



29th Licensed Nursing Facility Cost Comparison

Based on 2013 data



TABLE OF CONTENTS

TABLE OF CONTENTS	ii
Executive Summary	3
Industry challenges and opportunities	3
Key ratios	3
Key trends	4
Perspective on Ratios and Costs	5
Ratio and cost analyses	5
Presentation of data	5
Percentile rankings	6
Uses of this publication	6
Section I: Ratio Analysis	7
Financial statement indicators	7
Operating indicators	17
Staffing indicators	19
Section II: Cost Analyses	23
Department Totals Per Resident Day	23
Salary Comparison Per Resident Day	24
Salaries Per Compensated Hour	25
Hours Per Resident Day	26
Payroll Taxes and Fringe Benefits Per Resident Day	27
Housekeeping and Plant Operations Costs Per Square Foot	29
Section III: About CliftonLarsonAllen	30
History and experience	30
Our dedication to health care	30
Our vision	30
A national and regional commitment to the senior living field	31
Solutions for senior living providers	33
Health care offices	34

EXECUTIVE SUMMARY

Industry challenges and opportunities

Because there are at least five key drivers of change – both the complexity and the pace of change have increased dramatically. Briefly, the drivers include:

1. Consumers are increasingly aware of their own aging and, at least in part, the implications. While it might be argued that not enough is known about tomorrow's consumers – we do know that their choices are becoming clearer, the quality they expect has not been reduced as a result of the recession and the housing market and pricing and fee approaches demand options and creativity.
2. The federal deficit is intensifying the focus on value, competition, access to capital, payment reform, and stewardship. More to the point, we are in an era when third party payments (from the Federal or State governments) are challenged. For providers, finding a strategic solution is essential for future success. The good news is that there are opportunities to do exactly that.
3. Health care reform is demanding that providers prove the quality that, to this point, was known to be present – reflected in our positive reputation in the community as well as highly satisfied residents and families. The 'value' that is provided (the combination of quality and price) has become a critical driver. At the same time, health care reform is facilitating the creation of innovative communities that support vulnerable people at home through entrepreneurial products and services.
4. The cultivation of human resources is becoming the most important factor in the success of a new generation of service delivery.
5. Technology is potentially the single most important phenomenon that can synergize the other driving forces to assure value for all concerned.

This document provides a historical look at numerous ratios and trends in the industry over the last 5 to 12 years.

Key ratios

Occupancy – We continue to see a decline in overall occupancy. It has decreased from 92.9% in 2009 to 90.9% in 2013. This is likely a result of shorter stays in licensed nursing facilities, use of alternatives such as home and community services and changes in hospital referral patterns.

Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA) – The median EBITDA ratio has increased in 2013 in the Southwest and Northeast regions from previous years. This was offset by the Midwest region which has seen a decrease in this ratio of 3.9% from 2009 to 2013. In total, this ratio has remained relatively constant since 2009 in the 5% to 7% range which indicates that providers continue to find ways to manage profitability despite challenges in reimbursement.

Days Cash-on-Hand – As facilities continue to conserve cash, days cash-on-hand has increased from 17.3 days in 2009 to 21.4 days in 2013. The increase is modest but also appears to be from the increases in operating margins. The relatively low days cash-on-hand ratio for these facilities emphasizes the fragility of licensed nursing facilities and their dependence on continued operational performance.

Debt Service Coverage Ratio – This ratio has maintained a fairly consistent level over the last five years. This highlights the ability of the industry to manage operating costs given continued economic and legislative pressures.

Key trends

Health care reform has spurred significant market changes across the country. While it is important to note that health care is innately local, and as a result providers must understand the unique characteristics of the market in which they operate, there are a number of national trends to note. As of January 2013 there were 366 participants in Centers for Medicare and Medicaid Services (CMS) Medicare Accountable Care Organizations (ACOs) programs. There are also over 450 organizations currently participating in 4 types of CMS bundled payment models. ACOs are responsible for managing the total cost of care for a designated population. Numerous commercial and Medicaid ACOs have evolved across the country as well. Massachusetts, Minnesota, and California are all states with a notable presence of ACOs. Other examples of payment and care delivery reform include bundled or episodic payments, value-based purchasing, and medical homes.

Preventable readmissions and chronic disease management remain important issues for post acute providers. For 2015 CMS has scheduled readmission penalties to hospitals to increase by 3%.

Commercial payers are rolling out total cost of care contracts and plans for the dually eligible population in states across the country. As a result of ACOs and this commercial payer activity, it will be crucial for post acute providers to develop competencies in contracting that were not essential in prior fiscal years.

Nationwide, a clear shift away from volume-based reimbursement to value-based reimbursement is underway. Health care providers, employers, and insurers are faced with a cultural shift that will require them to address upfront investments and reduced near-term reimbursements. Patient-centered care will be the lynchpin for success in this shift from volume to value.

Every organization, regardless of what role it has in health care delivery, will need to decide how to:

- Identify efficiencies and remove waste
- Embrace evidence-based medicine
- Enhance clinical competencies
- Measure outcomes
- Manage different payment methodologies in the near- and mid-term
- Select strategic partners
- Determine IT needs
- Create a culture of change that honors patient choice

PERSPECTIVE ON RATIOS AND COSTS

Ratio and cost analyses have been computed using information primarily from audited financial statements of our senior living clients. The data has been gathered and analyzed by representatives from our health care practice.

The participation in this study is voluntary. This report represents data from approximately 450 nursing facilities, including for-profit and nonprofit in stand-alone and affiliated type organizations.

Ratio and cost analyses

Analysis of appropriate ratio and cost data can assist in the assessment of an organization's solvency, cost efficiency and profitability. A critical element in the review of an organization's financial condition is understanding the magnitude of any variance in cost structure or operations compared to similar organizations, and then taking the initiative to investigate and understand the reason for any variance. Ultimately, understanding the cause of variances may lead to a series of operational changes that may both improve quality and create operational efficiencies.

Consistently and routinely monitoring key financial and operational indicators can assist management in identifying opportunities to improve operations. Some of the pros and cons of using comparative indicators are outlined below.

Pros

- Highlight areas of potential opportunity or challenges for an organization
- Provide comparisons to similar organizations
- Identify unusual operating results and trends

Cons

- Variances alone do not necessarily reflect an opportunity or a challenge
- Potential for inconsistency in data collection can reduce the usefulness of comparisons
- Benchmarks should be used in conjunction with other analysis of operations

Ultimately, no ratio or cost comparison should be used alone to assess the financial condition of an organization. Variances from benchmarks should be investigated and reviewed in conjunction with the decision maker's understanding of the specific organization. Finally, users should consider that it is the process of benchmarking that creates organizational value.

Presentation of data

Section I presents various ratio analyses depicting the financial and operating condition of the nursing facilities included in their respective geographic region, including the Midwest, Northeast and Southeast. This section is segregated into three categories: financial statement indicators, operating indicators, and staffing indicators. Included with each of these ratio analyses is a brief definition of the ratio and a brief commentary on what the results appear to indicate.

Section II consists of cost analyses. The cost analyses are sorted solely by geographic region. The presentation of the per diem cost comparisons, compensated hours analyses, and property cost information is based on each geographic region, and the overall database's 10th percentile, 25th percentile, 50th percentile, 75th percentile and 90th percentile.

Percentile rankings

Sections I and II of the publication provide a variety of benchmarks for the financial ratios and cost analyses. Each facility's data was ranked in ascending or descending order and then assembled into the percentile rankings. The 90th percentile represents the mean of the top 10 percent of the population, the 75th percentile represents the mean of the top 25 percent of the population, the 50th percentile represents the median of the population, the 25th percentile represents the mean of the bottom 25 percent of the population, and the 10th percentile represents the mean of the bottom 10 percent of the population. For example, in the cost analysis section, those facilities with the lowest cost base would be included in the 90th percentile as they represent the mean of the top 10 percent.

Uses of this publication

The purpose of this publication is to provide financial ratio and cost comparison data for CliftonLarsonAllen's senior living clients. In addition, it can assist decision makers in understanding and meeting their responsibilities to residents, assessing their facility operations in comparison to specific benchmarks, and promoting a better understanding of the long-term care field to external viewers, including investors, legislators, and the general public.

Overall, the ratio analyses and cost analyses published in this report should be used on an ongoing basis by decision makers within an organization to assist in strategic planning and internal budgeting and to define and track financial and operating goals.

SECTION I: RATIO ANALYSIS

Financial statement indicators

The financial statement ratios included in this section illustrate the financial condition of nursing facilities. Valuable insights into a facility's financial condition and operational performance can be gained through analysis of key financial statement indicators.

Current Ratio

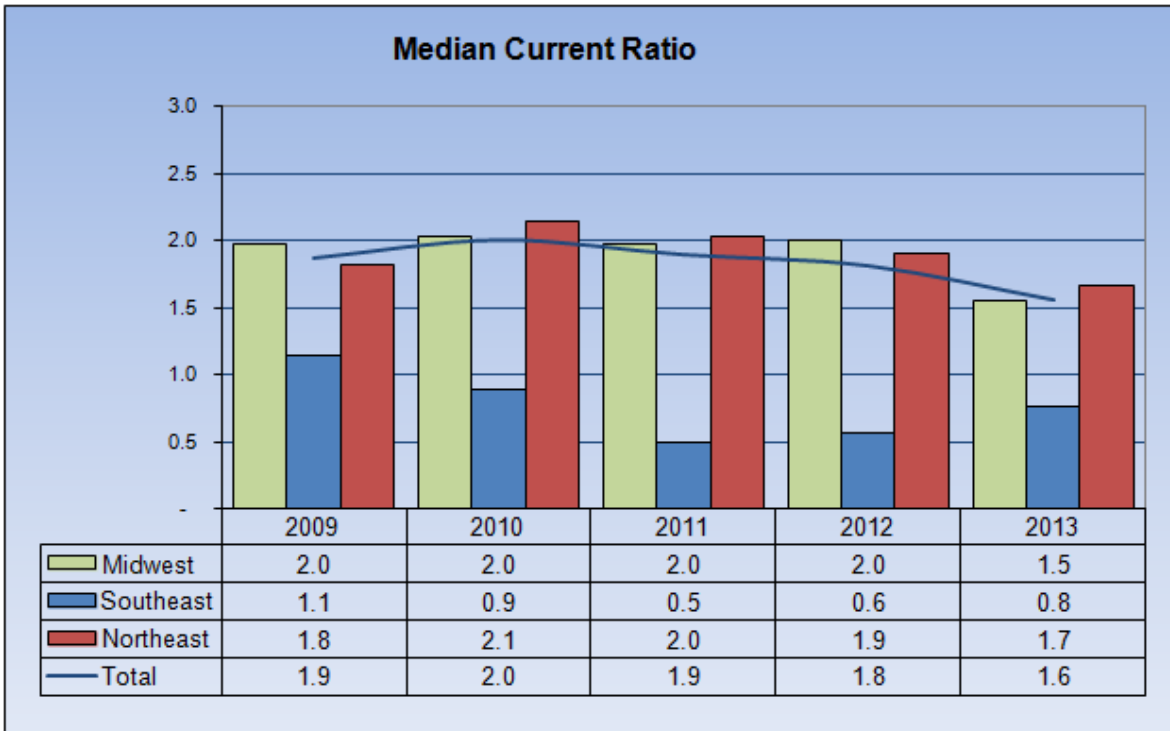
$$\frac{\text{Current Assets}}{\text{Current Liabilities}}$$

Defined: Measures the liquidity of a facility and is used to determine the degree to which current liabilities are covered by current assets or the ability of a facility to pay short-term obligations as they come due. "Current Assets" consist of a facility's cash and other assets such as accounts receivable, prepaid expenses and investments that can be easily converted into cash. "Current Liabilities" include accounts payable, accrued expenses, current portion of long-term debt, and other obligations payable within one year.

The higher the current ratio, the greater the ability a facility has in meeting its short-term obligations as they come due. A high liquidity must be weighed

against the ability of a facility to obtain higher investment earnings by investing in longer-term investments. A ratio of less than 1.0 may represent a severe liquidity problem for a facility. A trend of a decreasing current ratio may provide an early signal that the facility is experiencing financial difficulties.

Totals	Quartiles		
	25%	50%	75%
2009	1.1	1.9	3.1
2010	1.1	2.0	3.6
2011	1.1	1.9	3.4
2012	1.0	1.8	3.4
2013	0.9	1.6	2.9



(Source: CliftonLarsonAllen LLP Clients)

Days Revenue in Accounts Receivable

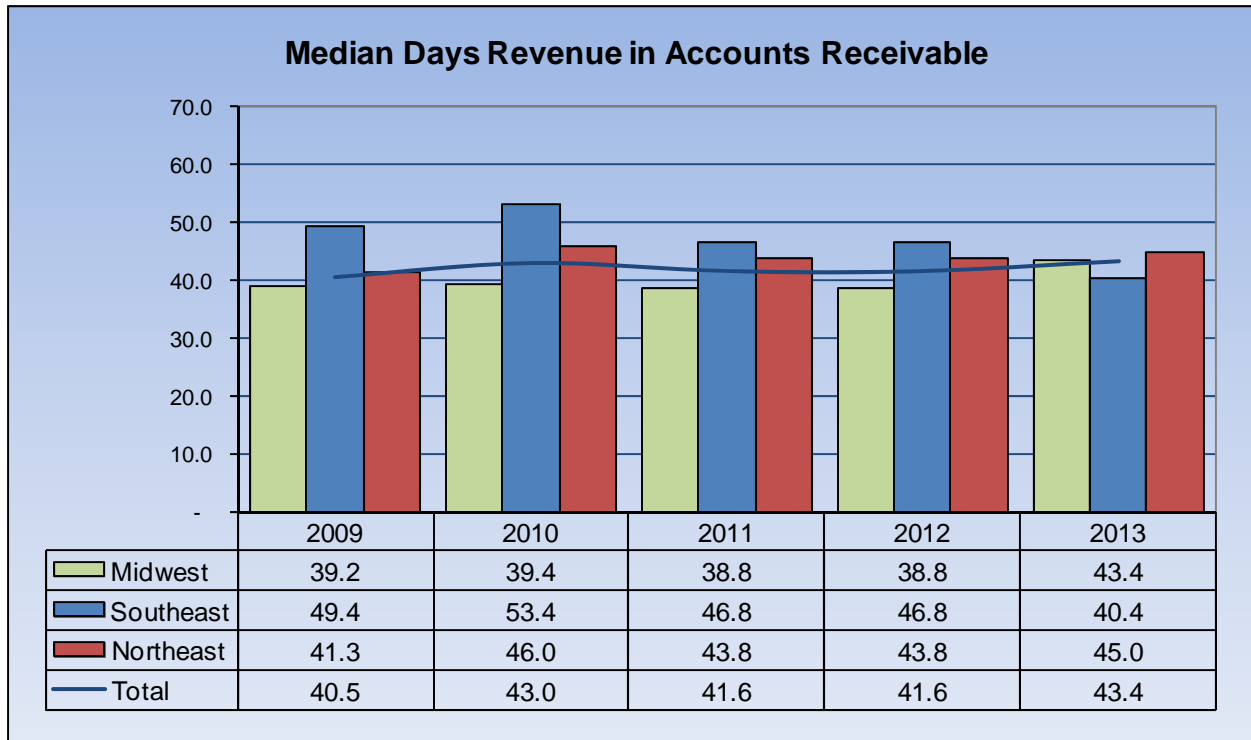
Accounts Receivable
(Resident Revenue/365)

Defined: Calculates the average number of days that receivables are outstanding or how quickly a facility converts its receivables to cash.

A lower value of days revenue in accounts receivable is desirable, as this suggests a facility takes less time to convert its receivables to cash. A typical nursing facility receives approximately 70 percent of its resident services revenue from third party payers who traditionally pay for services following the month of service. Therefore, a value of less than 30 days represents strong collection of receivables. As can be seen from the graph below, this ideal benchmark has been difficult to achieve in recent years. Changing reimbursement systems, budget challenges at State and Federal levels, and

the move to more desirables contracts may provide upward pressure on this ratio in future years.

Totals	Quartiles		
	25%	50%	75%
2009	51.1	40.5	32.5
2010	56.6	43.0	34.8
2011	53.5	41.6	32.9
2012	55.9	41.9	33.8
2013	54.4	43.4	34.2



(Source: CliftonLarsonAllen LLP Clients)

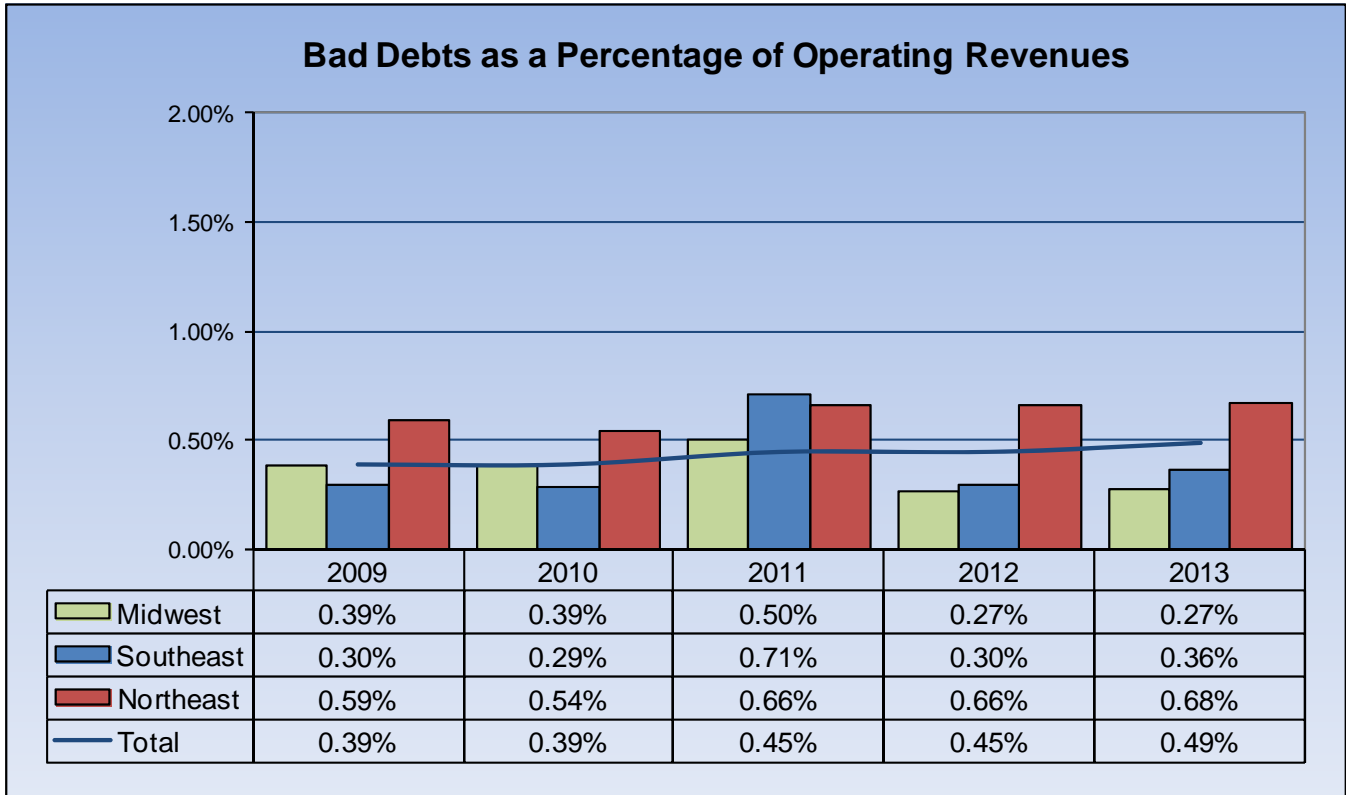
Bad Debts as a Percentage of Operating Revenues

$$\frac{\text{Bad Debt Expense}}{\text{Operating Revenues}}$$

Defined: Represents the ratio of bad debt expense to revenues from operations.

A lower ratio of bad debt expense to operating revenues is desirable, as this suggests a facility is incurring fewer uncollectible accounts from resident services. As this ratio increases it is an indicator of collection challenges. A higher ratio of bad debt expense to operating revenues could indicate there are areas in the billing cycle that could be improved upon. This ratio should be evaluated concurrent with the level of days in accounts receivable as a longer cash collection cycle often times results in greater bad debts for a facility.

Totals	Quartiles		
	25%	50%	75%
2009	0.89%	0.39%	0.05%
2010	0.86%	0.39%	0.05%
2011	0.99%	0.45%	0.03%
2012	0.98%	0.45%	0.08%
2013	1.02%	0.49%	0.01%



(Source: CliftonLarsonAllen LLP Clients)

Days Cash-on-Hand

$$\frac{\text{Cash and Cash Equivalents}}{(\text{Operating Expenses} - \text{Depreciation})/365}$$

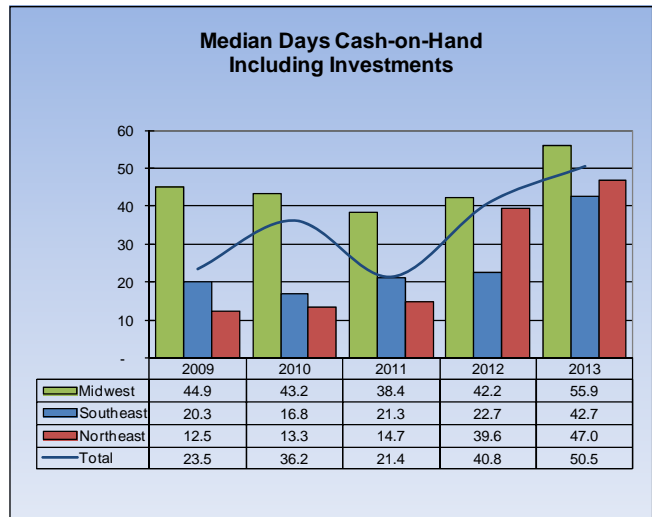
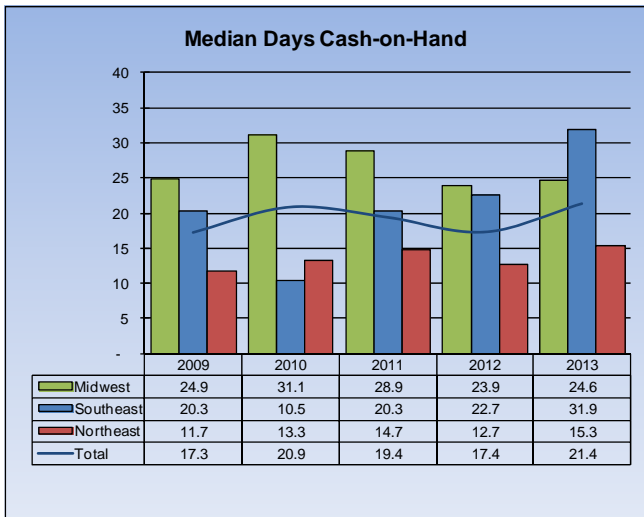
Defined: Measures how long cash on hand will cover average expenses.

Similar to the current ratio, a high number of days cash-on-hand is considered favorable; however, an extremely high ratio may indicate that the facility could earn a higher rate of return by investing in longer-term investments. A cash position of 60+ days is a target, allowing facilities to pay employees and vendors without the worry of when checks from third party payers arrive.

The value of days cash-on-hand has remained relatively level over the last five years, however, it is still below the desired range of 60+ days cash on hand. In our current economic state facilities are experiencing cash shortages and must closely monitor the timing of payrolls and payment of accounts payable with the receipts from third party payers.

To monitor this, we have added an additional graph which calculates the days cash-on-hand using both cash and unrestricted investments. The inclusion of investments, specifically in nonprofit organizations, provides a clearer picture as to the actual liquid resources available to cover average daily expenses. Due to this the quartiles presented to the right include the impact of investments.

Totals	Quartiles		
	25%	50%	75%
2009	4.2	23.5	74.0
2010	7.9	36.2	78.3
2011	4.3	21.4	65.0
2012	13.6	40.8	102.4
2013	16.0	50.5	130.2



(Source: CliftonLarsonAllen LLP Clients)

*Long-Term Debt to Equity
(Leverage Ratio)*

Long-Term Debt
Equity or Net Assets

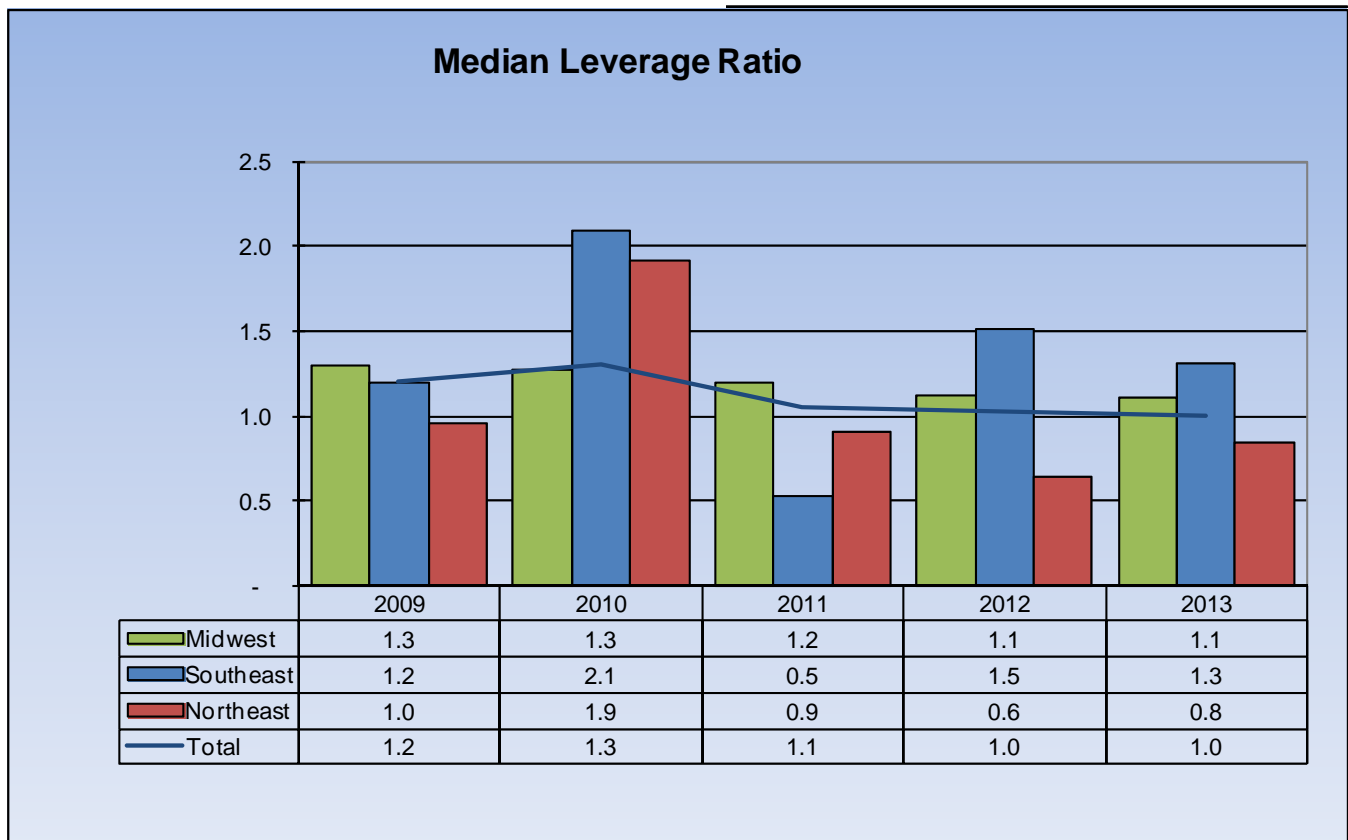
Defined: Determines how leveraged a facility is or its ability to incur additional debt.

A low long-term debt to equity ratio is generally considered favorable. A facility is considered to be leveraged if its long-term debt is greater than its net assets or equity. The higher a facility is leveraged, the more difficulty it may have in obtaining additional financing. Facilities with negative equity or net assets and no debt were excluded from the calculation.

One factor that may impact the ideal debt-to-equity target for an organization is its own cost of capital. In certain instances, for-profit providers may benefit from a higher leveraged structure since the interest expense may be tax deductible, and the cost of capital vs. the cost of equity to the owners may yield a preference toward a higher debt load.

Another factor that can affect the analysis of the long-term debt to equity ratio is the age of the facility. If a facility is relatively new or has incurred additional debt for major renovations, it will likely have a higher ratio since it will have a sizable amount of debt and has not converted the investment in assets into equity. It is important for facilities to evaluate their leverage ratio as they strategically plan their future capital needs.

Totals	Quartiles		
	25%	50%	75%
2009	3.5	1.2	0.3
2010	3.4	1.3	0.6
2011	3.4	1.3	0.6
2012	2.8	1.0	0.3
2013	2.9	1.0	0.3



(Source: CliftonLarsonAllen LLP Clients)

Age of Plant

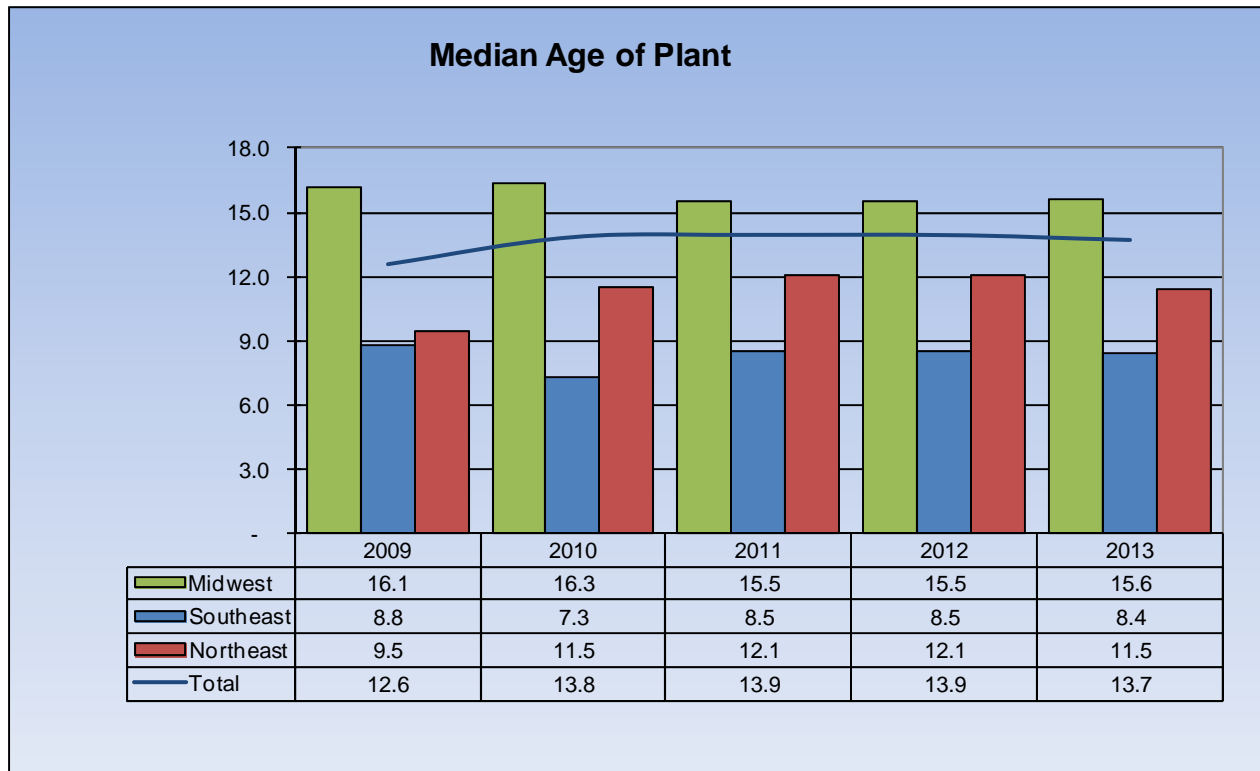
$$\frac{\text{Accumulated Depreciation}}{\text{Depreciation Expense}}$$

Defined: Measures the average age of a facility by estimating the number of years depreciation has already been realized for a facility by dividing accumulated depreciation by depreciation expense.

A lower value indicates a newer facility or that a major remodeling project was recently completed. A higher value may indicate that a facility may be in need of remodeling or renovation and that the facility should be evaluating its current level of reinvestment and financing options for fixed asset replacements. This ratio should be analyzed in relation to the liquidity and operating margins. This is important as organizations can, at times, improve

their days cash-on-hand by deferring capital improvements.

Totals	Quartiles		
	25%	50%	75%
2009	20.4	12.6	5.8
2010	21.1	13.8	6.5
2011	21.5	13.9	6.2
2012	21.5	13.5	6.2
2013	21.9	13.7	5.7



(Source: CliftonLarsonAllen LLP Clients)

29th Licensed Nursing Facility Cost Comparison

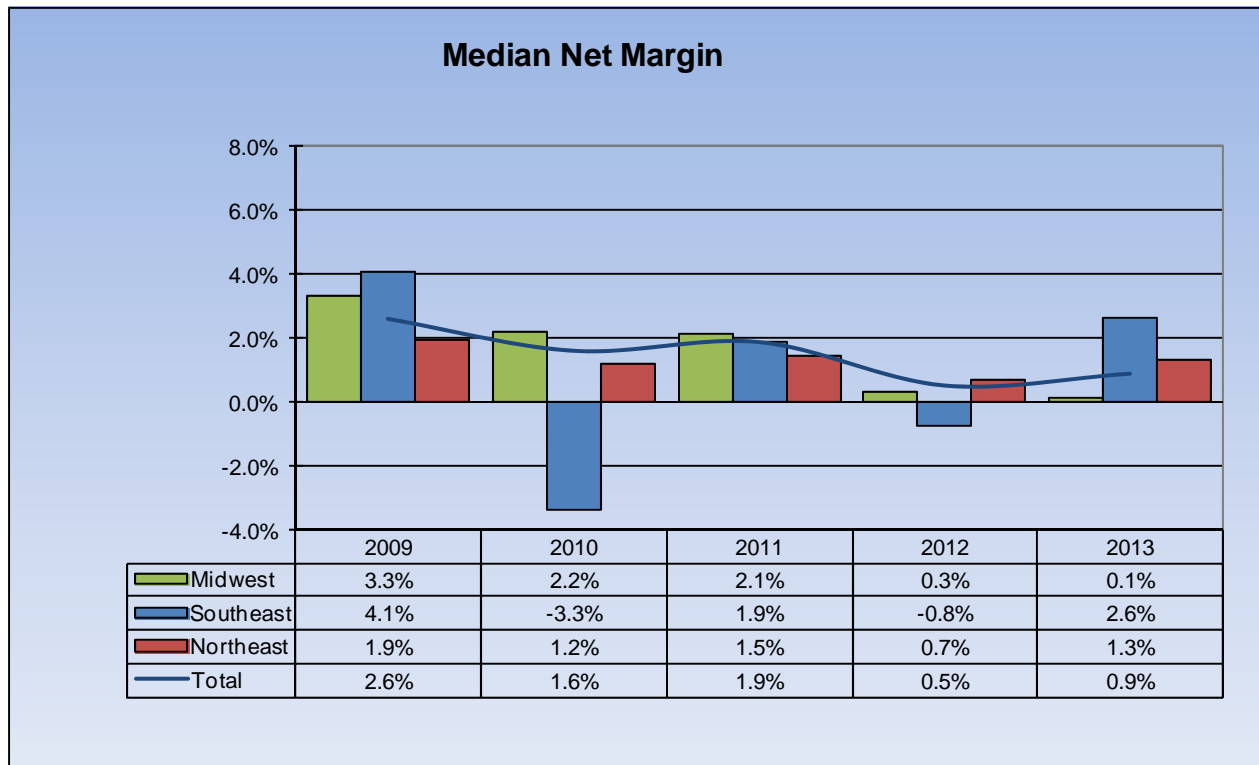
Net Margin Ratio

$$\frac{\text{Net Income (Loss) or Change in Unrestricted Net Assets}}{\text{Total Revenue}}$$

Defined: Measures a facility’s efficiency in controlling costs in relation to total revenue or the profitability of a facility by comparing a facility’s net income (loss) or change in unrestricted net assets to its total revenue.

The ability of an organization to maintain the net margin ratio is vital to its long-term sustainability. With challenges in reimbursement levels this has often been accomplished through controlling expenses. Alternatively, an organization can focus on diversifying their revenue streams with higher margin programs to maximize their Net Margin Ratio. These higher margin segments can help to offset lower margin segments.

Totals	Quartiles		
	25%	50%	75%
2009	-0.4%	2.6%	6.9%
2010	-2.0%	1.6%	5.7%
2011	-1.8%	1.9%	5.9%
2012	-3.6%	0.5%	4.9%
2013	-3.1%	0.9%	5.2%



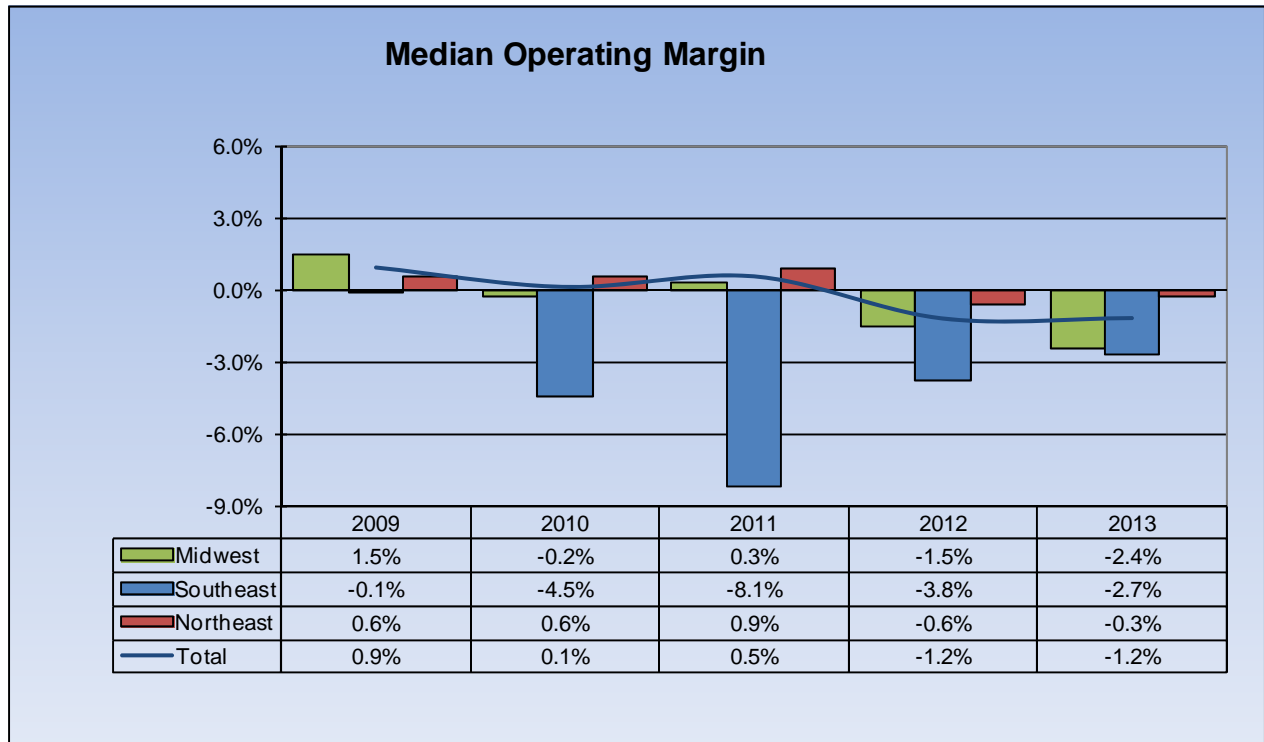
(Source: CliftonLarsonAllen LLP Clients)

$$\text{Operating Margin} = \frac{\text{Net Operating Income (Loss)}}{\text{Operating Revenue}}$$

Defined: Measures the profitability of a facility by comparing a facility’s net operating income (loss) to its operating revenue. This ratio represents the profitability of a facility’s operations from its primary revenue sources as it excludes contribution and investment income.

In general, the higher the operating margin, the more profitable a facility is exclusive of non-operating sources of revenue. Similar to the net margin ratio the ability to maintain operating margins is vital for long-term sustainability. The ratio however excludes the impacts of non operating revenues and expenses and focuses on those that are directly related to operations of the organization.

Totals	Quartiles		
	25%	50%	75%
2009	3.7%	0.9%	5.2%
2010	-5.8%	0.1%	3.9%
2011	-4.9%	0.5%	4.3%
2012	-6.6%	-1.2%	3.2%
2013	-6.9%	-1.2%	3.1%



(Source: CliftonLarsonAllen LLP Clients)

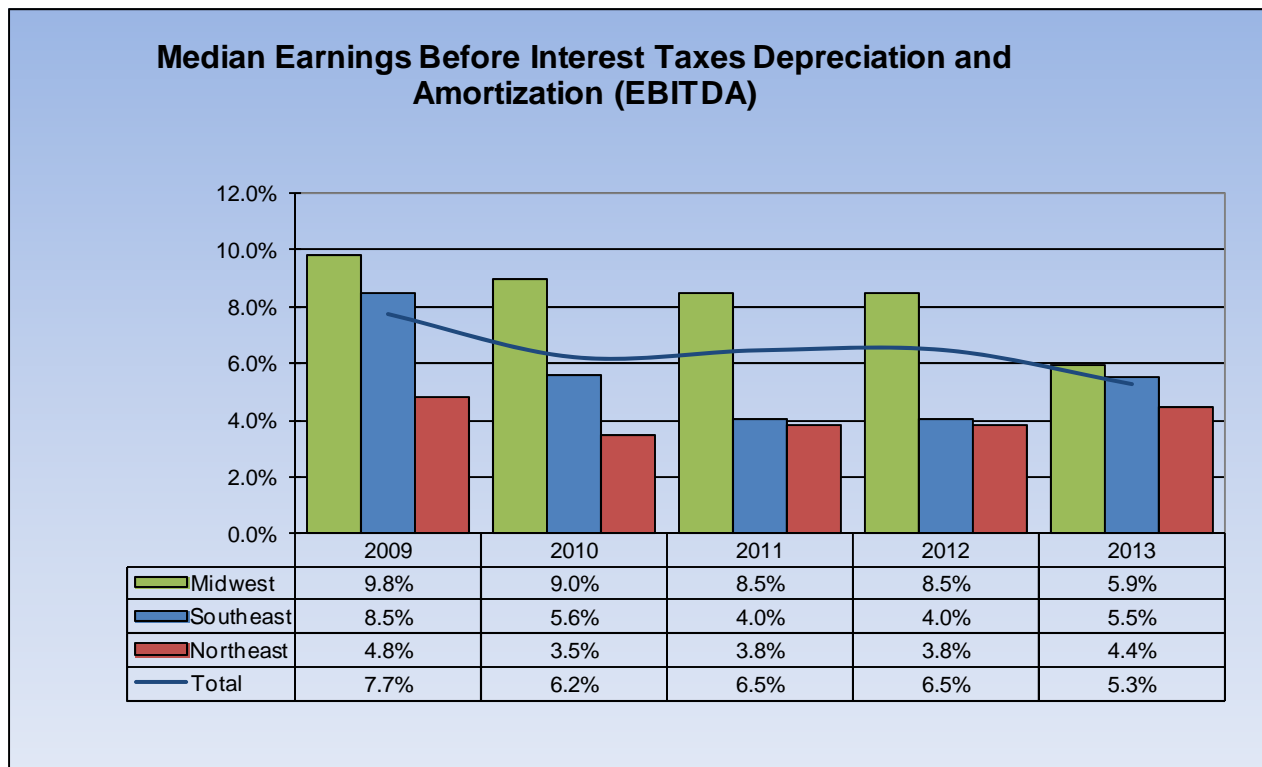
29th Licensed Nursing Facility Cost Comparison

EBITDA

$$\frac{\text{Net Income (Loss) or Change in Unrestricted Net Assets} + \text{Interest Expense} + \text{Taxes} + \text{Depreciation Expense} + \text{Amortization Expense}}{\text{Total Revenue}}$$

Defined: *Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA)* measures an organization's total profitability from pure operations and excludes costs incurred related to financing and capital. This is typically defined as a rough measure of the operating cash flow for an organization. This ratio is often used when evaluating an organization's debt capacity.

Totals	Quartiles		
	25%	50%	75%
2009	2.1%	7.7%	12.6%
2010	1.7%	6.2%	11.9%
2011	1.4%	6.5%	11.8%
2012	-0.1%	5.1%	10.5%
2013	0.7%	5.3%	10.9%



(Source: CliftonLarsonAllen LLP Clients)

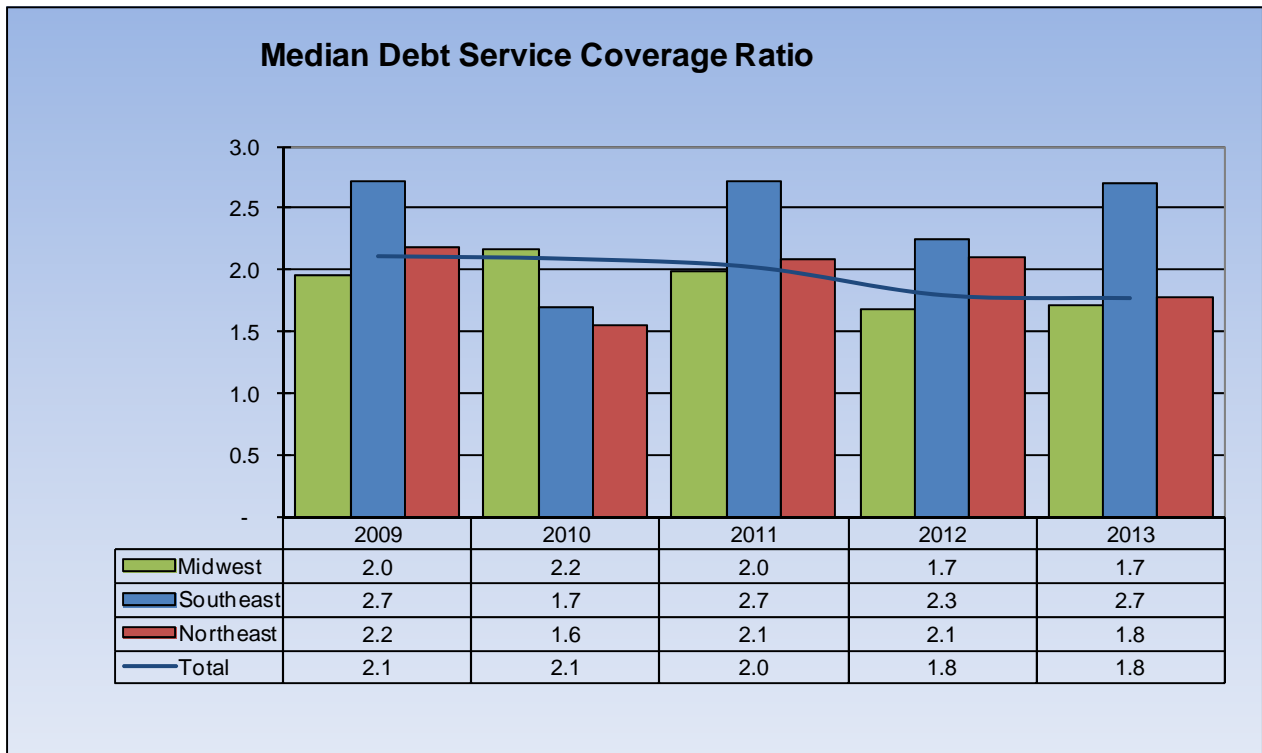
Debt Service Coverage Ratio

$$\frac{\text{Net Income (Loss) or Change in Unrestricted Net Assets} + \text{Depreciation Expense} + \text{Amortization Expense} + \text{Interest Expense}}{\text{Principal Payments} + \text{Interest Expense}}$$

Defined: Measures a facility’s ability to meet its annual debt payments by dividing its net income available for debt service by its annual debt service requirements.

Similar to the long-term debt to equity ratio, the debt service coverage ratio is an indicator used by lenders to determine an organization’s ability to incur additional financing or service its existing debt.

Totals	Quartiles		
	25%	50%	75%
2009	1.2	2.1	4.2
2010	1.2	2.1	3.2
2011	1.2	2.0	3.6
2012	0.9	1.8	3.5
2013	0.9	1.8	3.9



(Source: CliftonLarsonAllen LLP Clients)

Operating indicators

Occupancy Percentage

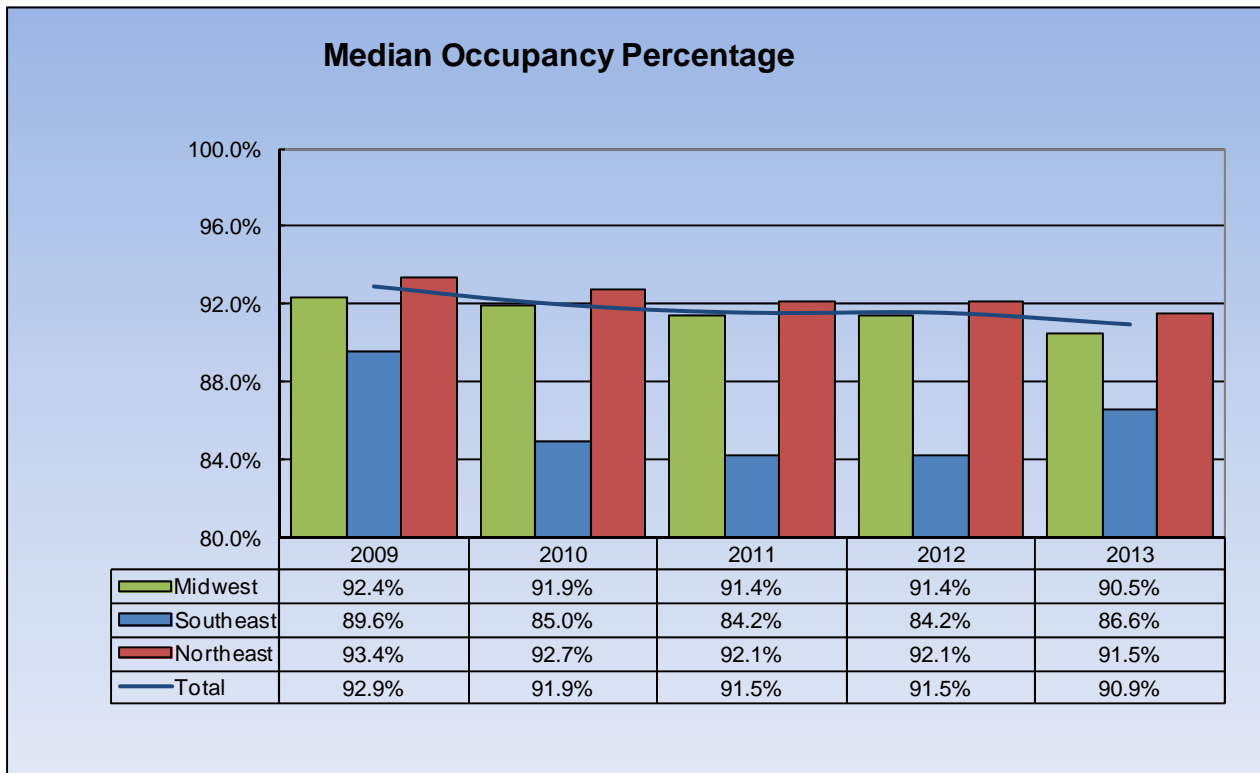
$$\frac{\text{Resident Days}}{\text{Facility Beds} \times 365}$$

Defined: Measures the occupancy of a facility on an annual basis.

Since 2007 occupancy levels have declined in nursing facilities, and this trend continued in 2013. Although not directly reflected in the graph below, the continued expansion of alternative choices available for the elderly such as assisted living facilities, home care, adult day care, and other programs, has produced direct competition for licensed nursing facilities. This also produces opportunities for organizations to identify potential strategies to diversify their business to provide additional services to the aging population in their communities. Other factors, such as, changing consumer demands, alternatives for care,

reductions in average length of stay, hospital discharge patterns and health care reform initiatives continue to put downward pressure on occupancy levels.

Totals	Quartiles		
	25%	50%	75%
2009	87.9%	92.9%	95.5%
2010	85.8%	91.9%	94.9%
2011	86.3%	91.5%	94.5%
2012	85.4%	91.8%	94.9%
2013	83.8%	90.9%	94.3%



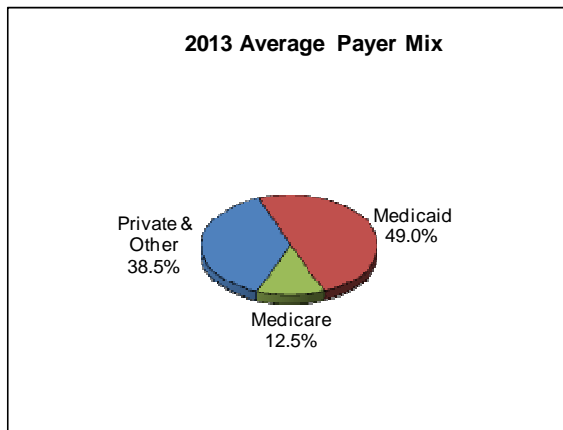
(Source: CliftonLarsonAllen LLP Clients)

Average Payer Mix

Resident Day Mix
Total Resident-Days

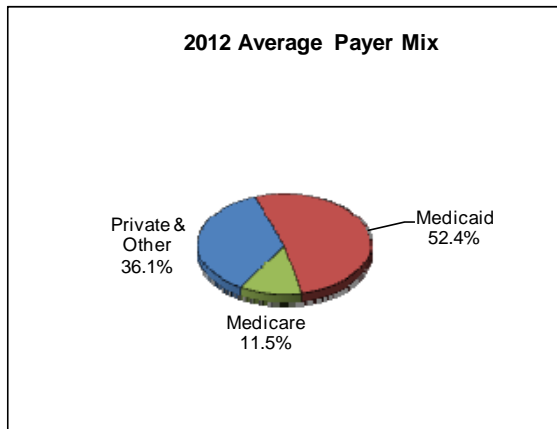
Defined: Measures the utilization of third-party payers.

During 2013, there was an increase in the percentage of resident days covered by the Medicare program from 11.5% to 12.5%. The percentage of resident days covered by private and other payers increased 2.4% from 36.1% to 38.5% in 2013. The percentage of resident days covered by Medicaid programs decreased by 3.4%. Analysis of national Medicare data indicates an aggressive shift from traditional Medicare to managed Medicare plans (managed care contracts and other payer sources are included in the private & other category below). It is important for facilities to review their Medicare and managed care contracts to ensure they are being paid according to the contract and to explore the opportunity to re-negotiate more favorable contracts where possible.



2013 Average Payer Mix by Geographic Area

	Private & Other	Medicaid	Medicare
Midwest	39.9%	47.6%	12.5%
Southeast	26.0%	58.3%	15.7%
Northeast	30.7%	59.2%	10.1%



2012 Average Payer Mix by Geographic Area

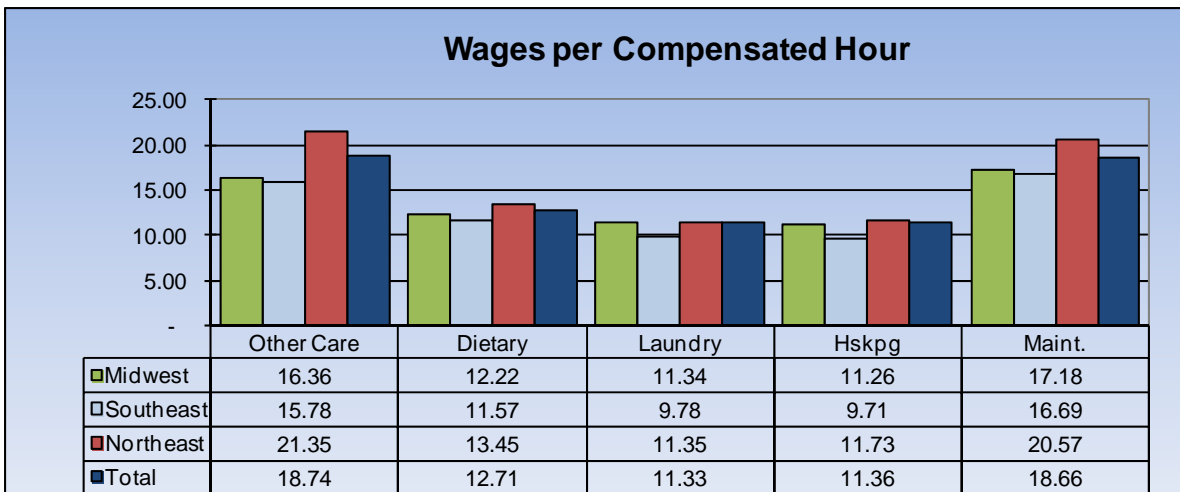
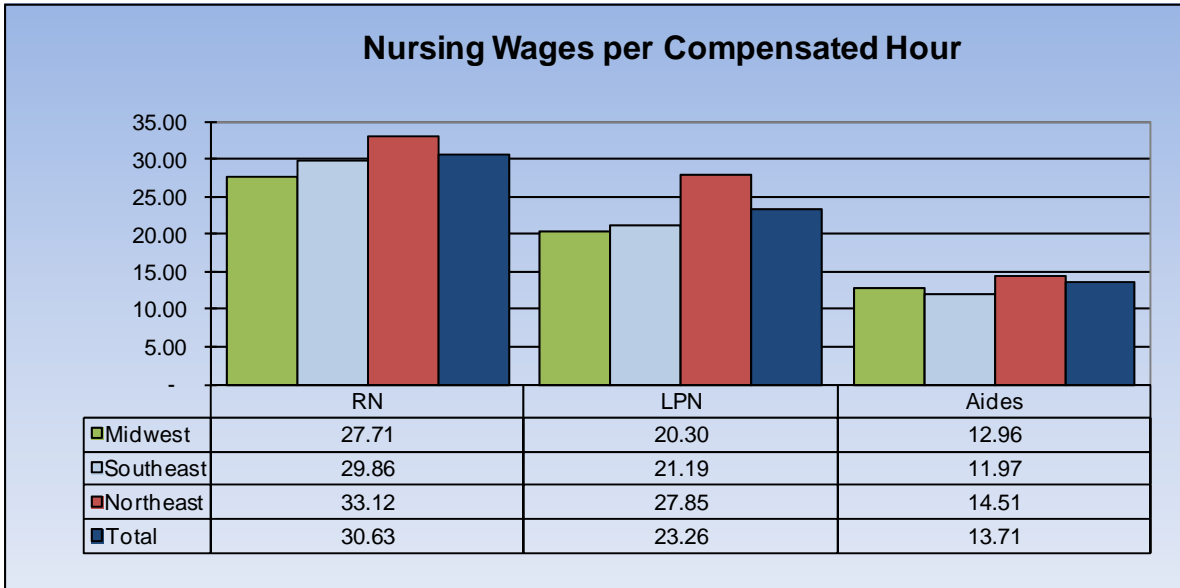
	Private & Other	Medicaid	Medicare
Midwest	41.0%	47.3%	11.7%
Southeast	18.3%	65.5%	16.2%
Northeast	29.6%	59.6%	10.8%

(Source: CliftonLarsonAllen LLP Clients)

Staffing indicators

Since approximately 75 percent of a nursing facility’s operating costs relate to the cost of labor, it is important that a facility monitor these costs and the factors that affect them. The indicators included in this section represent the various factors that influence a facility’s labor costs and are based on data provided by CliftonLarsonAllen’s clients for 2013.

Wages per Compensated Hour Wages
Compensated Hours

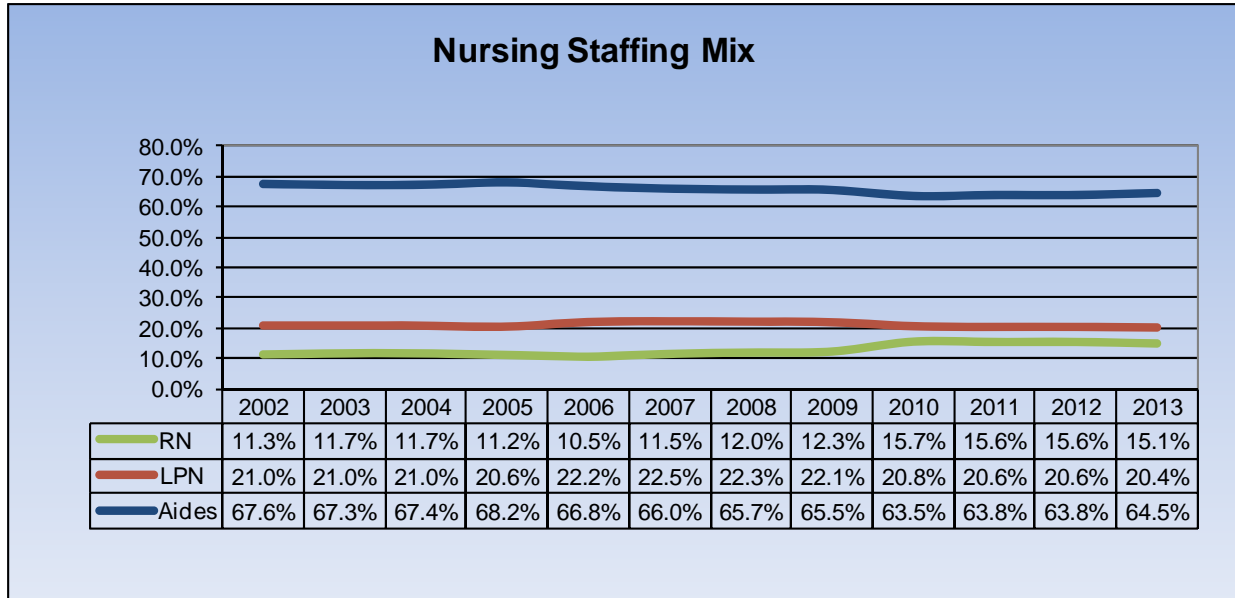


Nursing Staffing Mix

$$\frac{\text{Nurse Hours Mix}}{\text{Total Nursing Hours}}$$

Defined: Represents the average nursing department’s staffing mix.

Overall, the percentage of total hours staffed by RNs in the past 12 years has increased from 11.3% in 2002 to 15.1% in 2013. The percentage of total hours staffed by LPN's over this time period has remained relatively stable while the percentage of total hours for nurse aides has decreased slightly. These trends are a result of caring for increasingly short stay, higher acute and more medically complex residents.



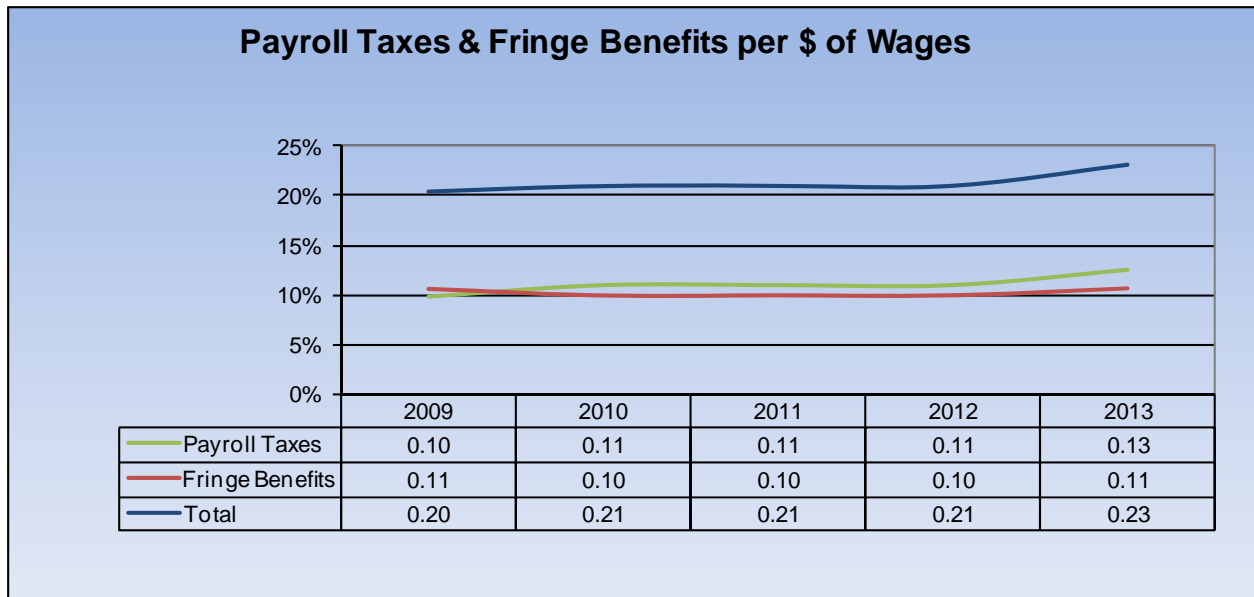
(Source: CliftonLarsonAllen LLP Clients)

Payroll Taxes & Fringe Benefits

Benefits Mix
Total Salary Expense

Defined: Represents the additional cost of labor associated with payroll taxes and fringe benefits.

In addition to direct payroll costs, payroll taxes and fringe benefits are additional costs of labor. Payroll taxes include the nursing facilities share of FICA and unemployment insurance taxes. Fringe benefits include medical, life, and other group insurance; workers' compensation insurance; pension and/or retirement contributions; uniform allowance; and other miscellaneous employee benefits. As the graph conveys, the cost of payroll taxes and fringe benefits as a percentage of wages has increased in 2013 suggesting organizations may not have had the opportunity in 2013 to pass along significant wage increases due to the challenging reimbursement environments and declining margins.



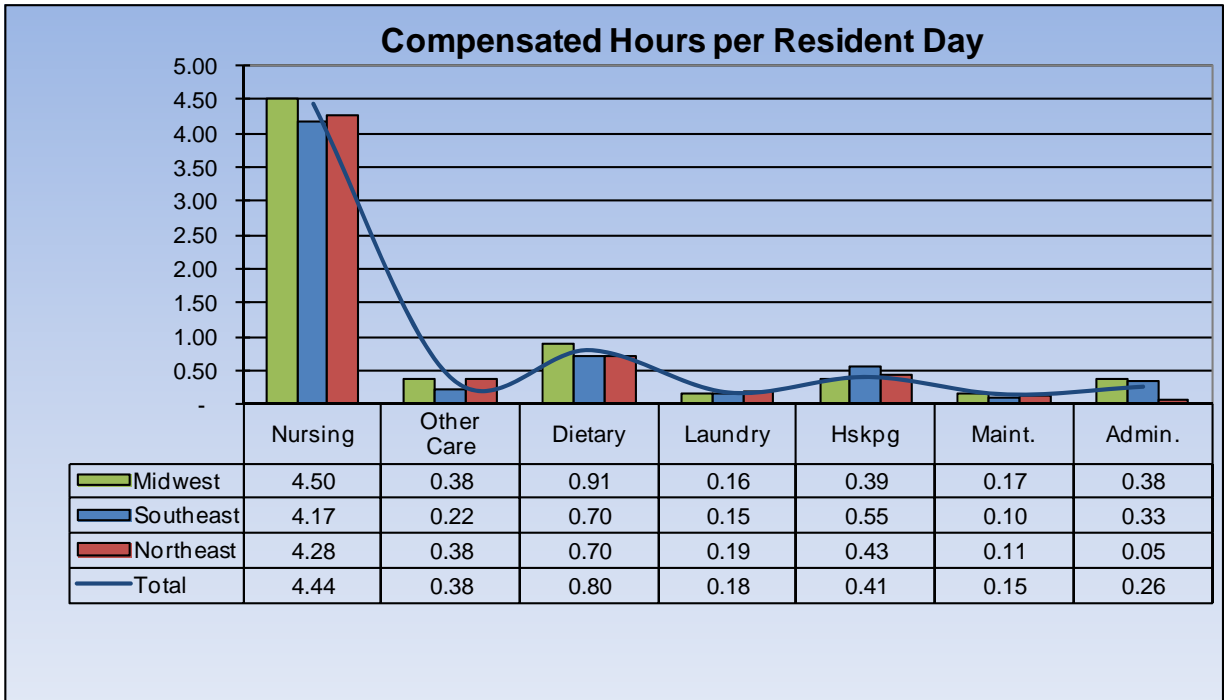
(Source: CliftonLarsonAllen LLP Clients)

Hours Per Resident Day

$$\frac{\text{Compensated Hours}}{\text{Resident Days}}$$

Defined: Calculates the actual compensated hours paid per resident day.

The 2013 medians included in the graph below represent only those facilities that employ individuals in the respective departments. Facilities that contract for services were eliminated in calculating the respective averages.



(Source: CliftonLarsonAllen LLP Clients)

SECTION II: COST ANALYSES

Department Totals Per Resident Day

	Nursing	Other Care	Ancillary Services	Dietary	Laundry	House-keeping	Plant Operations	Real Estate	General and Administrative	Payroll Benefits	Totals
Total 90th Percentile	68.57	4.68	10.72	14.46	1.45	3.58	8.45	0.94	10.13	20.26	143.24
Total 75th Percentile	77.98	6.24	16.40	16.27	2.23	4.33	10.06	7.95	15.84	24.11	181.41
Total 50th Percentile	91.79	7.74	24.18	18.80	2.84	5.38	12.04	11.99	25.55	29.56	229.87
Total 25th Percentile	104.00	9.82	33.89	22.12	3.64	6.96	14.43	16.85	33.68	41.22	286.61
Total 10th Percentile	116.38	11.96	42.00	27.87	4.48	8.82	20.07	18.41	41.86	55.94	347.79
2013 Midwest 90th Percentile	63.48	4.43	10.79	13.66	1.31	3.41	8.32	0.07	9.73	24.25	139.45
2013 Midwest 75th Percentile	73.53	5.92	16.84	16.94	2.04	4.07	9.95	1.16	14.14	29.33	173.92
2013 Midwest 50th Percentile	85.55	7.16	24.24	19.53	2.70	5.28	11.68	8.09	20.63	37.64	222.50
2013 Midwest 25th Percentile	96.65	9.31	34.65	23.71	3.30	7.01	14.30	9.68	28.30	47.53	274.44
2013 Midwest 10th Percentile	112.84	11.47	45.66	30.92	4.06	8.84	20.48	11.40	36.51	59.50	341.68
2013 Southeast 90th Percentile	62.73	2.71	23.00	12.68	1.08	3.52	6.45	5.07	5.98	29.83	153.05
2013 Southeast 75th Percentile	68.48	3.79	27.76	13.73	1.74	3.78	8.09	5.19	8.15	45.15	185.86
2013 Southeast 50th Percentile	71.97	5.26	38.27	15.09	2.09	4.67	9.22	6.50	9.96	51.16	214.19
2013 Southeast 25th Percentile	80.81	11.68	41.58	18.29	2.76	5.97	12.04	8.78	13.38	56.70	251.99
2013 Southeast 10th Percentile	96.52	19.98	53.07	20.05	3.34	7.73	13.89	10.33	22.25	59.72	306.88
2013 Northeast 90th Percentile	84.12	5.40	10.79	15.02	1.67	3.86	9.19	12.81	21.90	19.17	183.93
2013 Northeast 75th Percentile	90.91	6.92	17.99	16.16	2.47	4.48	10.73	15.06	26.06	22.21	212.99
2013 Northeast 50th Percentile	98.16	8.53	24.47	18.55	3.03	5.75	12.39	16.70	32.02	24.94	244.54
2013 Northeast 25th Percentile	108.95	10.12	32.91	21.66	3.92	7.01	14.72	17.93	38.40	29.24	284.86
2013 Northeast 10th Percentile	124.65	11.87	39.60	27.52	5.01	8.90	19.83	19.24	43.66	35.30	335.58

Salary Comparison Per Resident Day

	DON & RN	LPN	Aides	Other Nursing Administration	Nursing Pool and Consultants	Total Nursing	Social Services and Activities	Ancillary Services	Dietary	Laundry	House-keeping	Plant Operations	General and Administrative	Totals
Total 90th Percentile	10.70	10.74	26.63	1.39	0.21	49.67	3.76	2.40	6.78	0.78	2.74	1.48	4.48	72.09
Total 75th Percentile	14.12	14.36	31.48	3.54	0.42	63.92	5.37	7.87	8.10	1.31	3.46	1.96	6.23	98.22
Total 50th Percentile	20.30	19.25	35.45	6.55	0.90	82.45	7.09	12.59	10.15	1.94	4.56	2.70	8.20	129.68
Total 25th Percentile	26.74	24.10	40.63	9.13	2.09	102.69	9.09	19.09	12.74	2.64	5.89	3.69	11.05	166.88
Total 10th Percentile	35.76	28.76	45.75	12.29	4.42	126.98	11.03	25.17	16.82	3.41	7.70	5.48	16.07	212.66
2013 Midwest 90th Percentile	9.47	8.90	26.40	1.32	0.21	46.30	3.53	1.60	6.86	0.70	2.66	1.64	4.47	67.76
2013 Midwest 75th Percentile	12.26	12.02	31.36	3.18	0.46	59.28	4.90	7.24	8.63	1.19	3.26	2.35	6.71	93.56
2013 Midwest 50th Percentile	18.55	15.70	35.17	6.10	0.80	76.32	6.17	14.61	11.17	1.87	4.26	3.08	8.68	126.16
2013 Midwest 25th Percentile	25.43	18.87	40.76	9.48	1.91	96.45	8.15	19.43	14.67	2.33	5.90	3.95	11.64	162.52
2013 Midwest 10th Percentile	37.83	21.92	46.72	13.42	3.03	122.92	10.05	26.56	19.57	2.96	7.78	6.20	16.70	212.74
2013 Southeast 90th Percentile	8.68	16.39	22.38	0.73	0.20	48.38	2.10	7.71	4.64	0.74	2.20	0.98	4.70	71.45
2013 Southeast 75th Percentile	10.80	18.21	24.76	0.89	0.34	55.00	2.76	11.22	5.45	0.98	2.88	1.11	5.90	85.30
2013 Southeast 50th Percentile	13.21	21.31	31.15	1.13	1.06	67.86	3.54	16.66	6.37	1.36	3.66	1.44	7.15	108.04
2013 Southeast 25th Percentile	22.15	27.07	40.37	3.75	1.70	95.04	10.91	20.79	7.59	1.96	5.06	1.99	8.53	151.87
2013 Southeast 10th Percentile	29.04	38.12	47.20	9.79	11.56	135.71	16.38	25.14	11.20	3.26	6.83	5.81	11.08	215.41
2013 Northeast 90th Percentile	13.58	15.60	30.18	3.39	0.24	62.99	5.23	2.46	7.12	1.12	3.38	1.49	4.33	88.12
2013 Northeast 75th Percentile	17.74	19.26	32.47	5.38	0.48	75.33	6.75	7.18	8.10	1.64	4.05	1.72	5.68	110.45
2013 Northeast 50th Percentile	23.12	23.48	35.76	7.25	1.07	90.68	8.19	12.09	9.42	2.24	5.00	2.48	7.74	137.84
2013 Northeast 25th Percentile	28.49	27.01	40.56	9.04	2.35	107.45	9.61	17.82	10.84	3.08	5.84	3.36	10.86	168.86
2013 Northeast 10th Percentile	34.48	29.52	45.49	11.48	4.92	125.89	11.49	22.68	12.73	3.87	6.62	4.25	15.53	203.06

29th Licensed Nursing Facility Cost Comparison

Salaries Per Compensated Hour

	Nursing					Dietary	Laundry	House-keeping	Plant Operations	General and Administrative	Total	
	DON/RN	LPN	Aides	Other Nrs Admin.	Total Nursing							
Total 90th Percentile	23.69	17.84	11.06	17.75	14.83	12.66	10.11	9.07	8.98	13.58	16.80	86.03
Total 75th Percentile	26.69	19.89	12.38	33.37	16.36	15.51	11.50	10.00	10.22	15.73	21.49	100.81
Total 50th Percentile	30.63	23.26	13.71	42.74	19.01	18.74	12.71	11.33	11.36	18.66	26.32	118.13
Total 25th Percentile	34.15	27.72	14.89	53.33	21.11	21.77	14.00	12.71	12.78	21.19	32.13	135.69
Total 10th Percentile	37.70	29.86	15.97	63.76	22.71	24.90	15.38	14.53	14.12	24.52	40.30	156.46
2013 Midwest 90th Percentile	23.03	16.70	10.45	18.04	14.37	11.91	10.05	9.14	8.97	12.06	14.51	81.01
2013 Midwest 75th Percentile	25.17	18.13	11.75	28.23	15.47	14.45	10.97	10.09	10.24	15.00	18.44	94.66
2013 Midwest 50th Percentile	27.71	20.30	12.96	39.63	17.03	16.36	12.22	11.34	11.26	17.18	23.24	108.63
2013 Midwest 25th Percentile	30.71	22.07	14.51	52.21	18.87	18.54	13.67	12.87	12.84	19.73	27.57	124.09
2013 Midwest 10th Percentile	39.10	24.44	15.45	66.40	20.24	21.39	15.06	14.73	14.29	21.94	35.05	142.70
2013 Southeast 90th Percentile	22.60	19.10	9.86	3.05	14.51	9.64	8.69	7.81	7.72	13.74	21.87	83.98
2013 Southeast 75th Percentile	27.00	19.80	10.74	3.78	15.03	13.18	9.49	8.41	8.63	15.00	23.74	93.48
2013 Southeast 50th Percentile	29.86	21.19	11.97	8.10	16.31	15.78	11.57	9.78	9.71	16.69	28.04	107.88
2013 Southeast 25th Percentile	35.42	22.70	12.62	32.43	17.33	18.13	12.46	10.93	11.31	18.70	32.76	121.62
2013 Southeast 10th Percentile	42.66	24.01	13.38	40.49	23.55	25.99	13.13	12.26	13.25	21.01	40.99	150.18
2013 Northeast 90th Percentile	29.05	24.12	13.16	33.54	18.72	17.03	11.51	9.61	9.94	15.45	21.06	103.32
2013 Northeast 75th Percentile	30.97	26.12	13.72	40.16	19.82	19.54	12.50	10.13	10.68	18.48	25.03	116.18
2013 Northeast 50th Percentile	33.12	27.85	14.51	46.75	21.14	21.35	13.45	11.35	11.73	20.57	29.64	129.23
2013 Northeast 25th Percentile	35.27	29.60	15.51	54.61	22.29	23.74	14.63	12.54	12.78	23.64	35.02	144.64
2013 Northeast 10th Percentile	37.44	31.67	16.45	60.97	23.79	26.66	15.59	14.45	13.76	26.21	41.70	162.16

29th Licensed Nursing Facility Cost Comparison

Hours Per Resident Day

	Nursing				Total Nursing	Other Care	Dietary	Laundry	House-keeping	Operating and Maintenance	G&A	Totals
	DON/RN	LPN	Aides	Other Ns Admin								
Total 90th Percentile	0.35	0.50	2.14	0.13	3.12	0.23	0.55	0.07	0.26	0.07	0.19	4.49
Total 75th Percentile	0.48	0.66	2.34	0.20	3.68	0.30	0.66	0.12	0.32	0.10	0.24	5.42
Total 50th Percentile	0.66	0.83	2.67	0.28	4.44	0.38	0.80	0.18	0.41	0.15	0.32	6.68
Total 25th Percentile	0.88	0.99	2.98	0.40	5.25	0.46	1.02	0.23	0.51	0.23	0.44	8.14
Total 10th Percentile	1.08	1.14	3.30	0.59	6.11	0.55	1.40	0.31	0.73	0.36	0.63	10.09
2013 Midwest 90th Percentile	0.37	0.42	2.32	0.13	3.24	0.23	0.64	0.07	0.24	0.10	0.21	4.73
2013 Midwest 75th Percentile	0.48	0.58	2.55	0.21	3.82	0.31	0.74	0.11	0.31	0.13	0.30	5.72
2013 Midwest 50th Percentile	0.65	0.78	2.77	0.30	4.50	0.38	0.91	0.16	0.39	0.17	0.38	6.89
2013 Midwest 25th Percentile	0.90	0.97	3.10	0.45	5.42	0.48	1.12	0.21	0.49	0.24	0.50	8.46
2013 Midwest 10th Percentile	1.13	1.11	3.34	0.66	6.24	0.55	1.49	0.27	0.62	0.34	0.74	10.25
2013 Southeast 90th Percentile	0.23	0.79	1.97	0.15	3.14	0.14	0.49	0.05	0.33	0.06	0.19	4.40
2013 Southeast 75th Percentile	0.28	0.87	2.15	0.19	3.49	0.18	0.62	0.11	0.34	0.07	0.23	5.04
2013 Southeast 50th Percentile	0.36	1.00	2.50	0.31	4.17	0.22	0.70	0.15	0.55	0.10	0.33	6.22
2013 Southeast 25th Percentile	0.59	1.20	3.05	0.50	5.34	0.47	2.38	0.23	1.71	0.42	0.56	11.11
2013 Southeast 10th Percentile	1.01	1.71	3.70	0.98	7.40	1.29	3.99	0.38	2.38	1.16	1.18	17.78
2013 Northeast 90th Percentile	0.40	0.60	2.02	0.14	3.16	0.26	0.53	0.07	0.29	0.07	0.17	4.55
2013 Northeast 75th Percentile	0.52	0.73	2.22	0.20	3.67	0.31	0.59	0.13	0.35	0.09	0.22	5.36
2013 Northeast 50th Percentile	0.70	0.85	2.46	0.27	4.28	0.38	0.70	0.19	0.43	0.11	0.27	6.36
2013 Northeast 25th Percentile	0.90	0.99	2.79	0.36	5.04	0.44	0.85	0.25	0.52	0.18	0.37	7.65
2013 Northeast 10th Percentile	1.04	1.10	3.11	0.46	5.71	0.51	1.06	0.32	0.68	0.28	0.49	9.05

Payroll Taxes and Fringe Benefits Per Resident Day

	FICA/PERA	Unemployment Taxes	Group Insurance	Workers' Comp. Ins.	Pension or Profit Sharing	Other Fringe Benefits	Totals
Total 90th Percentile	6.55	0.08	3.49	1.47	0.05	0.12	11.76
Total 75th Percentile	8.14	0.28	5.73	1.96	0.24	0.30	16.65
Total 50th Percentile	10.21	0.84	8.61	2.71	0.82	0.54	23.73
Total 25th Percentile	11.95	1.44	12.29	3.88	2.43	1.07	33.06
Total 10th Percentile	14.14	2.06	18.17	5.41	5.36	2.25	47.39
2013 Midwest 90th Percentile	6.12	0.07	3.47	1.56	0.08	0.09	11.39
2013 Midwest 75th Percentile	7.29	0.29	6.26	2.18	0.39	0.22	16.63
2013 Midwest 50th Percentile	8.61	0.84	9.50	3.08	1.28	0.55	23.86
2013 Midwest 25th Percentile	10.68	1.48	15.04	4.31	2.76	0.96	35.23
2013 Midwest 10th Percentile	14.32	2.11	19.87	5.81	4.77	1.48	48.36
2013 Southeast 90th Percentile	5.01	0.32	3.68	0.63	0.35	0.04	10.03
2013 Southeast 75th Percentile	5.62	0.67	7.92	0.70	0.47	1.12	16.50
2013 Southeast 50th Percentile	6.43	1.18	9.12	2.95	1.19	1.30	22.17
2013 Southeast 25th Percentile	7.68	1.56	22.95	7.88	3.84	1.46	45.37
2013 Southeast 10th Percentile	12.14	2.13	30.84	14.73	4.49	1.54	65.87
2013 Northeast 90th Percentile	9.31	N/A	3.84	1.49	0.04	0.20	14.88
2013 Northeast 75th Percentile	10.23	N/A	5.63	1.89	0.15	0.31	18.21
2013 Northeast 50th Percentile	11.27	N/A	7.10	2.43	0.31	0.47	21.58
2013 Northeast 25th Percentile	12.66	N/A	10.61	3.35	1.05	0.81	28.48
2013 Northeast 10th Percentile	14.60	N/A	13.16	4.21	4.15	1.89	38.01

Food, Utilities, Repairs, Maintenance and General Insurance Per Resident Day

	Food Expense	Maintenance Supplies	Utilities	Repairs	Maintenance Contracts	Maintenance Purchased Services/Other	Insurance	Property and Related Totals
Total 90th Percentile	5.14	0.37	3.32	0.10	0.15	1.03	0.72	5.69
Total 75th Percentile	6.37	0.59	4.12	0.26	0.45	1.98	1.24	8.64
Total 50th Percentile	7.48	0.96	5.17	0.50	0.68	3.01	1.77	12.09
Total 25th Percentile	8.87	1.51	6.49	1.03	1.19	4.36	2.47	17.05
Total 10th Percentile	11.28	2.07	7.92	1.33	1.57	6.81	3.56	23.26
2013 Midwest 90th Percentile	5.66	0.31	3.22	0.15	0.15	0.56	0.58	4.97
2013 Midwest 75th Percentile	6.93	0.45	4.12	0.22	0.45	1.64	1.16	8.04
2013 Midwest 50th Percentile	8.18	0.67	5.03	0.42	0.68	2.87	1.75	11.42
2013 Midwest 25th Percentile	9.75	1.02	6.43	0.76	1.19	4.43	2.41	16.24
2013 Midwest 10th Percentile	15.93	1.52	8.78	1.04	1.57	10.96	3.77	27.64
2013 Southeast 90th Percentile	4.68	N/A	2.80	N/A	N/A	2.68	0.72	6.20
2013 Southeast 75th Percentile	4.93	N/A	3.27	N/A	N/A	3.09	0.84	7.20
2013 Southeast 50th Percentile	5.28	N/A	4.20	N/A	N/A	3.58	1.03	8.81
2013 Southeast 25th Percentile	6.18	N/A	4.83	N/A	N/A	5.01	1.95	11.79
2013 Southeast 10th Percentile	8.15	N/A	6.85	N/A	N/A	5.98	5.84	18.67
2013 Northeast 90th Percentile	0.31	0.42	3.73	N/A	N/A	1.40	0.97	6.52
2013 Northeast 75th Percentile	6.12	0.68	4.48	N/A	N/A	1.97	1.41	8.54
2013 Northeast 50th Percentile	7.10	1.11	5.46	N/A	N/A	2.94	1.90	11.41
2013 Northeast 25th Percentile	7.95	1.62	6.64	N/A	N/A	4.05	2.57	14.88
2013 Northeast 10th Percentile	9.10	2.22	7.61	N/A	N/A	5.13	3.45	18.41

Housekeeping and Plant Operations Costs Per Square Foot

	Housekeeping				Plant Operations				
	Salaries	Purch. Services	Other	Total	Salaries	Utilities	Purch. Services	Other	Total
Total 90th Percentile	1.21	0.01	0.16	1.38	0.92	1.78	0.14	0.28	3.12
Total 75th Percentile	1.81	0.02	0.53	2.36	1.22	2.40	0.32	1.31	5.25
Total 50th Percentile	2.62	0.10	1.02	3.74	1.87	3.37	0.62	2.40	8.26
Total 25th Percentile	3.85	0.95	1.67	6.47	2.74	4.53	1.20	4.61	13.08
Total 10th Percentile	5.37	4.01	2.50	11.88	3.94	5.82	1.94	7.18	18.88
2013 Midwest 90th Percentile	1.20	0.00	0.15	1.35	0.90	1.76	0.15	0.24	3.05
2013 Midwest 75th Percentile	1.80	0.01	0.40	2.21	1.26	2.34	0.30	1.04	4.94
2013 Midwest 50th Percentile	2.59	0.04	0.94	3.57	1.92	3.28	0.63	2.06	7.89
2013 Midwest 25th Percentile	3.84	0.24	1.49	5.57	2.80	4.66	1.20	3.58	12.24
2013 Midwest 10th Percentile	5.44	4.02	2.44	11.90	3.93	5.90	1.86	6.93	18.62
2013 Southeast 90th Percentile	1.16	0.11	0.34	1.61	0.84	2.33	0.12	1.62	4.91
2013 Southeast 75th Percentile	2.27	0.15	0.43	2.85	0.98	2.96	0.39	2.50	6.83
2013 Southeast 50th Percentile	2.57	0.57	0.87	4.01	1.39	3.55	0.51	3.24	8.69
2013 Southeast 25th Percentile	3.85	2.62	1.38	7.85	1.79	4.47	1.12	4.06	11.44
2013 Southeast 10th Percentile	7.15	4.06	1.79	13.00	4.14	5.87	2.38	5.68	18.07
2013 Northeast 90th Percentile	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2013 Northeast 75th Percentile	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2013 Northeast 50th Percentile	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2013 Northeast 25th Percentile	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2013 Northeast 10th Percentile	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SECTION III: ABOUT CLIFTONLARSONALLEN

History and experience

CliftonLarsonAllen is a professional services firm with three distinct business lines including accounting and consulting, outsourcing, and wealth advisory. CLA's people are dedicated to helping businesses, governments, nonprofits, and the individuals who own and lead them. From offices coast to coast, our professionals practice in specific industries to deliver capabilities best aligned with our clients' needs. Integrated wealth advisory services address their personal financial goals, and our international resources help organizations successfully enter and compete in all markets, foreign and domestic. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC.

CliftonLarsonAllen offers unprecedented emphasis on serving privately held businesses and their owners, as well as nonprofits and governmental entities. The firm has a staff of more than 3,600 professionals, operating from more than 90 offices across the country. CliftonLarsonAllen serves clients globally as the largest independent member firm of Nexia International, a top worldwide network of separate and independent professional accounting and business advisory firms.

For more information about CliftonLarsonAllen, visit www.CLAconnect.com.

Our dedication to health care

CliftonLarsonAllen has developed one of the nation's largest health care practices. Our team includes CPAs and a diverse range of experienced specialists with backgrounds and skill sets ranging from CEOs and CFOs to RNs, certified coders, and certified medical practice executives. Represented by team members possessing over 30 years of dedicated experience to the health care field, we develop innovative responses and creative solutions for clients who demand specialized consultation and advice, as well as providers who require traditional CPA services. Our consulting and advisory services focus on finance, strategy, capital planning, internal audit, operations and performance improvement, and facilities. Our independent and objective professionals are guided by your strategic vision and your unique environment.

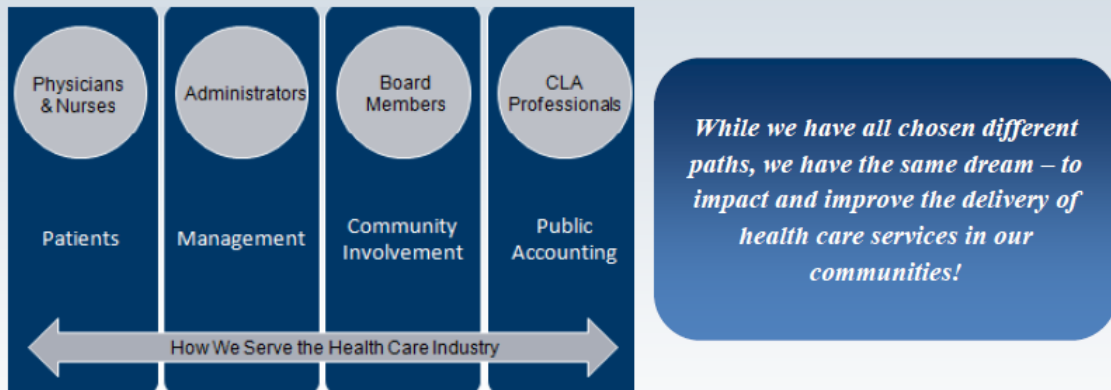
To break it down further, we serve:

- 1,400+ senior living providers including continuing care retirement communities
- 200 home care and hospice agencies
- 1,800+ physicians and medical groups
- 500+ hospitals and health systems including approximately 100 critical access hospitals
- 1,000+ other health care entities

Our vision

To be thought leaders impacting the future of health care. We accomplish this by never losing sight of our firm's mission of creating pathways for success through impactful interactions. This impact comes from our deep, passionate industry specialists that deliver seamless and integrated service capabilities.

We are a truly “industry-driven” firm!




Alternatively, while other firms may “specialize” in health care, they are usually public accountants first and health care professionals second!

A national and regional commitment to the senior living field

We recognize the importance of supporting health care associations. On an annual basis, we participate in approximately 110 health care events at a variety of levels including speaking, exhibiting, and sponsorships. In addition, we regularly contribute articles to trade publications. This level of involvement allows us to thoroughly understand the issues facing the industry and proactively address them.

We are especially pleased with the following affiliations.

<u>AAOE</u>	We are members of the American Association of Orthopaedic Executives (AAOE). This association regularly invites our professionals to present educational sessions to orthopaedic practice executives and their staff.
<u>AHCA</u>	As gold level members, we support the American Health Care Association (AHCA). Members of our team routinely attend and speak at the annual conference and trade show. 
<u>AICPA</u>	Our CPAs are members of the American Institute of Certified Public Accountants (AICPA), and we actively attend the organization’s events. Our lead assurance and accounting principal for our national health care audit practice is a member of the AICPA Health Care Expert Panel. One of our assurance and accounting technical principles is the chair of the Not For Profit Expert Panel. They also serve as reviewers for the annual revisions to the AICPA Health Care Audit Guide and the annual AICPA publication, Health Care Industry Developments.
<u>HFMA</u>	We are active members of the Healthcare Financial Management Association (HFMA) and the state chapters in the regions we serve. A CliftonLarsonAllen manager is currently serving a three-year term on the association’s national Healthcare Compliance Forum Peer Leader

HHFMA



Council. In addition, we regularly attend the conferences and our principals are consistently chosen to present educational sessions. Our professionals have published articles in *Healthcare Financial Management Magazine*.

One of our health care principals was appointed to the inaugural advisory board of the Home Care and Hospice Financial Management Association (HHFMA). Additionally, two of our health care principals serve on the Finance Manager’s Workgroup. The association was created by the National Association of Home Care & Hospice (NAHC) to meet the growing needs of home care and hospice financial managers and consultants.

LeadingAge

We are a **silver premier member of LeadingAge**. This arrangement offers outstanding benefits, including opportunities to pursue knowledge and information that will be passed along directly to our clients. We also support LeadingAge by presenting educational sessions at their conferences and jointly sponsoring performance indicator projects. In addition, we are active members of the state affiliated associations and conduct benchmarking surveys for many of them.



Lincoln Healthcare Events

We are sponsor partners of several events facilitated by Lincoln Healthcare Events (LHE), which is an independent organizer of executive leadership communities in health care. Events include:

- Community Hospital 100 for community hospital executives
- LTC 100 for senior management in long-term care and assisted living
- Senior Living 100 for C level executives
- Home Care 100 for home care management



MGMA

We are active members of the Medical Group Management Association (MGMA) and its state organizations in the regions we serve. Several of our professionals are recognized Certified Medical Practice Executives (CMPE). On a regular basis, we speak at many of the conferences.

NAHC



We are involved members of the National Association of Home Care & Hospice (NAHC). Annually, we speak at several events, and we are proud to be significant sponsors of the financial management conference. In addition, we have contributed articles to the association’s magazine, *Caring*, and a member of our team has served as the guest editor.

RBMA

As active members of the Radiology Business Management Association (RBMA), we consistently speak at the conferences and facilitate webinars. In addition, we write articles for RBMA Bulletin and annually assist the association conduct its member surveys.



Solutions for senior living providers

We are focused on providing solutions to providers who serve individuals in the third age of their lives.

Due to escalating operating costs, personnel shortages, and changing reimbursement models, senior living providers are being forced to reexamine the way they do business. They need new, more efficient ways to deliver care. New technologies and alternate care models impact the venues in which care is delivered. CliftonLarsonAllen stays informed of industry trends and the legal, regulatory, and operational environment. We can help position your organization for the challenges and opportunities of tomorrow.

Our clients include continuing care retirement communities, skilled nursing facilities, post-acute care networks, homes for the developmentally disabled, assisted living facilities, and other long-term care providers.

Services:

- Audit, accounting, reimbursement, and tax
- Strategic planning
- Strategic capital planning
- Operations and performance improvement
- Health reform advisory
- Financial feasibility studies
- Market research and analysis
- Marketing and sales consulting
- Mergers, acquisitions, and affiliation facilitation
- Executive search
- Debt advisory
- Facility master planning services
- Clinical consulting

Health care offices

We have more than 90 locations across the United States.

We offer a wide range of professional services to our health care clients. Approximately 225 health care team members are available to serve you. If you would like to speak with someone about our health care services, see the list of contacts below.



Boston	300 Crown Colony Drive, Suite 310 Quincy, MA 02169	Contact: Mike Slavik, CPA Telephone: 617-984-8100 Fax: 617-984-8150 Email: Michael.Slavik@CLAconnect.com
Charlotte	101 North Tryon Street, Suite 1000 Charlotte, NC 28246	Contact: Mario Mckenzie, CPA Telephone: 704-998-5200 Fax: 704-998-5250 Email: Mario.Mckenzie@CLAconnect.com
Dallas	Providence Towers 5001 Spring Valley Road, Suite 600W Dallas, TX 75244	Contact: Mike Siegel, CPA Telephone: 972-383-5700 Fax: 972-383-5750 Email: Michael.Siegel@CLAconnect.com
Indianapolis	9339 Priority Way W Dr., Suite 200 Indianapolis, IN 46240	Contact: Deb Freeland, CPA Telephone: 317-569-6230 Fax: 317-574-9707 Email: Deb.Freeland@CLAconnect.com
Minneapolis	220 South Sixth Street, Suite 300 Minneapolis, MN 55402	Contact: Jeff Vrieze, CPA Telephone: 612-376-4500 Fax: 612-376-4850 Email: Jeff.Vrieze@CLAconnect.com
Oak Brook	1301 W 22 nd Street, Suite 1100 Oak Brook, IL 60523	Contact: Jim Thomas, CPA Telephone: 630-368-3605 Fax: 630-573-0798 Email: Jim.Thomas@CLAconnect.com
Orlando, FL	CNL Center II 420 South Orange Ave., Suite 500 Orlando, FL 32801	Contact: Gregg Hathorne, CPA Telephone: 407-802-1200 Fax: 407-802-1250 Email: Gregory.Hathorne@CLAconnect.com
Philadelphia	610 W Germantown Pike, Suite 400 Plymouth Meeting, PA 19462	Contact: James Watson, CPA Telephone: 215-643-3900 Fax: 215-643-4030 Email: James.Watson@CLAconnect.com

29th Licensed Nursing Facility Cost Comparison

Phoenix	20 East Thomas Road, Suite 2300 Phoenix, AZ 85012	Contact: Chad Kunze, CPA Telephone: 602-266-2248 Fax: 602-266-2907 Email: Chad.Kunze@CLAconnect.com
Seattle	3000 Northup Way, Suite 200 Bellevue, WA 98004	Contact: Dan Frein, CPA Telephone: 425-250-6037 Fax: 425-250-6050 Email: Daniel.Frein@CLAconnect.com
St. Louis	600 Washington Avenue, Suite 1800 St. Louis, MO 63101	Contact: Josh Wilks, CPA Telephone: 314-925-4300 Fax: 314-925-4350 Email: Josh.Wilks@CLAconnect.com
Washington DC	2900 South Quincy Street, Suite 150 Arlington, VA 22206	Contact: John Langan, CPA Telephone: 703-998-5100 Fax: 703-998-5102 Email: Jonathan.Langan@CLAconnect.com