

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET S-2 PART I
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Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1	Street: 4343 KENNEDY DRIVE	P.O. Box:							1
2	City: EAST MOLINE	State: IL	ZIP Code: 61244						2
3	County: ROCK ISLAND	CBSA Code: 19340	Urban / Rural: U						3

SNF and SNF - Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O or N)			
					V	XVIII	XIX	
	0	1	2	3	4	5	6	
4	SNF	HOPE CREEK CARE CENTER	145269	10/01/1997	N	P	N	4
5	Nursing Facility							5
6	ICF - Mentally Retarded							6
7	SNF-Based HHA							7
8	SNF-Based RHC							8
9	SNF-Based FQHC							9
10	SNF-Based CMHC							10
11	SNF-Based OLTC							11
12	SNF-Based HOSPICE							12
13	OTHER (specify)							13
14	Cost Reporting Period (mm/dd/yyyy)	From: 12/01/2010	To: 11/30/2011					14
15	Type of Control (see instructions)	9						15

Type of Freestanding Skilled Nursing Facility

	Y / N					
16	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	Y				16
17	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N				17
18	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	Y				18

Miscellaneous Cost Reporting Information

19	Is this a low Medicare utilization cost report, enter "Y" for yes or "N" for no.	N				19
19.01	If the response to line 19 is "Y", does this cost report meet your contractor's criteria for filing a low utilization cost report? (Y/N)	N				9.01

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on lines 20 - 22.

20	Straight Line	570,260				20
21	Declining Balance					21
22	Sum of the Year's Digits					22
23	Sum of line 20 through 22	570,260				23
24	If depreciation is funded, enter the balance as of the end of the period.					24
25	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N				25
26	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N				26
27	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y?N)	N				27
28	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N				28

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

	Part A	Part B	Other	
29	Skilled Nursing Facility	N	N	29
30	Nursing Facility			N
31	ICF / M R			31
32	SNF-Based HHA	N	N	32
33	SNF-Based RHC		N	33
34	SNF-Based FQHC			34
35	SNF-Based CMHC		N	35
36	SNF-Based OLTC			36

	Y / N			
37	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients. (Y/N)	N		37
38	Are you legally required to carry malpractice insurance? (Y/N)	N		38

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET S-2 PART I	
39	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made," enter 1. If the policy is "occurrence", enter 2.						39
			Premiums	Paid Losses	Self insurance		
41	List malpractice premiums and paid losses:						41
			Y / N				
42	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If "Y", check box, and submit supporting schedule listing cost centers and amounts.					N	42
43	Are there any home office costs as defined in CMS Pub. 15-1, chapter 10?					Y	43
44	If line 43 = "Y", and there are costs for the home office, enter the applicable home office chain number in column 1.						44
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.							
45	Name:			Contractor Name:		Contractor Number:	45
46	Street:	P.O. Box:					46
47	City:	State:	ZIP Code:				47
FORM CMS-2540-10 (11/2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4104)							
Rev. 4							41-305

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET S-2 PART II	
General Instruction:		For all column 1 responses, enter in column 1, "Y" for Yes or "N" for No For all dates responses, use the format mm/dd/yyyy.			
Completed by All Skilled Nursing Facilities					
				Y/N	Date
Provider Organization and Operation				1	2
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)			N	
				Y/N	Date
				1	2
2	Has the provider terminated participation in the Medicare Program? If column 1 is "Y", enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N	
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y	
Financial Data and Reports				Y/N	Type
				1	2
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.			N	
				Y/N	Y/N
Approved Educational Activities				1	2
6	Column 1: Were costs claimed for nursing school? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)			N	
7	Were costs claimed for allied health programs? (Y/N) (see instructions)			N	
8	Were approvals and/or renewals obtained during the cost reporting period for nursing school and/or allied health program? (Y/N) (see instructions)			N	
					Y/N
Bad Debts					1
9	Is the provider seeking reimbursement for bad debts? (Y/N) (see instructions)				Y
10	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.				N
11	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.				N
Bed Complement					N
12	Have total beds available changed from prior cost reporting period? If "Y", see instructions.				
PS&R Report Data				Y/N	Date
				Part A	Part A
				Part B	Part B
				1	2
13	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid-through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions)			Y	04/25/2012
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y", enter the paid-through date of the PS&R used to prepare this cost report in columns 2 and 4.			N	
15	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see instructions.			N	
16	If line 13 or 14 is "Y", were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			N	
17	If line 13 or 14 is "Y", were adjustments made to PS&R data for Other? Describe the other adjustments: __			N	
18	Was the cost report prepared only using the provider's records? If "Y", see instructions.			N	
FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4104.1)					
41-306				Rev. 4	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET S-3 PART 1
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PART I - STATISTICAL DATA

Component	Number of Beds	Bed Days Available	Inpatient Days / Visits					Discharges					Average Length of Stay				Admissions					Full Time Equivalent		
			Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1 Skilled Nursing Facility	245	89,425		7,468	54,111	24,538	86,117		205	124	148	477		36.43	436.38	180.54		183	120	138	441	356.72		1
2 Nursing Facility																								2
3 ICF-Mentally Retarded																								3
4 Home Health Agency																								4
5 Other Long Term Care																								5
6 SNF-Based CMHC																								6
7 Hospice																								7
8 Total (sum of lines 1-7)	245	89,425		7,468	54,111	24,538	86,117		205	124	148	477		36.43	436.38	180.54		183	120	138	441	356.72		8

FORM CMS-2540-10 (11/2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4105)

Rev. 4	41-307
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HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

SNF WAGE INDEX INFORMATION PART II - DIRECT SALARIES		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET S-3 PARTS II & III	
		Amount Reported	Reclass. of Salaries from Wkst. A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)
		1	2	3	4	5
SALARIES						
1	Total salary (see instructions)	8,324,742		8,324,742	741,983	11.22
2	Physician salaries-Part A					
3	Physician salaries-Part B					
4	Home office personnel					
5	Sum of lines 2 through 4					
6	Revised wages (line 1 minus line 5)	8,324,742		8,324,742	741,983	11.22
7	Other Long Term Care					
8	Home Health Agency					
9	CMHC					
10	Hospice					
11	Other excluded areas					
12	Subtotal excluded salary (sum of lines 7 through 11)					
13	Total adjusted salaries (line 6 minus line 12)	8,324,742		8,324,742	741,983	11.22
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,564,990		1,564,990	34,851	44.91
15	Contract Labor: Physician services-Part A					
16	Home office salaries & wage related costs					
WAGE RELATED COSTS						
17	Wage related costs core (see Pt. IV)	2,944,500		2,944,500		
18	Wage related costs other (see Pt. IV)					
19	Wage related costs (excluded units)					
20	Physicians Part A - WRC					
21	Physicians Part B - WRC					
22	Total adjusted wage related cost (see instructions)	2,944,500		2,944,500		
PART III - OVERHEAD COST - DIRECT SALARIES						
		Amount Reported	Reclass. of Salaries from Wkst. A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)
		1	2	3	4	5
1	Employee Benefits					
2	Administrative & General	293,236		293,236	14,941	19.63
3	Plant Operation, Maintenance & Repairs	242,512		242,512	10,378	23.37
4	Laundry & Linen Service	267,032		267,032	31,117	8.58
5	Housekeeping	422,718		422,718	47,262	8.94
6	Dietary	760,406		760,406	88,215	8.62
7	Nursing Administration		179,162	179,162	9,266	19.34
8	Central Services and Supply					
9	Pharmacy					
10	Medical Records & Medical Records Library					
11	Social Service	412,372		412,372	47,923	8.60
12	Nursing and Allied Health Ed. Act.					
13	Other General Service (specify _____)					
14	Total (sum lines 1 through 13)	2,398,276	179,162	2,577,438	249,102	10.35
FORM CMS-2540-10 (11/2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTIONS 4105.1 - 4105.2)						
41-308					Rev. 4	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

PROSPECTIVE PAYMENT FOR SNF STATOSTOCA; DATA		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET S-7	
	GROUP	Days			
	1	2			
1	RUX		82		1
2	RUL		398		2
3	RVX		126		3
4	RVL		214		4
5	RHX		53		5
6	RHL		61		6
7	RMX		6		7
8	RML		1		8
9	RLX				9
10	RUC		362		10
11	RUB		1,189		11
12	RUA		2,078		12
13	RVC		441		13
14	RVB		620		14
15	RVA		840		15
16	RHC		358		16
17	RHB		273		17
18	RHA		118		18
19	RMC		38		19
20	RMB		38		20
21	RMA		126		21
22	RLB				22
23	RLA				23
24	ES3				24
25	ES2				25
26	ES1		4		26
27	HE2		2		27
28	HE1				28
29	HD2				29
30	HD1				30
31	HC2				31
32	HC1				32
33	HB2		6		33
34	HB1		16		34
35	LE2				35
36	LE1				36
37	LD2				37
38	LD1		1		38
39	LC2				39
40	LC1		1		40
41	LB2				41
42	LB1				42
43	CE2				43
44	CE1				44
45	CD2				45
46	CD1		1		46
47	CC2				47
48	CC1		3		48
49	CB2				49
50	CB1				50
51	CA2				51
52	CA1		3		52
53	SE3				53
54	SE2				54
55	SE1				55
56	SSC				56
57	SSB				57

PROSPECTIVE PAYMENT FOR SNF STATOSTOCA; DATA		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET S-7	
58		SSA			58
59		IB2			59
60		IB1			60
61		IA2			61
62		IA1			62
63		BB2			63
64		BB1			64
65		BA2			65
66		BA1			66
67		PE2			67
68		PE1			68
69		PD2			69
70		PD1		3	70
71		PC2			71
72		PC1		5	72
73		PB2			73
74		PB1		1	74
75		PA2			75
76		PA1			76
99		AAA			99
100	Total			7,468	100
<p>A notice published in the "Federal Register" Vol. 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003 Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I line 1 column3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (see instructions)</p>					
		Expenses	Percentage	Y/N	
		1	2	3	
101	Staffing	5,618,152	490.65		101
102	Recruitment				102
103	Retention of employees	1,477,782	129.06		103
104	Training	7,012	0.61		104
105	Other (Specify)				105
106	Total SNF revenue (Wkst. G-2, Pt. I, line 1, col. 3)		1,145,040		106
FORM CMS-2540-10 (11/2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTIONS 4109 - 4109.1)					
41-314				Rev. 4	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES-					Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET A	
Cost Center Description			SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFICATIONS Increase/Decrease (from Wkst. A-6)	RECLASSIFIED TRIAL BALANCE (col. 3 +/- col. 4)	ADJUSTMENTS TO EXPENSES Increase/Decrease (from Wkst. A-8)	NET EXPENSES FOR COST ALLOCATION (col. 5 +/- col. 6)	
A	B	C	1	2	3	4	5	6	7	A
GENERAL SERVICE COST CENTERS										
1	0100	Capital-Related Costs - Buildings & Fixtures		11,604	11,604		11,604	558,656	570,260	1
2	0200	Capital-Related Costs - Moveable Equipment								2
3	0300	Employee Benefits		2,998,842	2,998,842		2,998,842	57,236	3,056,078	3
4	0400	Administrative and General	293,236	1,713,505	2,006,741		2,006,741	-508,704	1,498,037	4
5	0500	Plant Operation, Maintenance and Repairs	242,512	341,900	584,412		584,412	240	584,652	5
6	0600	Laundry and Linen Service	267,032	41,678	308,710		308,710		308,710	6
7	0700	Housekeeping	422,718	67,464	490,182		490,182		490,182	7
8	0800	Dietary	760,406	657,498	1,417,904		1,417,904		1,417,904	8
9	0900	Nursing Administration				179,162	179,162		179,162	9
10	1000	Central Services and Supply		265,775	265,775	48,267	314,042		314,042	10
11	1100	Pharmacy								11
12	1200	Medical Records and Library								12
13	1300	Social Service	412,372	12,326	424,698		424,698		424,698	13
14	1400	Nursing and Allied Health Education								14
15		Other General Service Cost								15
INPATIENT ROUTINE SERVICE COST CENTERS										
30	3000	Skilled Nursing Facility	5,797,314	487,704	6,285,018	-179,162	6,105,856		6,105,856	30
31	3100	Nursing Facility								31
32	3200	ICF - Mentally Retarded								32
33	3300	Other Long Term Care								33
ANCILLARY SERVICE COST CENTERS										
40	4000	Radiology		1,560	1,560	1,436	2,996		2,996	40
41	4100	Laboratory		30,078	30,078	5,075	35,153		35,153	41
42	4200	Intravenous Therapy								42
43	4300	Oxygen (Inhalation) Therapy								43
44	4400	Physical Therapy		445,484	445,484		445,484		445,484	44
45	4500	Occupational Therapy	129,152	436,550	565,702		565,702		565,702	45
46	4600	Speech Pathology		217,668	217,668		217,668		217,668	46
47	4700	Electrocardiology								47
48	4800	Medical Supplies Charged to Patients		169,546	169,546	-162,340	7,206		7,206	48
49	4900	Drugs Charged to Patients		355,608	355,608	107,562	463,170		463,170	49
50	5000	Dental Care - Title XIX only								50
51	5100	Support Surfaces								51

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES-				Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET A	
52		Other Ancillary Service Cost							52
OUTPATIENT SERVICE COST CENTERS									
60	6000	Clinic							60
61	6100	Rural Health Clinic (RHC)							61
62	6200	FQHC							62
63		Other Outpatient Service Cost							63
OTHER REIMBURSABLE COST CENTERS									
70	7000	Home Health Agency Cost							70
71	7100	Ambulance							71
72		Outpatient Rehabilitation (specify)							72
73	7300	CMHC							73
74		Other Reimbursable Cost							74
SPECIAL PURPOSE COST CENTERS									
80	8000	Malpractice Premiums & Paid Losses							-0-
81	8100	Interest Expense							- 0 -
82	8200	Utilization Review							- 0 -
83	8300	Hospice							
84		Other Special Purpose Cost							
89		SUBTOTALS (sum of lines 1 through 84)	8,324,742	8,254,790	16,579,532		16,579,532	107,428	16,686,960
NON REIMBURSABLE COST CENTERS									
90	9000	Gift, Flower, Coffee Shops and Canteen							90
91	9100	Barber and Beauty Shop							91
92	9200	Physicians' Private Offices							92
93	9300	Nonpaid Workers							93
94	9400	Patients' Laundry							94
95		Other Nonreimbursable Cost							95
100		TOTAL	8,324,742	8,254,790	16,579,532		16,579,532	107,428	16,686,960
FORM CMS-2540-10 (09/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4113)									
Rev. 2								41-317	

RECLASSIFICATIONS	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET A-6
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Summary										
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	I N C R E A S E				D E C R E A S E				
		COST CENTER	LN NO.	SALARY	NON SALARY	COST CENTER	LN NO.	SALARY	NON SALARY	
		1	2	3	4	5	6	7	8	9
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
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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

RECLASSIFICATIONS					Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET A-6		
35										35	
100	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))				179,162	162,340			179,162	162,340	100
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.											
FORM CMS-2540-10 (09/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4114)											
41-318									Rev. 2		

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

RECLASSIFICATIONS	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET A-6
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ANCILLARY COSTS RECLASS										
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	I N C R E A S E				D E C R E A S E				
		COST CENTER	LN NO.	SALARY	NON SALARY	COST CENTER	LN NO.	SALARY	NON SALARY	
		1	2	3	4	5	6	7	8	9
1										1
2	ANCILLARY COSTS RECLASS	B	10		48,267	48			162,340	2
3	ANCILLARY COSTS RECLASS	B	49		107,562					3
4	ANCILLARY COSTS RECLASS	B	40		1,436					4
5	ANCILLARY COSTS RECLASS	B	41		5,075					5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
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29										29
30										30
31										31
32										32
33										33
34										34

RECLASSIFICATIONS					Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET A-6	
35										35
100	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))									100
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.										
FORM CMS-2540-10 (09/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4114)										
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RECLASSIFICATIONS	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET A-6
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NURSING ADMIN SALARIES RECLASS										
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	I N C R E A S E				D E C R E A S E				
		COST CENTER	LN NO.	SALARY	NON SALARY	COST CENTER	LN NO.	SALARY	NON SALARY	
		1	2	3	4	5	6	7	8	9
1 NURSING ADMIN SALARIES RECLASS	A		9	179,162		30	179,162			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
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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

RECLASSIFICATIONS					Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET A-6	
35										35
100	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))									100
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.										
FORM CMS-2540-10 (09/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4114)										
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HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES		Provider CCN: 145269			PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET A-7	
Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Purchases	Donation	Total				
	1	2	3	4	5	6	7	
1 Land	1,616,526					1,616,526		1
2 Land Improvements								2
3 Buildings and Fixtures	19,711,553					19,711,553		3
4 Building Improvements	233,903					233,903		4
5 Fixed Equipment								5
6 Movable Equipment	854,782	41,639		41,639		896,421		6
7 Subtotal (sum of lines 1-6)	22,416,764	41,639		41,639		22,458,403		7
8 Reconciling Items								8
9 Total (line 7 minus line 8)	22,416,764	41,639		41,639		22,458,403		9
FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4115)								
Rev. 1							41-319	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

ADJUSTMENTS TO EXPENSES			Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET A-8
Description (1)	Basis for Adjustment (2)	Amount	Expense Classification on Wkst. A to/from which the amount is to be adjusted		Line No.
			Cost Center		
0	1	2	3	4	
1	Investment income on restricted funds (Chapter 2)				1
2	Trade, quantity and time discounts on purchases (Chapter 8)				2
3	Refunds and rebates of expenses Chapter 8)				3
4	Rental of provider space by suppliers Chapter 8)				4
5	Telephone services (pay stations excluded) (Chapter 21)				5
6	Television and radio service (Chapter 21)				6
7	Parking lot (Chapter 21)				7
8	Remuneration applicable to provider- based physician adjustment	Worksheet A-8-2			8
9	Home office costs (Chapter 21)				9
10	Sale of scrap, waste, etc. (Chapter23)				10
11	Nonallowable costs related to certain Capital expenditures (Chapter 24)				11
12	Adjustment resulting from transactions with related organizations (Chapter 10)	Worksheet A-8-1	486,712		12
13	Laundry and Linen service				13
14	Revenue - Employee meals				14
15	Cost of meals - Guests				15
16	Sale of medical supplies to other than patients				16
17	Sale of drugs to other than patients				17
18	Sale of medical records and abstracts				18
19	Vending machines				19
20	Income from imposition of interest, finance or penalty charges (Chapter 21)				20
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments				21
22	Utilization review--physicians' compensation (Chapter 21)			Utilization Review- SNF	82 22
23	Depreciation--buildings and fixtures	A	558,656	Capital Related Cost- Building	1 23
24	Depreciation--movable equipment			Capital Related Cost-Movable	2 24
25	Other Adjustment specify - DISALLOW NONALLOWABLE EXPENSES	A	-937,940	ADMINISTRATIVE & GENERAL	4 25
100	TOTAL (sum of lines 1 through 99) (transfer to Wkst. A, col. 6, line 100)		107,428		100

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

- A. Costs - if cost, including applicable overhead, can be determined
- B. Amount Received - if cost cannot be determined

FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4116)

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET A-8-1
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PART I - COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A., col. 5	Adjustments (col. 4 minus col. 5)	
1	2	3	4	5	6	
1	3	EMPLOYEE BENEFITS	WORKERS COMP	18,654	18,654	1
2	3	EMPLOYEE BENEFITS	UNEMPLOYMENT COMP	38,582	38,582	2
3	4	ADMINISTRATIVE & GENERAL	WELFARE COMMITTEE	10,246	10,246	3
4	4	ADMINISTRATIVE & GENERAL	RISK MANAGEMENT	223,498	223,498	4
5	4	ADMINISTRATIVE & GENERAL	GENERAL MANAGEMENT	9,030	9,030	5
6	4		AUDITOR	21,277	21,277	6
7	4		PURCHASING	6,960	6,960	7
8	4		INFORMATION SYSTEMS	49,775	49,775	8
9	4		TREASURER	283	283	9
9.01	4		COUNTY BOARD	108,167	108,167	9.01
9.02	5		COUNTY BUILDINGS	240	240	9.02
10	TOTALS (sum of lines 1-9) (Transfer column 6, line 10 to Wkst. A-8, col. 3, line 12)			486,712	486,712	10

PART II - INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND / OR HOME OFFICE

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

(I) Symbol	Name	Percentage of Ownership	Related Organization(s)		
			Name	Percentage of Ownership	Type of Business
1	2	3	4	5	6
1	ROCK ISLAND CTY	100.00	ROCK ISLAND CTY		COUNTY GOVT
2					
3					
4					
5					
6					
7					
8					
9					
10					

(I) Use the followings symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider. B. Corporation, partnership or other organization has financial interest in provider. C. Provider has financial interest in corporation, partnership, or other organization. D. Director, officer, administrator or key person of provider or organization.	E. Individual is director, officer, administrator or key person of provider and related organization. F. Director, officer, administrator or key person of related organization or relative of such person has financial interest in provider. G. Other (financial or non-financial) specify _____ _____
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FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4117)

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HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET B PART I					
Cost Center Description	NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	CAP. REL BUILDINGS & FIXTURES	CAP. REL MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (sum of cols. 0 - 3)	ADMINIS- TRATIVE & GENERAL	PLANT OPER. MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE KEEPING	DIETARY		
	0	1	2	3	3 A	4	5	6	7	8		
GENERAL SERVICE COST CENTERS												
1	Capital-Related Costs - Buildings & Fixtures	570,260	570,260									1
2	Capital-Related Costs - Moveable Equipment											2
3	Employee Benefits	3,056,078			3,056,078							3
4	Administrative and General	1,498,037	66,639		1,672,325	1,672,325						4
5	Plant Operation, Maintenance and Repairs	584,652	28,373		702,053	78,195	780,248					5
6	Laundry and Linen Service	308,710	12,860		419,600	46,735	21,113	487,448				6
7	Housekeeping	490,182	4,415		649,780	72,372	7,249		729,401			7
8	Dietary	1,417,904	35,084		1,732,139	192,926	57,600			1,982,665		8
9	Nursing Administration	179,162	10,612		255,546	28,463	17,422					9
10	Central Services and Supply	314,042	5,158		319,200	35,552	8,469					10
11	Pharmacy											11
12	Medical Records and Library											12
13	Social Service	424,698	1,496		577,579	64,331	2,455					13
14	Nursing and Allied Health Education											14
15	Other General Service Cost											15
INPATIENT ROUTINE SERVICE COST CENTERS												
30	Skilled Nursing Facility	6,105,856	386,314		2,062,467	8,554,637	952,810	634,240	487,448	729,401	1,982,665	30
31	Nursing Facility											31
32	ICF - Mentally Retarded											32
33	Other Long Term Care											33

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET B PART I			
ANCILLARY SERVICE COST CENTERS											
40	Radiology	2,996			2,996	334					40
41	Laboratory	35,153			35,153	3,915					41
42	Intravenous Therapy										42
43	Oxygen (Inhalation) Therapy										43
44	Physical Therapy	445,484	6,487		451,971	50,341	10,650				44
45	Occupational Therapy	565,702	6,359	47,413	619,474	68,997	10,439				45
46	Speech Pathology	217,668	3,172		220,840	24,597	5,208				46
47	Electrocardiology										47
48	Medical Supplies Charged to Patients	7,206	3,291		10,497	1,169	5,403				48
49	Drugs Charged to Patients	463,170			463,170	51,588					49
50	Dental Care - Title XIX only										50
51	Support Surfaces										51
52	Other Ancillary Service Cost										52
OUTPATIENT SERVICE COST CENTERS											
60	Clinic										60
61	Rural Health Clinic (RHC)										61
62	FQHC										62
63	Other Outpatient Service Cost										63
OTHER REIMBURSABLE COST CENTERS											
70	Home Health Agency Cost										70
71	Ambulance										71
72	Outpatient Rehabilitation (specify)										72
73	CMHC										73
74	Other Reimbursable Cost										74
SPECIAL PURPOSE COST CENTERS											
83	Hospice										83
84	Other Special Purpose Cost										84
89	Subtotals	16,686,960	570,260	3,056,078	16,686,960	1,672,325	780,248	487,448	729,401	1,982,665	89

COST ALLOCATION - GENERAL SERVICE COSTS						Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET B PART I				
NON REIMBURSABLE COST CENTERS												
90	Gift, Flower, Coffee Shops and Canteen											90
91	Barber and Beauty Shop											91
92	Physicians' Private Offices											92
93	Nonpaid Workers											93
94	Patients' Laundry											94
95	Other Nonreimbursable Cost											95
98	Cross Foot Adjustments											98
99	Negative Cost Center											99
100	Total	16,686,960	570,260		3,056,078	16,686,960	1,672,325	780,248	487,448	729,401	1,982,665	100
FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4120)												
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HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENTS	TOTAL	
	9	10	11	12	13	14	15	16	17	18	
GENERAL SERVICE COST CENTERS											
1	Capital-Related Costs - Buildings & Fixtures										1
2	Capital-Related Costs - Moveable Equipment										2
3	Employee Benefits										3
4	Administrative and General										4
5	Plant Operation, Maintenance and Repairs										5
6	Laundry and Linen Service										6
7	Housekeeping										7
8	Dietary										8
9	Nursing Administration	301,431									9
10	Central Services and Supply		363,221								10
11	Pharmacy										11
12	Medical Records and Library										12
13	Social Service				644,365						13
14	Nursing and Allied Health Education										14
15	Other General Service Cost										15
INPATIENT ROUTINE SERVICE COST CENTERS											
30	Skilled Nursing Facility	301,431	363,221			644,365		14,650,218		14,650,218	30
31	Nursing Facility										31
32	ICF - Mentally Retarded										32
33	Other Long Term Care										33
ANCILLARY SERVICE COST CENTERS											
40	Radiology							3,330		3,330	40
41	Laboratory							39,068		39,068	41
42	Intravenous Therapy										42

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43	Oxygen (Inhalation) Therapy											43
44	Physical Therapy							512,962		512,962		44
45	Occupational Therapy							698,910		698,910		45
46	Speech Pathology							250,645		250,645		46
47	Electrocardiology											47
48	Medical Supplies Charged to Patients							17,069		17,069		48
49	Drugs Charged to Patients							514,758		514,758		49
50	Dental Care - Title XIX only											50
51	Support Surfaces											51
52	Other Ancillary Service Cost											52
OUTPATIENT SERVICE COST CENTERS												
60	Clinic											60
61	Rural Health Clinic (RHC)											61
62	FQHC											62
63	Other Outpatient Service Cost											63
OTHER REIMBURSABLE COST CENTERS												
70	Home Health Agency Cost											70
71	Ambulance											71
72	Outpatient Rehabilitation (specify)											72
73	CMHC											73
74	Other Reimbursable Cost											74
SPECIAL PURPOSE COST CENTERS												
83	Hospice											83
84	Other Special Purpose Cost											84
89	Subtotals	301,431	363,221			644,365		16,686,960		16,686,960		89
NON REIMBURSABLE COST CENTERS												
90	Gift, Flower, Coffee Shops and Canteen											90
91	Barber and Beauty Shop											91
92	Physicians' Private Offices											92
93	Nonpaid Workers											93

94	Patients' Laundry											94
95	Other Nonreimbursable Cost											95
98	Cross Foot Adjustments											98
99	Negative Cost Center											99
100	Total	301,431	363,221			644,365			16,686,960		16,686,960	100

FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4120)

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HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

COST ALLOCATION - STATISTICAL BASIS						Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET B - 1	
Cost Center Description		CAP. REL. BUILDINGS & FIXTURES (Square Feet)	CAP. REL. MOVABLE EQUIPMENT (Dollar Value or Square Feet)	EMPLOYEE BENEFITS (Gross Salaries)	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (Accumulated Cost)	PLANT OPER. MAINTENANCE & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Pounds of Laundry)	HOUSE KEEPING (Hours of Service)	DIETARY (Meals Served)	
	0	1	2	3	4 A	4	5	6	7	8	
GENERAL SERVICE COST CENTERS											
1 Capital-Related Costs - Buildings & Fixtures		119,728									1
2 Capital-Related Costs - Moveable Equipment											2
3 Employee Benefits				8,324,742							3
4 Administrative and General		13,991		293,236	-1,672,325	15,014,635					4
5 Plant Operation, Maintenance and Repairs		5,957		242,512		702,053	99,780				5
6 Laundry and Linen Service		2,700		267,032		419,600	2,700	86,117			6
7 Housekeeping		927		422,718		649,780	927		47,262		7
8 Dietary		7,366		760,406		1,732,139	7,366			258,351	8
9 Nursing Administration		2,228		179,162		255,546	2,228				9
10 Central Services and Supply		1,083				319,200	1,083				10
11 Pharmacy											11
12 Medical Records and Library											12
13 Social Service		314		412,372		577,579	314				13
14 Nursing and Allied Health Education											14
15 Other General Service Cost											15
INPATIENT ROUTINE SERVICE COST CENTERS											
30 Skilled Nursing Facility		81,108		5,618,152		8,554,637	81,108	86,117	47,262	258,351	30
31 Nursing Facility											31
32 ICF - Mentally Retarded											32

COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET B - 1	
33	Other Long Term Care											33
ANCILLARY SERVICE COST CENTERS												
40	Radiology						2,996					40
41	Laboratory						35,153					41
42	Intravenous Therapy											42
43	Oxygen (Inhalation) Therapy											43
44	Physical Therapy		1,362				451,971	1,362				44
45	Occupational Therapy		1,335		129,152		619,474	1,335				45
46	Speech Pathology		666				220,840	666				46
47	Electrocardiology											47
48	Medical Supplies Charged to Patients		691				10,497	691				48
49	Drugs Charged to Patients						463,170					49
50	Dental Care - Title XIX only											50
51	Support Surfaces											51
52	Other Ancillary Service Cost											52
OUTPATIENT SERVICE COST CENTERS												
60	Clinic											60
61	Rural Health Clinic (RHC)											61
62	FQHC											62
63	Other Outpatient Service Cost											63
OTHER REIMBURSABLE COST CENTERS												
70	Home Health Agency Cost											70
71	Ambulance											71
72	Outpatient Rehabilitation (specify)											72
73	CMHC											73
74	Other Reimbursable Cost											74

COST ALLOCATION - STATISTICAL BASIS						Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET B - 1	
SPECIAL PURPOSE COST CENTERS											
83	Hospice										83
84	Other Special Purpose Cost										84
89	Subtotals		119,728	8,324,742	-1,672,325	15,014,635	99,780	86,117	47,262	258,351	89
NON REIMBURSABLE COST CENTERS											
90	Gift, Flower, Coffee Shops and Canteen										90
91	Barber and Beauty Shop										91
92	Physicians' Private Offices										92
93	Nonpaid Workers										93
94	Patients' Laundry										94
95	Other Nonreimbursable Cost										95
98	Cross Foot Adjustment										98
99	Negative Cost Center										99
102	Cost to be allocated (Per Wkst. B, Pt I.)		570,260	3,056,078		1,672,325	780,248	487,448	729,401	1,982,665	102
103	Unit Cost Multiplier (Wkst. B, Pt I.)		4.76	0.367108		0.111380	7.82	5.66	15.43	7.67	103
104	Cost to be allocated (Per Wkst. B, Pt. II)					66,639	31,489	15,574	7,592	45,096	104
105	Unit Cost Multiplier (Wkst B, Pt. II)					0.004438	0.315584	0.180847	0.160636	0.174553	105

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

COST ALLOCATION - STATISTICAL BASIS						Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET B - 1	
Cost Center Description	NURSING ADMINIS- TRATION (Direct Nrsing Hrs.)	CENTRAL SERVICES & SUPPLY (Costed Requisitions)	PHARMACY (Costed Requisitions)	MEDICAL RECORDS & LIBRARY (Time Spent)	SOCIAL SERVICE (Time Spent)	NURSING & ALLIED HEALTH EDUCATION (Assigned Time)	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENTS	TOTAL	
	9	10	11	12	13	14	15	16	17	18	
GENERAL SERVICE COST CENTERS											
1 Capital-Related Costs - Buildings & Fixtures											1
2 Capital-Related Costs - Moveable Equipment											2
3 Employee Benefits											3
4 Administrative and General											4
5 Plant Operation, Maintenance and Repairs											5
6 Laundry and Linen Service											6
7 Housekeeping											7
8 Dietary											8
9 Nursing Administration	86,117										9
10 Central Services and Supply		86,117									10
11 Pharmacy											11
12 Medical Records and Library											12
13 Social Service					47,923						13
14 Nursing and Allied Health Education											14
15 Other General Service Cost											15
INPATIENT ROUTINE SERVICE COST CENTERS											
30 Skilled Nursing Facility	86,117	86,117			47,923						30
31 Nursing Facility											31
32 ICF - Mentally Retarded											32

COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET B - 1	
33	Other Long Term Care											33
ANCILLARY SERVICE COST CENTERS												
40	Radiology											40
41	Laboratory											41
42	Intravenous Therapy											42
43	Oxygen (Inhalation) Therapy											43
44	Physical Therapy											44
45	Occupational Therapy											45
46	Speech Pathology											46
47	Electrocardiology											47
48	Medical Supplies Charged to Patients											48
49	Drugs Charged to Patients											49
50	Dental Care - Title XIX only											50
51	Support Surfaces											51
52	Other Ancillary Service Cost											52
OUTPATIENT SERVICE COST CENTERS												
60	Clinic											60
61	Rural Health Clinic (RHC)											61
62	FQHC											62
63	Other Outpatient Service Cost											63
OTHER REIMBURSABLE COST CENTERS												
70	Home Health Agency Cost											70
71	Ambulance											71
72	Outpatient Rehabilitation (specify)											72
73	CMHC											73
74	Other Reimbursable Cost											74

COST ALLOCATION - STATISTICAL BASIS						Provider CCN: 145269		PERIOD: FROM 12/01/2010 TO 11/30/2011		WORKSHEET B - 1	
SPECIAL PURPOSE COST CENTERS											
83	Hospice										83
84	Other Special Purpose Cost										84
89	Subtotals	86,117	86,117		47,923						89
NON REIMBURSABLE COST CENTERS											
90	Gift, Flower, Coffee Shops and Canteen										90
91	Barber and Beauty Shop										91
92	Physicians' Private Offices										92
93	Nonpaid Workers										93
94	Patients' Laundry										94
95	Other Nonreimbursable Cost										95
98	Cross Foot Adjustment										98
99	Negative Cost Center										99
102	Cost to be allocated (Per Wkst. B, Pt I.)	301,431	363,221		644,365						102
103	Unit Cost Multiplier (Wkst. B, Pt I.)	3.50	4.22		13.45						103
104	Cost to be allocated (Per Wkst. B, Pt. II)	12,449	6,917		4,158						104
105	Unit Cost Multiplier (Wkst B, Pt. II)	0.144559	0.080321		0.086764						105

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET C	
Cost Center Description		Total (from Wkst. B, Pt. I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1	2	3	
ANCILLARY SERVICE COST CENTERS					
40	Radiology	3,330	2,996	** 1.111482	40
41	Laboratory	39,068	35,153	** 1.111370	41
42	Intravenous Therapy				42
43	Oxygen (Inhalation) Therapy				43
44	Physical Therapy	512,962	676,580	** 0.758169	44
45	Occupational Therapy	698,910	702,864	** 0.994374	45
46	Speech Pathology	250,645	816,480	** 0.306982	46
47	Electrocardiology				47
48	Medical Supplies Charged to Patients	17,069	7,206	** 2.368721	48
49	Drugs Charged to Patients	514,758	463,170	** 1.111380	49
50	Dental Care - Title XIX only				50
51	Support Surfaces				51
52	Other Ancillary Service Cost				52
OUTPATIENT SERVICE COST CENTERS					
60	Clinic				60
61	Rural Health Clinic (RHC)				61
62	FQHC				62
63	Other Outpatient Service Cost				63
71	Ambulance				71
100	Total	2,036,742	2,704,449		100
FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4123)					
41-342				Rev. 1	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET D PART I
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SNF - SNF Medicare - Title XVIII

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

Cost Center Description	Ratio of Cost to Charges (from Wkst. C, col. 3)	Health Care Program Charges		Healthcare Program Cost	
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)
		1	2	3	4

ANCILLARY SERVICE COST CENTERS

40	Radiology		2,996		3,330	40
41	Laboratory		35,153		39,068	41
42	Intravenous Therapy					42
43	Oxygen (Inhalation) Therapy					43
44	Physical Therapy		523,544		396,935	44
45	Occupational Therapy		569,196		565,994	45
46	Speech Pathology		781,344		239,859	46
47	Electrocardiology					47
48	Medical Supplies Charged to Patients					48
49	Drugs Charged to Patients		463,170		514,758	49
50	Dental Care - Title XIX only					50
51	Support Surfaces					51
52	Other Ancillary Service Cost					52
OUTPATIENT COST CENTERS						
60	Clinic					60
61	Rural Health Clinic (RHC)					61
62	FQHC					62
63	Other Outpatient Service Cost					63
71	Ambulance (2)					71
100	Total (sum of lines 40 - 71)		2,375,403		1,759,944	100

(1) For titles V and XIX use columns 1, 2 and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4124)

Rev. 3		41-343
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HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST	Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET D PARTS II & III		
TITLE XVIII ONLY					
PART II - APPORTIONMENT OF VACCINE COST					
1	Drugs charged to patients - ratio of cost to charges (from Wkst. C, col. 3, line 49)		1.111380 1		
2	Program vaccine charges (From your records or the PS&R report)		2		
3	Program costs (line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Wkst. E, Pt. I, line 1)		3		
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH					
Cost Center Description	Total Cost (from Wkst. B, Pt. I, col. 18)	Nursing & Allied Health (from Wkst. B, Pt. I, col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (col. 2 / col. 1)	Program Part A Cost (from Wkst. D., Pt. I, col. 4)	Part A Nursing & Allied Health Costs for Pass Through (col. 3 x col. 4)
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
40	Radiology	3,330		3,330	40
41	Laboratory	39,068		39,068	41
42	Intravenous Therapy				42
43	Oxygen (Inhalation) Therapy				43
44	Physical Therapy	512,962		396,935	44
45	Occupational Therapy	698,910		565,994	45
46	Speech Pathology	250,645		239,859	46
47	Electrocardiology				47
48	Medical Supplies Charged to Patients	17,069			48
49	Drugs Charged to Patients	514,758		514,758	49
50	Dental Care - Title XIX only				50
51	Support Surfaces				51
52	Other Ancillary Service Cost				52
100	Total (sum of lines 40 - 52)	2,036,742		1,759,944	100
FORM CMS-2540-10 (12/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4124.1)					
41-344				Rev. 3	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE XVIII		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET E PART I
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1	Inpatient PPS amount (see instructions)		3,647,972	1
2	Nursing and Allied Health Education Activities (pass through payments)			2
3	Subtotal (sum of lines 1 and 2)		3,647,972	3
4	Primary payor amounts			4
5	Coinsurance		705,030	5
6	Reimbursable bad debts (from your records)		62,533	6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		23,105	7
8	Adjusted reimbursable bad debts (see instructions)		50,705	8
9	Recovery of bad debts - for statistical records only			9
10	Utilization review			10
11	Subtotal (see instructions)		2,993,647	11
12	Interim payments (see instructions)		3,031,548	12
13	Tentative adjustment			13
14	Other adjustment (see instructions)			14
15	Balance due provider/program (line 11 minus line 12 and 13, plus or minus line 14) (Indicate overpayment in parentheses) (see instructions)		-37,901	15
16	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			16
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17	Ancillary services Part B			17
18	Vaccine cost (from Wkst. D, Pt. II, line 3)			18
19	Total reasonable costs (sum of lines 17 and 18)			19
20	Medicare Part B ancillary charges (see instructions)			20
21	Cost of covered services (lesser of line 19 or line 20)			21
22	Primary payor amounts			22
23	Coinsurance and deductibles			23
24	Reimbursable bad debts (from your records)			24
25	Subtotal (sum of lines 21 and 24, minus lines 22 and 23)			25
26	Interim payments (see instructions)			26
27	Tentative adjustment			27
28	Other Adjustments (Specify _____) (see instructions)			28
29	Balance due provider/program (line 25 minus line 26, 27 and plus or minus line 28) (indicate overpayments in parentheses) (see instructions)			29
30	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			30
FORM CMS-2540-10 (11/2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4130)				
41-346			Rev. 4	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only.)		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET G	
Assets	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
CURRENT ASSETS					
1	Cash on hand and in banks	12,608			1
2	Temporary investments	419,000			2
3	Notes receivable				3
4	Accounts receivable	2,934,502			4
5	Other receivables	392,352			5
6	Less: allowances for uncollectible notes and accounts receivable	0	0	0	6
7	Inventory				7
8	Prepaid expenses	845,822			8
9	Other current assets				9
10	Due from other funds				10
11	TOTAL CURRENT ASSETS (sum of lines 1 - 10)	4,604,284			11
FIXED ASSETS					
12	Land				12
13	Land improvements				13
14	Less: Accumulated depreciation	0	0	0	14
15	Buildings				15
16	Less Accumulated depreciation	0	0	0	16
17	Leasehold improvements				17
18	Less: Accumulated Amortization	0	0	0	18
19	Fixed equipment				19
20	Less: Accumulated depreciation	0	0	0	20
21	Automobiles and trucks				21
22	Less: Accumulated depreciation	0	0	0	22
23	Major movable equipment				23
24	Less: Accumulated depreciation	0	0	0	24
25	Minor equipment - Depreciable				25
26	Minor equipment nondepreciable				26
27	Other fixed assets	12,750			27
28	TOTAL FIXED ASSETS (sum of lines 12 - 27)	12,750			28
OTHER ASSETS					
29	Investments				29
30	Deposits on leases				30
31	Due from owners/officers				31
32	Other assets				32
33	TOTAL OTHER ASSETS (sum of lines 29 - 32)				33
34	TOTAL ASSETS (sum of lines 11, 28 and 33)	4,617,034			34
Liabilities and Fund Balances		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT LIABILITIES					
35	Accounts payable	872,084			35
36	Salaries, wages & fees payable	509,826			36
37	Payroll taxes payable				37
38	Notes & loans payable (short term)				38
39	Deferred income				39
40	Accelerated payments				40
41	Due to other funds	635,763			41
42	Other current liabilities	3,718			42
43	TOTAL CURRENT LIABILITIES (sum of lines 35 - 42)	2,021,391			43
LONG TERM LIABILITIES					
44	Mortgage payable				44
45	Notes payable				45
46	Unsecured loans				46
47	Loans from owners:				47
48	Other long term liabilities				48
49	Other (specify)				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 44 - 49)				50

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only.)		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET G
51	TOTAL LIABILITIES (sum of lines 43 and 50)	2,021,391		51
CAPITAL ACCOUNTS				
52	General fund balance	2,595,643		52
53	Specific purpose fund			53
54	Donor created - endowment fund balance - restricted			54
55	Donor created - endowment fund balance - unrestricted			55
56	Governing body created - endowment fund balance			56
57	Plant fund balance - invested in plant			57
58	Plant fund balance - reserve for plant improvement, replacement and expansion			58
59	TOTAL FUND BALANCES (sum of lines 52 thru 58)	2,595,643		59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	4,617,034		60
() = contra amount				
FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4140)				
41-350			Rev. 1	

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET G - 2 PARTS I & II
PART I - PATIENT REVENUES				
Revenue Center	INPATIENT	OUTPATIENT	TOTAL	
	1	2	3	
General Inpatient Routine Care Services				
1 Skilled nursing facility	1,145,040		1,145,040	1
2 Nursing facility	10,884,072		10,884,072	2
3 ICF-Mentally Retarded				3
4 Other long term care				4
5 Total general inpatient care services	12,029,112		12,029,112	5
(sum of lines 1 - 4)				
All Other Care Service				
6 Ancillary services	2,704,448		2,704,448	6
7 Clinic				7
8 Home health agency				8
9 Ambulance				9
10 RHC/FQHC				10
11 CMHC				11
12 SNF based hospice				12
13 Other (specify)				13
14 Total patient revenues (sum of lines 5 - 13) (transfer to Wkst. G-3, col. 3, line 1)	14,733,560		14,733,560	14
PART II - OPERATING EXPENSES				
1 Operating Expenses (per Wkst. A, col. 3, line 100)			16,579,532	1
2 Add (Specify)				2
3				3
4				4
5				5
6				6
7				7
8 Total Additions (sum of lines 2 - 7)				8
9 Deduct (Specify)				9
10				10
11				11
12				12
13				13
14 Total Deductions (sum of lines 9 - 13)				14
15 Total Operating Expenses (sum of lines 1 and 8, minus line 14)			16,579,532	15
FORM CMS-2540-10 (05/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4140)				
41-352				Rev. 2

HOPE CREEK CARE CENTER - EAST MOLINE, IL

Cost report status - As Submitted

[Record code 1005533 - 2010]

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 145269	PERIOD: FROM 12/01/2010 TO 11/30/2011	WORKSHEET G-3
1	Total patient revenues (from Wkst. G-2, Pt. I, col. 3, line 14)			14,733,560 1
2	Less: contractual allowances and discounts on patients accounts			277,692 2
3	Net patient revenues (line 1 minus line 2)			14,455,868 3
4	Less: total operating expenses (fom Wkst. G-2, Pt. II, line 15)			16,579,532 4
5	Net income from service to patients (line 3 minus 4)			-2,123,664 5
	Other income:			
6	Contributions, donations, bequests, etc.			
7	Income from investments			7,429 7
8	Revenues from communications (telephone and internet service)			9,388 8
9	Revenue from television and radio service			17,991 9
10	Purchase discounts			
11	Rebates and refunds of expenses			
12	Parking lot receipts			
13	Revenue from laundry and linen service			9,450 13
14	Revenue from meals sold to employees and guests			
15	Revenue from rental of living quarters			
16	Revenue from sale of medical and surgical supplies to other than patients			
17	Revenue from sale of drugs to other than patients			
18	Revenue from sale of medical records and abstracts			
19	Tuition (fees, sale of textbooks, uniforms, etc.)			
20	Revenue from gifts, flower, coffee shops, canteen			
21	Rental of vending machines			
22	Rental of skilled nursing space			
23	Governmental appropriations			
24	Other miscellaneous revenue (specify __BARBER & BEAUTY REVENUE__)			3,498 24
24.01	TRANSPORTATION CHARGE			638 24.01
24.02	RENTS			2,250 24.02
24.03	TRANSFER FROM NURSE HOME TAX LEVY			2,263,630 24.03
24.04	SALE OF JUNK OR SALVAGE VALUE			1,017 24.04
25	Total other income (sum of lines 6 - 24)			
26	Total (line 5 plus line 25)			191,627 26
27	Other expenses (specify _____)			
28				
29				
30	Total other expenses (sum of lines 27 - 29)			
31	Net income (or loss) for the period (line 26 minus line 30)			191,627 31
FORM CMS-2540-10 (09/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4140)				
Rev. 4				41-353