissions & Conf. R			-		-			44
45				-		-			45
46	Architecture Fees & Structural Engineering (Throughout Facility)	2013	21,665	1,083	20	1,083		6,026	46
47	-1st Floor - Dining Room & Resident Rooms (North, East and South			-		-			47
48				-		-			48
49				-		-			49
50	Facility Remodeling	2014	425,942	21,297	20	21,297		97,034	50
51	-Interior Demo, Carpentry Drywall (Throughout Facility)			-		-			51
52	-General Contracting & Architectural Fees (Throughout Facility)			-		-			52
53	-Remove & Reinstall Electric & Phone: 1st & 2nd Fl. Nurses' Station			-		-			53
54	-Install Coax Cable in Wall in New TV Room 2nd Floor			-		-			54
55	-Replace Outlets in New TV Room 2nd Floor			-		-			55
56	-Rough in 2 Outlets for Sink (Beauty Salon)			-		-			56
57	-Rough in Electric for New TV Room 2nd Floor			-		-			57
58	-2 Washroom Floors - Florim Layers (Beauty Salon)			-		-			58
59	-Plumbing: Reinstall Hand Sink & Foot Pedals (Beauty Salon)			-		-			59
60	-Widen 2 Openings in 8" Block Wall - Bigger Doors for			-		-			60
61	Beauty Salon / Nurses' Station			-		-			61
62	-Furnish & Install New Shaw & Wall Base: Nurses' Station			-		-			62
63	-Laminate/Granite Tops: P.T. Room Nurses' Station			-		-			63
64	-Interior Painting, Interior Demo/Carpentry/Drywall,			-		-			64
65	Floor Coverings, Interior Electrical/Alarms, Plumbing			-		-			65
66	Therapy Room Nurses' Station			-		-			66
67	-Interior Electrical/Alarms for Elevator			-		-			67
68	-Exterior Demo/Framing/Carpentry-Facade, Roof, Storefront, S			-		-			68
69	-Engineering for Roof Framing Revisions			-		-			69
70	TOTAL (lines 4 thru 69)		\$ 1,428,463	\$ 68,084		\$ 70,010	\$ 1,926	\$ 383,786	70

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/18

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,428,463	\$ 68,084		\$ 70,010	\$ 1,926	\$ 383,786	1
2	Continued from Page 12A			-		-			2
3	-Sprinkler System Repair (Throughout Facility)			-		-			3
4	-Interior Electrical Alarms (Throughout Facility)			-		-			4
5	-Install Sconce lighting - Front Entrance			-		-			5
6				-		-			6
7	Demo/Carpentry/Drywall, Architecture Fees - IDPH Approvals and Correspondence	2015	22,720	1,136	20	1,136		4,355	7
8				-		-			8
9	-Intall 9 Fixtures on West Face of Building			-		-			9
10	-Intall 1 Fixture in Entry Way into Building			-		-			10
11									11
12	Replaced 3/4" Double Check on Fire System (Bypass Meter)	2015	4,269	214	20	214		802	12
13	-Replaced Watts 3" No. 2 Gate Valve on RPZ for Domestic Water								13
14									14
15	-Installed repair kit for 4" Ames Double Check Valve								15
16				-		-			16
17	Replacing Concrete Pad Measuring 18x17 and 25x4 Ramp	2015	3,700	185	20	185		648	17
18									18
19	New Conduit Head, Pulled Wire & Restored Power to 4 Rooms	2015	4,593	230	20	230		728	19
20				-		-			20
21	Removed Old Units, Installed Trane 7.5 Ton Dual Compressor 2 Stage Rooftop Units, Trane Automatic Outdoor Air Economizers	2015	20,325	1,016	20	1,016		3,726	21
22				-		-			22
23									23
24									24
25	Installed EM Sub Panel Installation in the electrical room	2016	2,960	148	20	148		358	25
26									26
27	Installed Star2Star Phone System through facility	2016	38,346	7,669	5	7,669		20,451	27
28				-		-			28
29	Removed Old Units, Installed Trane 7.5 Ton Dual Compressor 2 Stage Rooftop Units, Trane Automatic Outdoor Air Economizers	2016	20,325	4,065	5	4,065		10,163	29
30				-		-			30
31				-		-			31
32	Replaced two condenser fans, two capacitors, pole contactors, and belt on rooftop	2016	2,628	526	5	526		1,490	32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 1,548,329	\$ 83,273		\$ 85,199	\$ 1,926	\$ 426,507	34

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/18

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,548,329	\$ 83,273		\$ 85,199	\$ 1,926	\$ 426,507	1
2				-		-			2
3	Remodel - Hall, 2nd Floor dining & activity rm, 4 B wing units, elev	2017	108,500	7,234	15	7,234		10,851	3
4	R & M - Install new septic basin	2017	2,800	186	15	186		279	4
5	Installation Of A 65 Channel Antennna	2017	17,625	1,762	10	1,762		2,643	5
6	Installation Of 65 Channel Ana	2017	5,875	588	10	588		882	6
7	43" Toshiba Led.Overbed Light	2017	3,214	214	15	214		321	7
8	Trane M Ysc060G3Eha 5 Ton HVAC	2017	8,708	870	10	870		1,305	8
9	2X4 Lithonia Led Light Fixture	2017	5,800	386	15	386		579	9
10	Compressor, Refrigerant, Labor	2017	4,842	404	12	404		606	10
11	Flooring/Painting - 1st & 2nd Floor, Media Rm, Shower Rooms 100	2017	24,875	2,072	12	2,072		3,108	11
12	LIGHT FIXTURES FOR DINING ROOM	2017	10,629	708	15	708		1,062	12
13	Vinyl Flooring & Carpet - Offices, lobby & inset on 2nd floor living	2017	24,971	1,664	15	1,664		2,496	13
14	ARCHITECTURAL - JOLIET COFFEE	2017	11,040	736	15	736		1,104	14
15	REPLACED CONCRETE SECTION ON S	2017	2,500	166	15	166		249	15
16	Paint-1st & 2nd Floor halls, Dining Room, Lobby, A100-106, B122-	2017	3,692	246	15	246		369	16
17	Carpet, Vinyl Flooring - 1st Floor, Lobby, all room A&B Wings, 2n	2017	81,661	5,444	15	5,444		8,166	17
18	Permit for Starbucks - coffee shop	2017	3,369	224	15	224		336	18
19	Stanko Flooring-Hallway 1st & 2nd Floor	2018	85,870	6,133	14	6,133		6,133	19
20	Shower Room renovation-plumbing, flooring, etc	2018	12,000	859	14	859		859	20
21	Paint 1st & 2nd Floor Hallways	2018	19,258	1,236	14	1,236		1,236	21
22	Vinyl floor starbucks, art in dining room, acrovyn for handrails-1st	2018	18,490	1,062	14	1,062		1,062	22
23	Replace 2 electrical panel servicing 1st Floor Electrical Room	2018	6,800	100	14	100		100	23
24	Heat exchanger - Rooftop for Main Kitchen	2018	2,978	416	5	416		416	24
25	New trane dual circuit condensing unit-Rooftop for PT	2018	22,845	1,976	7	1,976		1,976	25
26									26
27									27
28				-		-			28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,036,671	\$ 117,959		\$ 119,885	\$ 1,926	\$ 472,647	34

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/18

Ending:

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 2,036,671	\$ 117,959		\$ 119,885	\$ 1,926	\$ 472,647	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	Allocated from Maestro Consulting Services	2003	548	-	39	27	27	415	14
15	Allocated from Maestro Consulting Services	2004	11,132	-	39	555	555	8,195	15
16	Allocated from Maestro Consulting Services	2005	660	-	39	33	33	457	16
17	Allocated from Maestro Consulting Services	2006	895	-	39	45	45	553	17
18	Allocated from Maestro Consulting Services	2008	943	-	39	47	47	484	18
19	Allocated from Maestro Consulting Services	2009	15,187	-	20	759	759	7,297	19
20	Allocated from Maestro Consulting Services	2010	2,334	-	20	117	117	993	20
21	Allocated from Maestro Consulting Services	2011	126	-	20	6	6	50	21
22	Allocated from Maestro Consulting Services	2012	140	-	20	7	7	47	22
23	Allocated from Maestro Consulting Services	2014	1,755	-	20	88	88	404	23
24	Allocated from Maestro Consulting Services	2015	494	-	20	25	25	82	24
25	Allocated from Maestro Consulting Services	2016	2,163	-	20	216	216	516	25
26	Allocated from Maestro Consulting Services	2017	289	-	20	14	14	29	26
27	Allocated from Maestro 7257	2004	1,340	-	10	67	67	971	27
28	Allocated from Maestro 7257	2005	6,145	-	10	220	220	4,727	28
29	Allocated from Maestro 7257	2015	1,063	-	15	71	71	236	29
30				-		-			30
31				-		-			31
32	Book depreciation tied to financial statements			36,616			(36,616)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,081,885	\$ 154,575		\$ 122,182	\$ (32,393)	\$ 498,103	34

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet

0051797

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 2,081,885	\$ 154,575		\$ 122,182	\$ (32,393)	\$ 498,103	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)		\$ 2,081,885	\$ 154,575		\$ 122,182	\$ (32,393)	\$ 498,103	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 641,330	\$ 126,643	\$ 126,645	\$ 2	5-7	\$ 487,544	71
72	Current Year Purchases	66,070	7,029	7,029	-	5-7	7,029	72
73	Fully Depreciated Assets	41,099			-		41,099	73
74	See Sch 13A	220,080		16,135	16,135	5-7	97,218	74
75	TOTALS	\$ 968,579	\$ 133,672	\$ 149,809	\$ 16,137		\$ 632,890	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 Consulting Services			\$ 415	\$	\$ -	\$ -		\$ 415	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 415	\$	\$			\$ 415	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)	\$ 3,058,369	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 288,247	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 271,991	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (16,256)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,131,408	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: Symphony Deerbrook, LLC D/B/A Symphony of Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/18

Schedule 13A

XI. Ownership Costs

Line 74 - Equipment Costs - Excluding Transportation

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	26,419		4,146			23,298
Allocated from Maestro Consulting Services	193,661		11,989			73,920
TOTAL	220,080		16,135	0		97,218

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/18 Ending: 12/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Eclipse Kensington Master Landlord, LLC

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>1975</u>	<u>214</u>	<u>12/31/2011</u>	\$ <u>2,745,313</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5								5
6	<u>Allocated from Maestro</u>				<u>3,094</u>			6
7	TOTAL		<u>214</u>		\$ <u>2,748,407</u>			7

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>1,816,581</u>
13.	<u>12/31/2020</u>	\$ <u>1,852,913</u>
14.	<u>12/31/2021</u>	\$ <u>1,889,971</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 10.

1629
16293

9. Option to Buy: YES NO Terms: N/A *

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: \$ 173821 Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<u>Facility</u>	<u>2016 Ford Van</u>	<u>958</u>	<u>10,493</u>	18
19					19
20	<u>Allocated from Maestro</u>			<u>6,814</u>	20
21	TOTAL		\$ <u>958.00</u>	\$ <u>17,307</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 Deerbrook, LLC D/B/A Symphony of Joliet
IDPH License ID Number: 0051797
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, wheelchair	88,940
Respiratory equipment	3,905
Vital monitors	5,607
Water dispenser	221
Water Softener	594
Container 20 ft.	4,390
Copier	72,018
Computer lease	800
Music over the paging system	359
Postage machine	845
Allocated from Symphony	2,313
Allocated from Maestro	7,661
Allocated from Integra	(13,832)
Total - Line 16	<u>173,821</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. 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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$	\$		

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8	
			Units of Service	Cost	Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)							
					Units	Cost								
1	Licensed Occupational Therapist	39(3)	hrs	\$	8,464	\$ 609,418						8,464	\$ 609,418	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,894	136,388						1,894	136,388	2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39(3)	hrs		9,054	651,921						9,054	651,921	4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	39(2)	# of prescripts							237,767			237,767	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Other (specify): <u>Oxygen</u>	39(2)								12,686			12,686	12
13	Other (specify): <u>See Sch 16A</u>	39(3), (7)			1,975	142,232						1,975	142,232	13
14	TOTAL			\$	21,387	\$ 1,539,959				\$ 250,453		21,387	\$ 1,790,412	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 Deerbrook, LLC D/B/A Symphony of Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

Description	Units	Amount
Total - Line 12	-	-

Line 13 Other (specify)

Description	Units	Amount
Inhalation Therapy Costs-Medicaid		9,464
Inhalation Therapy Costs-Medicare A		21,843
Inhalation Therapy Costs-Managed Care		11,377
Inhalation Therapy Costs-Private		1,687
I.V. Therapy Costs-Medicaid		5,100
I.V. Therapy Costs-Medicare A		59,059
I.V. Therapy Costs-Managed Care		32,507
I.V. Therapy Costs-Private		900
Other Ancillary Costs-Medicare A		295
Total - Line 13	-	142,232

Facility Name & ID Number **Symphony Deerbrook, LLC D/B/A Symphony of Joliet**

0051797

Report Period Beginning: **1/1/18**

Ending: **12/31/18**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/18** (last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 2,000	\$ 2,000	1
2	Cash-Patient Deposits	49,885	49,885	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>2,046,177</u>)	3,750,955	3,750,955	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,606	5,606	6
7	Other Prepaid Expenses	406,172	406,172	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	136,724	136,724	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,351,342	\$ 4,351,342	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		7,490	13
14	Buildings, at Historical Cost		67,411	14
15	Leasehold Improvements, at Historical Cost	1,843,794	2,014,474	15
16	Equipment, at Historical Cost	904,024	968,994	16
17	Accumulated Depreciation (book methods)	(1,023,817)	(1,131,408)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	739,828	739,828	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify) <u>Lease Cost, net</u>	(38,031)	(38,031)	22
23	Other(specify): <u>See Schedule 17A</u>	1,303,704	1,303,704	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,729,502	\$ 3,932,462	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,080,844	\$ 8,283,804	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 3,711,685	\$ 3,711,685	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	120,429	120,429	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	445,530	445,530	30
31	Accrued Taxes Payable (excluding real estate taxes)	76,551	76,551	31
32	Accrued Real Estate Taxes(Sch.IX-B)	144,757	144,757	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	3,981,488	3,981,488	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,480,440	\$ 8,480,440	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	320,592	320,592	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)	\$ 320,592	\$ 320,592	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,801,032	\$ 8,801,032	46
47	TOTAL EQUITY(page 18, line 24)	\$ (720,188)	\$ (517,228)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,080,844	\$ 8,283,804	48

*(See instructions.)

Facility Name: Symphony Deerbrook, LLC D/B/A Symphony of Joliet
 IDPH License ID Number: 0051797
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet
 Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
120000 CSA I/C Related/Party Due To/From Accts	136,724	136,724
Total - Line 9	136,724	136,724

XV. Balance Sheet
 Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
118000 Fixed Assets - Construction in Process	68,061	68,061
119500 Other Assets - Security Deposits	281,475	281,475
120105 Due To/From - Crestwood LLC	1,224,500	1,224,500
120106 Due To/From - Decatur	178,000	178,000
127012 Due To/From - Symphony Healthcare	(311,947)	(311,947)
128002 Due To/From - Maestro	(136,385)	(136,385)
Total - Line 23	1,303,704	1,303,704

XV. Balance Sheet
 Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
1220 ACCUMULATED AMORTIZATION DEFERRED RENT	-	-
100100 Cash	169,573	169,573
120101 Due To/From - 87Th Street	336	336
120108 Due To/From - Evanston Healthcare LLC	195,000	195,000
120113 Due To/From - Maple Crest LLC	181,000	181,000
120115 Due To/From - McKinley LLC	85,000	85,000
120118 Due To/From - Northwoods LLC	17,000	17,000
120120 Due To/From - Sycamore LLC	30,000	30,000
120124 Due To/From - Orchard Valley	98,000	98,000
120203 Due To/From - Dyer LLC	-	-
127013 Due To/From - Symphony Financial Services	213,796	213,796
200100 Accrued Payables	25,582	25,582
200101 Accrued Payables - Professional Fees	22,624	22,624
200115 Accounts Payable - Resident Refunds	2,016	2,016
200120 Accrued Payables - Health Insurance	121,295	121,295
200121 Accrued Payable - Dental Insurance	(449)	(449)
200122 Accrued Payables - Vision Insurance	(108)	(108)
200123 Accrued Payables - Life Insurance	(1,778)	(1,778)
200124 Accrued Payables - Short Term Disability	(2,122)	(2,122)
200231 Accrued Payables - Payroll SWT - IN	(6)	(6)
200270 Accrued Payables - Payroll Union Dues	1,997	1,997
200290 Accrued Payables - 401K Deductions	2,640	2,640
200291 Accrued Payables - 401K Loan Repayments	939	939
200295 Accrued Payables - Heart and Soul Foundation	10	10
200300 Accrued Payables - Garnishments	(1,751)	(1,751)
200410 Accrued Payables - WC/GL Insurance	147,457	147,457
200500 Accrued Payables - Bed Taxes	-	-
200510 Accrued Payables - Bed Taxes Add'l	30,131	30,131
200600 Accrued Payables - Management Fees	597,422	597,422
200800 Accrued Payables - Interest	810	810
200900 Accrued Payables - Rent	343,927	343,927
200950 Accrued Payables - Sales Tax	301	301
200951 Sales Tax Payable - Manual	168	168
202000 Deferred Rent	655,085	655,085
203000 Lease Holds Payable	1,042,037	1,042,037
Total - Line 36	3,977,932	3,977,932

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1036819	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(62,297)	3
4	Rounding	(6)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 974,516	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,694,704)	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)	\$ (1,694,704)	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)	\$ (720,188)	24 *

* This must agree with page 17, line 47.

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

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,778,749	1
2	Discounts and Allowances for all Levels	(3,151,137)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,627,612	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,092,548	6
7	Oxygen	10,970	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,103,518	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	(137)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	402,248	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	170,556	19
20	Radiology and X-Ray	29,671	20
21	Other Medical Services	6,696	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 609,034	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	31,242	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 31,242	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Medicare & Managed Care Rentals	2,660	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,660	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,374,066	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,667,747	31
32	Health Care	5,616,320	32
33	General Administration	3,338,844	33
B. Capital Expense			
34	Ownership	3,438,172	34
C. Ancillary Expense			
35	Special Cost Centers	2,548,968	35
36	Provider Participation Fee	458,719	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,068,770	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,694,704)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,694,704)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 7,376,688	44
45	Private Pay - Net Inpatient Revenue	1,291,292	45
46	Medicare - Net Inpatient Revenue	1,854,235	46
47	Other-(specify) MAIP	155,462	47
48	Other-(specify) Managed Care/Veteran/Hospice	949,935	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,627,612	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

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	1,929	2,131	\$ 120,263	\$ 56.44	1
2	Assistant Director of Nursing	2,012	2,178	93,473	42.92	2
3	Registered Nurses	33,728	37,728	1,258,727	33.36	3
4	Licensed Practical Nurses	31,414	35,003	919,301	26.26	4
5	CNAs & Orderlies	115,837	129,500	1,833,593	14.16	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,802	15,240	222,362	14.59	10
11	Social Service Workers	4,207	4,739	106,405	22.46	11
12	Dietician					12
13	Food Service Supervisor	3,238	3,657	86,749	23.72	13
14	Head Cook	5,444	5,989	75,218	12.56	14
15	Cook Helpers/Assistants	17,639	18,557	207,175	11.16	15
16	Dishwashers					16
17	Maintenance Workers	5,295	5,739	140,472	24.48	17
18	Housekeepers	14,716	15,820	185,356	11.72	18
19	Laundry	7,360	7,839	84,145	10.73	19
20	Administrator	1,613	1,872	113,211	60.47	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,547	15,151	266,547	17.59	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	5,488	6,094	125,074	20.52	31
32	Other Health Care See Sch 20A	15,351	18,481	458,477	24.81	32
33	Other(specify) See Sch 20A	4,899	5,220	157,313	30.14	33
34	TOTAL (lines 1 - 33)	297,518	330,938	\$ 6,453,861 *	\$ 19.50	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	\$ 19,529	1(3) & 12(3)	35
36	Medical Director	Monthly	110,150	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	7,263	10(3) & 10(7)	38
39	Pharmacist Consultant	Monthly	19,155	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	4,198	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,888	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Dialysis	Monthly	71,790	10(3)	47
48					48
49	TOTAL (lines 35 - 48)		\$ 234,973		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 Deerbrook, LLC D/B/A Symphony of Joliet
IDPH License ID Number: 0051797
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 Program Coordinator	6,308	7,753	110,564	\$ 14.26
MDS Coordinator	619	808	149,818	\$ 185.42
Nurse - Unit Manager	8,424	9,920	198,095	\$ 19.97
Total - Line 32 Other Health Care (specify):	15,351	18,481	458,477	

XVIII. Staffing and Salary Costs
Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Admissions Coordinator	1,741	1,845	64,272	\$ 34.84
Director of Customer Experience & Marketing	1,402	1,487	35,580	\$ 23.93
Community Relations / Director of Marketing	1,756	1,888	57,461	\$ 30.43
Total - Line 33 Other (specify):	4,899	5,220	157,313	

Facility Name: Symphony Deerbrook, LLC D/B/A Symphony of Joliet
 IDPH License ID Number: 0051797
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Digital Marketing SEO	Branding	425
Formation Healthcare Group, LLC	Monthly Subscription Fee	1,071
FYI Systems	Computer IT	442
GTT Communications	DSL line	1,120
Health Data Systems Inc	Programming	3,933
IIT/Sourceteach	Support fee	1,380
Managed Care Group LLC	IT Support	1,466
Market Metrix	Customer and Employee Metrix Subscription	907
Mood Media	Music over the paging system	52
Nexuscomm, LLC	Cable	350
PatientPing, Inc.	Care coordination network	1,000
PointClickCare Technologies Inc.	Cloud based software and services	41,749
Prime Care Technologies	PBJ Reporting Module Access Fee	228
Real Time Medical Systems LLC	Clinical and Financial Analytics Service	4,331
Scott Norton	Computer Consulting	388
Snowflake Computing, Inc.	Computer Services	706
Telemedicine Solutions, LLC	Wound Rounds Care	17,502
Wencel Worldwide, Inc	Branding	4,318
RSM US LLP	Accounting	21,242
Accrual	Legal fees	67,144
Cowgill and Cemugel Law Offices, LTD	Legal fees	866
HIPP Law Office	Legal fees	1,160
McCabe, Kirshner P.C.	Legal fees	3,600
Much Shelist	Legal fees	108
Neal, Gerber & Eisenberg, LLP	Legal fees	62
SB2 Inc.	Legal fees	226
Stone, Pogrud & Korey LLC	Legal fees	12,472
Achieve Accreditation	Accreditation	9,196
Corporation Service Company	Annual Filing	254
Jan Paul Storey	Consulting services	89
Language Line Services	Phone Interpretation	218
LTC Consulting	Collection Agency	73,404
Maestro Consulting Services	Consulting services	65,754
MTS Consulting	Tax consulting	4,665
National Datacare Corporation	Trust fund and Medicaid billing services	2,884
Other	**reclassified to 700127-GADM	1,180
Personnel Planners, Inc	Quarterly Unemployment Claims	1,673
Resolute Healthcare	Consulting services	5,795
SB2 Inc.	Professional fees	2,250
The Joint Commission	License accreditation	6,605
Transworld Systems Inc	Collection service	6
	From pg 21	101,155
	Total (agree to Schedule V, line 19, column 3)	463,376
Allocated from Maestro		94,048
Allocated from Management Company	Professional Services	113
Less: Non-Allowable Legal Fees		(13,631)
	Total (agree to Schedule V, line 19, column 8)	543,906

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/18Ending: 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. HC Council of IL - \$36,237
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-7 Yr
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 458,719
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B' No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ 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? 5
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
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