

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Form Approved  
 OMB No. 0938-0463  
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Worksheet S Tuesday, May 24, 2022 at 2:58:20 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

- Provider 1.  Electronically prepared cost report;  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_
- use only 2.  Manually prepared cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 3.01  No Medicare Utilization. Enter "Y" for yes or leave blank for no.
- Contractor 4.  Cost Report Status 6. Contractor No. \_\_\_\_\_  
 use only [1] As Submitted 7.  First Cost Report Processed by Contractor  
 [2] Settled without audit 8.  Last Cost Report Processed by Contractor  
 [3] Settled with audit 9.  NPR Date: \_\_\_\_\_  
 [4] Reopened 10.  If line 4, column 1 is "4": Enter number of times reopened: \_\_\_\_  
 [5] Amended 11. Contractor Vendor Code \_\_\_\_\_  
 5. Date Received \_\_\_\_\_ 12.  Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Job Haines Home (31-5392) for the cost report period beginning January 1, 2021 and ending December 31, 2021, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OF ADMINISTRATOR		CHECKBOX
1		2
-----		
1	_____	<input type="checkbox"/>
2	Printed name _____	
3	Title _____	
4	Signature date _____	

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	27,851	0	0
100	Total	0	27,851	0	0

ECR Encryption Information:

PI Encryption Information:

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Tuesday, May 24, 2022 at 2:58:20 PM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1 Street / P.O. Box: 250 Bloomfield Ave  
 2 City / State / Zip: BLOOMFIELD NJ 07003  
 3 County / CBSA Code / Urban/Rural: Essex 35084 Urban

Payment System  
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Job Haines Home	31-5392	03/24/1988		P	
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)		01/01/2021	12/31/2021			
15	Type of Control (See Instructions)			1			

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N  
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N  
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? No

MISCELLANEOUS COST REPORTING INFORMATION

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

DEPRECIATION - ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED ON LINES 20 - 22.

20 Straight Line 962,926  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 962,926  
 24 If depreciation is funded, enter the balance as of the end of the period.  
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N  
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N  
 Did you cease to participate in the Medicare program at the end of the period to which this cost report  
 27 applies (See PRM 15-1, Chapter 1)? N  
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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	No	No	
30 Nursing Facility			
32 SNF-Based HHA			
36 SNF-Based OLTC			

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the  
 37 level of care given for Titles V & XIX patients? N  
 38 Are you legally-required to carry malpractice insurance? Yes  
 Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If  
 39 policy is "occurrence", enter 2. 1  
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per  
 40 lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses			

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?  
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column  
 43 1. N  
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name  
 44 and address of the home office on lines 45-47.

45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

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Worksheet S-2 Part II Tuesday, May 24, 2022 at 2:58:20 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?			
	N			
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter 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 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?			
	N			
<b>FINANCIAL DATA AND REPORTS</b>				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "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	R		
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			
	N			
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?			
	N			
7	Were costs claimed for Allied Health Programs? (see instructions)			
	N			
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)			
	N			
<b>BAD DEBTS</b>				
9	Is the provider seeking reimbursement for bad debts? (see instructions)			
	Y			
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.			
	N			
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.			
	N			
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.			
	N			
<b>PS&amp;R DATA</b>				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)			
	Y	05/18/2022	Y	05/18/2022
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.			
	N		N	
15	If line 13 or 14 is yes, 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 yes, see instructions.			
	N		N	
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			
	N		N	
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?			
	N		N	
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.			
	N		N	
<b>COST REPORT PREPARER CONTACT INFORMATION</b>				
19	First name/Last name/Title	1	2	3
	John Fazzio			Preparer
20	Employer.	Zimmer Healthcare Services group LLC		
21	Telephone number/Email address.	73297007332	costreports@zhealthcare.com	

JOB HAINES HOME  
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Worksheet S-3 Part I Tuesday, May 24, 2022 at 2:58:20 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	40	14,600	0	5,183	132	1,595	6,910
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	40	14,600	0	5,183	132	1,595	6,910

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	128	1	81	210	0.00	40.49	132.00	32.90
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	128	1	81	210	0.00	40.49	132.00	32.90

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	111	1	74	186	173.13	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	111	1	74	186	173.13	0

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Worksheet S-3 Part II Tuesday, May 24, 2022 at 2:58:20 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	8,481,158	0	8,481,158	360,102.00	23.55
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	8,481,158	0	8,481,158	360,102.00	23.55
7	Other Long Term Care	1,440,448	0	1,440,448	84,539.00	17.04
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	16,484	0	16,484	632.00	26.08
12	Subtotal Excluded salary (Sum of lines 7-11)	1,456,932	0	1,456,932	85,171.00	17.11
13	Total Adjusted Salaries (Line 6 - 12)	7,024,226	0	7,024,226	274,931.00	25.55
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	221,955	0	221,955	6,514.00	34.07
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,543,570	0	2,543,570		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	436,946	0	436,946		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	2,106,624	0	2,106,624		

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Worksheet S-3 Part III Tuesday, May 24, 2022 at 2:58:20 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	1,192,695	0	1,192,695	15,629	76.31
3	Plant Operation, Maint. & Repairs	244,083	0	244,083	10,788	22.63
4	Laundry & Linen Service	63,627	0	63,627	2,147	29.64
5	Housekeeping	452,949	0	452,949	22,841	19.83
6	Dietary	639,238	0	639,238	29,672	21.54
7	Nursing Administration	469,469	0	469,469	14,836	31.64
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	89,346	0	89,346	2,080	42.95
11	Social Service	127,050	0	127,050	2,625	48.40
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	225,363	0	225,363	11,014	20.46
14	Total	3,503,820	0	3,503,820	111,632	31.39

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Worksheet S-3 Part IV Tuesday, May 24, 2022 at 2:58:20 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	334,035
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	11,849
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	1,168,967
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	266,182
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	656,753
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	99,784
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	6,000
		=====
24	Total Wage Related Cost (Lines 1-23)	2,543,570
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 24, 2022 at 2:58:20 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
<b>DIRECT SALARIES</b>						
<b>NURSING OCCUPATIONS</b>						
1	Registered Nurses (RNs)	1,251,582	375,360	1,626,942	35,998	45.20
2	Licensed Practical Nurses (LPNs)	730,134	218,973	949,107	26,651	35.61
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,017,325	305,104	1,322,429	90,136	14.67
4	Total Nursing (Sum of 1 - 3)	2,999,041	899,437	3,898,478	152,785	25.52
5	Physical Therapists	104,634	31,381	136,015	2,185	62.25
6	Physical Therapy Assistants	73,221	21,960	95,181	1,909	49.86
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	91,743	27,514	119,257	2,155	55.34
9	Occupational Therapy Assistants	67,909	20,366	88,275	2,128	41.48
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	114,703	34,400	149,103	2,137	69.77
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
<b>CONTRACT LABOR</b>						
<b>NURSING OCCUPATIONS</b>						
14	Registered Nurses (RNs)	0	0	0	0	0.00
15	Licensed Practical Nurses (LPNs)	0	0	0	0	0.00
16	Certified Nursing Assistants/Nursing Assistants/Aides	0	0	0	0	0.00
17	Total Nursing (Sum of 14 - 16)	0	0	0	0	0.00
18	Physical Therapists	86,232	0	86,232	2,012	42.86
19	Physical Therapy Assistants	0	0	0	0	0.00
20	Physical Therapy Aides	0	0	0	0	0.00
21	Occupational Therapists	82,125	0	82,125	3,796	21.63
22	Occupational Therapy Assistants	0	0	0	0	0.00
23	Occupational Therapy Aides	0	0	0	0	0.00
24	Speech Therapists	53,598	0	53,598	706	75.92
25	Respiratory Therapists	0	0	0	0	0.00
26	Other Medical Staff	0	0	0	0	0.00



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Worksheet A Tuesday, May 24, 2022 at 2:58:20 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs - Bldgs & Fixtures		1,170,799	1,170,799	0	1,170,799	0	1,170,799
2	Cap Rel Costs - Movable Equipment		0	0	0	0	0	0
3	Employee Benefits	0	2,783,859	2,783,859	0	2,783,859	0	2,783,859
4	Administrative & General	1,192,695	3,155,680	4,348,375	0	4,348,375	-140,888	4,207,487
5	Plant Operation, Maint. & Repairs	244,083	598,350	842,433	0	842,433	0	842,433
6	Laundry & Linen Service	63,627	147,145	210,772	0	210,772	-406	210,366
7	Housekeeping	452,949	42,304	495,253	0	495,253	0	495,253
8	Dietary	639,238	456,315	1,095,553	0	1,095,553	-5,886	1,089,667
9	Nursing Administration	469,469	0	469,469	0	469,469	0	469,469
10	Central Services & Supply	0	187,292	187,292	-36,789	150,503	0	150,503
11	Pharmacy	0	26,192	26,192	0	26,192	0	26,192
12	Medical Records & Library	89,346	450	89,796	0	89,796	0	89,796
13	Social Service	127,050	0	127,050	0	127,050	0	127,050
15	Activities	225,363	14,562	239,925	0	239,925	0	239,925
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Skilled Nursing Facility	2,999,041	7,220	3,006,261	0	3,006,261	0	3,006,261
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	1,440,448	28,393	1,468,841	0	1,468,841	0	1,468,841
<b>ANCILLARY SERVICE COST CENTERS</b>								
40	Radiology	0	19,830	19,830	0	19,830	0	19,830
41	Laboratory	0	69,199	69,199	0	69,199	0	69,199
42	Intravenous Therapy	0	51,037	51,037	0	51,037	0	51,037
43	Oxygen (Inhalation) Therapy	0	0	0	202	202	0	202
44	Physical Therapy	247,010	227,748	474,758	-135,723	339,035	0	339,035
45	Occupational Therapy	159,652	0	159,652	82,125	241,777	0	241,777
46	Speech Pathology	114,703	0	114,703	53,598	168,301	0	168,301
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	22,222	22,222	0	22,222
49	Drugs Charged to Patients	0	250,166	250,166	0	250,166	0	250,166
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	14,365	14,365	0	14,365
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	<b>SUBTOTALS</b>	<b>8,464,674</b>	<b>9,236,541</b>	<b>17,701,215</b>	<b>0</b>	<b>17,701,215</b>	<b>-147,180</b>	<b>17,554,035</b>
<b>NONREIMBURSABLE COST CENTERS</b>								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	16,484	871	17,355	0	17,355	0	17,355
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
00	<b>TOTAL</b>	<b>8,481,158</b>	<b>9,237,412</b>	<b>17,718,570</b>	<b>0</b>	<b>17,718,570</b>	<b>-147,180</b>	<b>17,571,390</b>

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet A-6 Tuesday, May 24, 2022 at 2:58:20 PM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass OT costs	A	Occupational Therapy	45.00	0	82,125	Physical Therapy	44.00	0	82,125
2	To reclass ST costs	B	Speech Pathology	46.00	0	53,598	Physical Therapy	44.00	0	53,598
3	To reclass Inhalation cost	C	Oxygen (Inhalation)	43.00	0	202	Central Services & S	10.00	0	202
4	To reclass med supply sold	D	Medical Supplies Cha	48.00	0	22,222	Central Services & S	10.00	0	22,222
5	To reclass support surfaces	E	Support Surfaces	51.00	0	14,365	Central Services & S	10.00	0	14,365
100	TOTAL RECLASSIFICATIONS				0	172,512			0	172,512

JOB HAINES HOME  
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Worksheet A-7 Tuesday, May 24, 2022 at 2:58:20 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals and		Ending	Fully	
		Balances	Purchase	Donation	Total	Retirements	Balance	Depreciated Assets
		1	2	3	4	5	6	7
1	Land	0	0	0	0	0	0	0
2	Land Improvements	0	0	0	0	0	0	0
3	Buildings & Fixtures	21,801,866	69,886	0	69,886	0	21,871,752	0
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0	0	0
6	Movable Equipment	3,058,765	137,410	0	137,410	0	3,196,175	0
7	Subtotal	24,860,631	207,296	0	207,296	0	25,067,927	0
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	24,860,631	207,296	0	207,296	0	25,067,927	0

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Tuesday, May 24, 2022 at 2:58:20 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	Cost Center	3	
1	Investment income on restricted funds		0			4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service	B	-9,910	Administrative & General		4
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	0			
12	Laundry and Linen service	B	-406	Laundry & Linen Service		6
13	Revenue - Employee meals	A	-5,704	Dietary		8
14	Cost of meals - Guests	B	-182	Dietary		8
15	Sale of medical supplies to other than patients		0			
16	Sale of drugs to other than patients		0			
17	Sale of medical records and abstracts		0			
18	Vending machines		0			
19	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	Utilization review -- physicians' compensation		0	Utilization Review		82
22	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
23	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
24	MISC INCOME	B	-9,685	Administrative & General		4
25	MARKETING	A	-61,355	Administrative & General		4
26	RESERVE BAD DEBT	A	-59,938	Administrative & General		4
27						
100	TOTAL		-147,180			

JOB HAINES HOME  
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 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Tuesday, May 24, 2022 at 2:58:20 PM

Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

CMS #	Line No.	Cost Center	Expense Items	Amount	Amount	Adjustments
				Allowable In Cost	Included in Wkst A col 5	
	1	2	3	4	5	6
10	TOTALS			0	0	0

II. Interrelationship To Related Organization(s) And/Or Home Office:

The Secretary, by virtue of 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.

- 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 relative of such person has financial interest in related 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:

JOB HAINES HOME  
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Worksheet A-8-2 Tuesday, May 24, 2022 at 2:58:20 PM

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
1	2	3	4	5	6	7	8	9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance Col 14	Provider Component Share of Col 15	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
10	11	12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 24, 2022 at 2:58:20 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	1,170,799	1,170,799							
2 Cap Rel Costs - Movable Equipment	0		0						
3 Employee Benefits	2,783,859	0		2,783,859					
4 Administrative & General	4,207,487	55,743	0	391,490	4,654,720	4,654,720			
5 Plant Operation, Maint. & Repairs	842,433	7,432	0	80,118	929,983	335,133	1,265,116		
6 Laundry & Linen Service	210,366	2,973	0	20,885	234,224	84,406	3,396	322,026	
7 Housekeeping	495,253	44,595	0	148,676	688,524	248,120	50,936	0	987,580
8 Dietary	1,089,667	743	0	209,823	1,300,233	468,558	849	0	692
9 Nursing Administration	469,469	39,020	0	154,099	662,588	238,774	44,569	0	36,353
10 Central Services & Supply	150,503	0	0	0	150,503	54,236	0	0	0
11 Pharmacy	26,192	0	0	0	26,192	9,439	0	0	0
12 Medical Records & Library	89,796	2,787	0	29,327	121,910	43,932	3,183	0	2,597
13 Social Service	127,050	18,210	0	41,703	186,963	67,375	20,799	0	16,965
15 Activities	239,925	0	0	73,973	313,898	113,118	0	0	0
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	3,006,261	402,468	0	984,408	4,393,137	1,583,136	459,695	322,026	374,951
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	1,468,841	584,286	0	472,813	2,525,940	910,260	667,363	0	544,337
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	19,830	0	0	0	19,830	7,146	0	0	0
41 Laboratory	69,199	0	0	0	69,199	24,937	0	0	0
42 Intravenous Therapy	51,037	0	0	0	51,037	18,392	0	0	0
43 Oxygen (Inhalation) Therapy	202	0	0	0	202	73	0	0	0
44 Physical Therapy	339,035	8,640	0	81,079	428,754	154,508	9,869	0	8,050
45 Occupational Therapy	241,777	0	0	52,404	294,181	106,013	0	0	0
46 Speech Pathology	168,301	0	0	37,650	205,951	74,218	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	22,222	557	0	0	22,779	8,209	637	0	519
49 Drugs Charged to Patients	250,166	3,345	0	0	253,511	91,356	3,820	0	3,116
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	14,365	0	0	0	14,365	5,177	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	17,554,035	1,170,799	0	2,778,448	17,548,624	4,646,516	1,265,116	322,026	987,580
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	17,355	0	0	5,411	22,766	8,204	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	17,571,390	1,170,799	0	2,783,859	17,571,390	4,654,720	1,265,116	322,026	987,580

JOB HAINES HOME  
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COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17	
1	Cap Rel Costs - Bldgs & Fixtures									
2	Cap Rel Costs - Movable Equipment									
3	Employee Benefits									
4	Administrative & General									
5	Plant Operation, Maint. & Repairs									
6	Laundry & Linen Service									
7	Housekeeping									
8	Dietary	1,770,332								
9	Nursing Administration	0	982,284							
10	Central Services & Supply	0	0	204,739						
11	Pharmacy	0	0	0	35,631					
12	Medical Records & Library	0	0	0	0	171,622				
13	Social Service	0	0	0	0	0	292,102			
15	Activities	0	0	0	0	0	0	427,016		
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	849,572	471,393	98,253	17,099	82,360	140,178	204,923	8,996,723	0
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	920,760	510,891	106,486	18,532	89,262	151,924	222,093	6,667,848	0
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	0	0	0	26,976	0
41	Laboratory	0	0	0	0	0	0	0	94,136	0
42	Intravenous Therapy	0	0	0	0	0	0	0	69,429	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	275	0
44	Physical Therapy	0	0	0	0	0	0	0	601,181	0
45	Occupational Therapy	0	0	0	0	0	0	0	400,194	0
46	Speech Pathology	0	0	0	0	0	0	0	280,169	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	32,144	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	351,803	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	0	0	19,542	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	1,770,332	982,284	204,739	35,631	171,622	292,102	427,016	17,540,420	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0	30,970	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	1,770,332	982,284	204,739	35,631	171,622	292,102	427,016	17,571,390	0



JOB HAINES HOME  
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COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	8,996,723
31 Nursing Facility	0
33 Other Long Term Care	6,667,848
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	26,976
41 Laboratory	94,136
42 Intravenous Therapy	69,429
43 Oxygen (Inhalation) Therapy	275
44 Physical Therapy	601,181
45 Occupational Therapy	400,194
46 Speech Pathology	280,169
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	32,144
49 Drugs Charged to Patients	351,803
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	19,542
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	17,540,420
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	30,970
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	17,571,390

JOB HAINES HOME  
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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	
1	Cap Rel Costs - Bldgs & Fixtures	0	0							
2	Cap Rel Costs - Movable Equipment	0	0	0						
3	Employee Benefits	0	0	0	0					
4	Administrative & General	0	55,743	0	55,743	55,743				
5	Plant Operation, Maint. & Repairs	0	7,432	0	7,432	0	4,014	11,446		
6	Laundry & Linen Service	0	2,973	0	2,973	0	1,011	31	4,015	
7	Housekeeping	0	44,595	0	44,595	0	2,972	461	0	48,028
8	Dietary	0	743	0	743	0	5,612	8	0	34
9	Nursing Administration	0	39,020	0	39,020	0	2,860	403	0	1,768
10	Central Services & Supply	0	0	0	0	0	650	0	0	0
11	Pharmacy	0	0	0	0	0	113	0	0	0
12	Medical Records & Library	0	2,787	0	2,787	0	526	29	0	126
13	Social Service	0	18,210	0	18,210	0	807	188	0	825
15	Activities	0	0	0	0	0	1,355	0	0	0
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	0	402,468	0	402,468	0	18,953	4,159	4,015	18,235
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	584,286	0	584,286	0	10,902	6,037	0	26,472
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	0	86	0	0	0
41	Laboratory	0	0	0	0	0	299	0	0	0
42	Intravenous Therapy	0	0	0	0	0	220	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	1	0	0	0
44	Physical Therapy	0	8,640	0	8,640	0	1,851	89	0	391
45	Occupational Therapy	0	0	0	0	0	1,270	0	0	0
46	Speech Pathology	0	0	0	0	0	889	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	557	0	557	0	98	6	0	25
49	Drugs Charged to Patients	0	3,345	0	3,345	0	1,094	35	0	152
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	62	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	0	1,170,799	0	1,170,799	0	55,645	11,446	4,015	48,028
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	98	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	0	1,170,799	0	1,170,799	0	55,743	11,446	4,015	48,028

JOB HAINES HOME  
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ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	6,397								
9 Nursing Administration	0	44,051							
10 Central Services & Supply	0	0	650						
11 Pharmacy	0	0	0	113					
12 Medical Records & Library	0	0	0	0	3,468				
13 Social Service	0	0	0	0	0	20,030			
15 Activities	0	0	0	0	0	0	1,355		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	3,070	21,140	312	54	1,664	9,612	650	484,332	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	3,327	22,911	338	59	1,804	10,418	705	667,259	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	86	0
41 Laboratory	0	0	0	0	0	0	0	299	0
42 Intravenous Therapy	0	0	0	0	0	0	0	220	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	1	0
44 Physical Therapy	0	0	0	0	0	0	0	10,971	0
45 Occupational Therapy	0	0	0	0	0	0	0	1,270	0
46 Speech Pathology	0	0	0	0	0	0	0	889	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	686	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	4,626	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	62	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	6,397	44,051	650	113	3,468	20,030	1,355	1,170,701	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	98	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	6,397	44,051	650	113	3,468	20,030	1,355	1,170,799	0

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 24, 2022 at 2:58:20 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	484,332
31 Nursing Facility	0
33 Other Long Term Care	667,259
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	86
41 Laboratory	299
42 Intravenous Therapy	220
43 Oxygen (Inhalation) Therapy	1
44 Physical Therapy	10,971
45 Occupational Therapy	1,270
46 Speech Pathology	889
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	686
49 Drugs Charged to Patients	4,626
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	62
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	1,170,701
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	98
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	1,170,799

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 24, 2022 at 2:58:20 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
1	Cap Rel Costs - Bldgs & Fixtures	63,010								
2	Cap Rel Costs - Movable Equipment		63,010							
3	Employee Benefits	0	8,481,158							
4	Administrative & General	3,000	3,000	1,192,695	-4,654,720	12,916,670				
5	Plant Operation, Maint. & Repairs	400	400	244,083	0	929,983	59,610			
6	Laundry & Linen Service	160	160	63,627	0	234,224	160	6,910		
7	Housekeeping	2,400	2,400	452,949	0	688,524	2,400	0	57,050	
8	Dietary	40	40	639,238	0	1,300,233	40	0	40	43,197
9	Nursing Administration	2,100	2,100	469,469	0	662,588	2,100	0	2,100	0
10	Central Services & Supply	0	0	0	0	150,503	0	0	0	0
11	Pharmacy	0	0	0	0	26,192	0	0	0	0
12	Medical Records & Library	150	150	89,346	0	121,910	150	0	150	0
13	Social Service	980	980	127,050	0	186,963	980	0	980	0
15	Activities	0	0	225,363	0	313,898	0	0	0	0
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	21,660	21,660	2,999,041	0	4,393,137	21,660	6,910	21,660	20,730
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	31,445	31,445	1,440,448	0	2,525,940	31,445	0	31,445	22,467
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	19,830	0	0	0	0
41	Laboratory	0	0	0	0	69,199	0	0	0	0
42	Intravenous Therapy	0	0	0	0	51,037	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	202	0	0	0	0
44	Physical Therapy	465	465	247,010	0	428,754	465	0	465	0
45	Occupational Therapy	0	0	159,652	0	294,181	0	0	0	0
46	Speech Pathology	0	0	114,703	0	205,951	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	30	30	0	0	22,779	30	0	30	0
49	Drugs Charged to Patients	180	180	0	0	253,511	180	0	180	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	14,365	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotal	63,010	63,010	8,464,674	-4,654,720	12,893,904	59,610	6,910	57,050	43,197
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	16,484	0	22,766	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
102	Cost to be Allocated per Bp1	1,170,799	0	2,783,859	0	4,654,720	1,265,116	322,026	987,580	1,770,332

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 24, 2022 at 2:58:20 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1	Cap Rel Costs - Bldgs & Fixtures					
2	Cap Rel Costs - Movable Equipment					
3	Employee Benefits					
4	Administrative & General					
5	Plant Operation, Maint. & Repairs					
6	Laundry & Linen Service					
7	Housekeeping					
8	Dietary					
9	Nursing Administration	14,399				
10	Central Services & Supply	0	14,399			
11	Pharmacy	0	0	14,399		
12	Medical Records & Library	0	0	0	14,399	
13	Social Service	0	0	0	0	14,399
15	Activities	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	6,910	6,910	6,910	6,910	6,910
31	Nursing Facility	0	0	0	0	0
33	Other Long Term Care	7,489	7,489	7,489	7,489	7,489
	OTHER REIMBURSABLE COST CENTERS					
40	Radiology	0	0	0	0	0
41	Laboratory	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS					
51	Support Surfaces	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS					
60	Clinic	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0
71	Ambulance	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0
89	Subtotal	14,399	14,399	14,399	14,399	14,399
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0
102	Cost to be Allocated per Bp1	982,284	204,739	35,631	171,622	292,102
						427,016

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 24, 2022 at 2:58:20 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
103	Unit Cost Multiplier per Bp1	18.581162	0.000000	0.328240	0.000000	0.360365	21.223218	46.602894	17.310780	40.982753
104	Cost to be Allocated per Bp2	0	0	0	0	55,743	11,446	4,015	48,028	6,397
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.004316	0.192015	0.581042	0.841858	0.148089

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 24, 2022 at 2:58:20 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	
103	Unit Cost Multiplier per Bp1	68.218904	14.218974	2.474547	11.919022	20.286270	29.655948
104	Cost to be Allocated per Bp2	44,051	650	113	3,468	20,030	1,355
105	Unit Cost Multiplier per Bp2	3.059310	0.045142	0.007848	0.240850	1.391069	0.094104



JOB HAINES HOME  
Provider CCN: 31-5392  
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Tuesday, May 24, 2022 at 2:58:20 PM

Post Step Down Adjustments

Worksheet B

Description	Part No.	Line No.	Amount
1	2	3	4

#

Worksheet has no records.

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet C Tuesday, May 24, 2022 at 2:58:20 PM

Ratio of Cost of Charges  
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	26,976	19,830	1.360363
41	Laboratory	94,136	69,199	1.360366
42	Intravenous Therapy	69,429	51,037	1.360366
43	Oxygen (Inhalation) Therapy	275	202	1.361386
44	Physical Therapy	601,181	1,011,075	0.594596
45	Occupational Therapy	400,194	956,404	0.418436
46	Speech Pathology	280,169	509,559	0.549826
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	32,144	22,222	1.446494
49	Drugs Charged to Patients	351,803	654,992	0.537110
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	19,542	14,365	1.360390
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	1,875,849	3,308,885	

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Tuesday, May 24, 2022 at 2:58:20 PM

Skilled Nursing Facility  
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
<b>ANCILLARY SERVICE COST CENTERS</b>						
40	Radiology	1.360363	4,193	0	5,704	0
41	Laboratory	1.360366	29,301	0	39,860	0
42	Intravenous Therapy	1.360366	25,755	0	35,036	0
43	Oxygen (Inhalation) Therapy	1.361386	202	0	275	0
44	Physical Therapy	0.594596	666,300	0	396,179	0
45	Occupational Therapy	0.418436	629,100	0	263,238	0
46	Speech Pathology	0.549826	334,250	0	183,779	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	1.446494	2,378	0	3,440	0
49	Drugs Charged to Patients	0.537110	170,483	0	91,568	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	1.360390	14,365	0	19,542	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	<b>TOTAL</b>		<b>1,876,327</b>	<b>0</b>	<b>1,038,621</b>	<b>0</b>

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Tuesday, May 24, 2022 at 2:58:20 PM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.537110
2	Program vaccine charges	0
3	Program costs	0

Part III - CALCULATION OF PASS-THROUGH COSTS FOR INTERNS AND RESIDENTS

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part 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 Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0.000000	5,704	0
41	Laboratory	0	0	39,860	0
42	Intravenous Therapy	0	0	35,036	0
43	Oxygen (Inhalation) Therapy	0	0	275	0
44	Physical Therapy	0	0	396,179	0
45	Occupational Therapy	0	0	263,238	0
46	Speech Pathology	0	0	183,779	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	3,440	0
49	Drugs Charged to Patients	0	0	91,568	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	19,542	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	1,038,621	0

JOB HAINES HOME  
Provider CCN: 31-5392  
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 24, 2022 at 2:58:20 PM

Nursing Facility  
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	6,910
2	Private room days	0
3	Inpatient days incl. Program prvt.	5,183
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	8,996,723
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	2,179,668
7	General Inpatient routine service RCC	4.127566
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	8,996,723
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	1,301.99
17	Program routine service cost	6,748,214
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	6,748,214
20	Capital related cost allocated to inpati	484,332
21	Per diem capital related costs	70.09
22	Program capital related cost	363,276
23	Inpatient routine service cost	6,384,938
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	6,384,938
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

JOB HAINES HOME  
Provider CCN: 31-5392  
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 24, 2022 at 2:58:20 PM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through  
Skilled Nursing Facility  
Title XVIII

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	6,910
2	Program inpatient days (see instructions)	5,183
3	Total Nursing & Allied Health costs ( see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.750072
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

JOB HAINES HOME  
Provider CCN: 31-5392  
Period from 1/1/2021 to 12/31/2021

Worksheet E Tuesday, May 24, 2022 at 2:58:20 PM

Calculation of Reimbursement Settlement  
Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	3,426,653
2	Nursing and Allied Health Education Activities (pass through payments)	0
		-----
3	Subtotal	3,426,653
4	Primary payor amounts	0
5	Coinsurance	416,077
6	Reimbursable bad debts (From your records)	42,848
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	35,354
8	Adjusted reimbursable bad debts. (See instructions)	27,851
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0
		-----
11	Subtotal	3,038,427
12	Interim payments (See instructions)	3,010,576
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	27,851
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

17	Ancillary services Part B	0
18	Vaccine cost	0
19	Total reasonable costs	0
20	Medicare Part B ancillary charges	0
21	Cost of covered services	0
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst	0
24.02	Adjusted reimbursable bad debts (see instructions)	0
		-----
25	Subtotal	0
26	Interim adjustment	0
27	Tentative adjustment	0
28	Other adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0
		-----
29	Balance due provider/program	0
30	Protested amounts (Nonallowable cost report items)	0

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Tuesday, May 24, 2022 at 2:58:20 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ----		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		3,010,576		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		3,010,576		0

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: \_\_\_\_\_ Contractor Number: \_\_\_\_\_  
 8 Name of Contractor/Number 0 0



JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 24, 2022 at 2:58:20 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	178,640	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	927,750	0	0	0
5	Other receivables	3,400	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	39,620	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	206,086	0	0	0
9	Other current assets	40,480,817	0	0	0
10	Due from other funds	0	0	0	0
11	<b>TOTAL CURRENT ASSETS</b>	<b>41,757,073</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FIXED ASSETS</b>					
12	Land	0	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	21,871,752	0	0	0
16	Less: Accumulated depreciation	10,136,578	0	0	0
17	Leasehold improvements	0	0	0	0
18	Less: Accumulated amortization	0	0	0	0
19	Fixed equipment	0	0	0	0
20	Less: Accumulated depreciation	0	0	0	0
21	Automobiles and trucks	76,641	0	0	0
22	Less: Accumulated depreciation	629,760	0	0	0
23	Major movable equipment	3,119,534	0	0	0
24	Less: Accumulated depreciation	1,562,592	0	0	0
25	Minor equipment depreciable	93,840	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	<b>TOTAL FIXED ASSETS</b>	<b>12,832,837</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER ASSETS</b>					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	-77,467	0	0	0
33	<b>TOTAL OTHER ASSETS</b>	<b>-77,467</b>	<b>0</b>	<b>0</b>	<b>0</b>
34	<b>TOTAL ASSETS</b>	<b>54,512,443</b>	<b>0</b>	<b>0</b>	<b>0</b>

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 24, 2022 at 2:58:20 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
<b>CURRENT LIABILITIES</b>					
35	Accounts payable	436,607	0	0	0
36	Salaries, wages & fees payable	133,770	0	0	0
37	Payroll taxes payable	23,434	0	0	0
38	Notes & loans payable (short term)	273,879	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	787,288	0	0	0
43	<b>TOTAL CURRENT LIABILITIES</b>	<b>1,654,978</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM LIABILITIES</b>					
44	Mortgage payable	7,347,268	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	0	0	0	0
49		0	0	0	0
50	<b>TOTAL LONG TERM LIABILITIES</b>	<b>7,347,268</b>	<b>0</b>	<b>0</b>	<b>0</b>
51	<b>TOTAL LIABILITIES</b>	<b>9,002,246</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	45,510,197			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	<b>TOTAL FUND BALANCES</b>	<b>45,510,197</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>54,512,443</b>	<b>0</b>	<b>0</b>	<b>0</b>

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Tuesday, May 24, 2022 at 2:58:20 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		45602953		0		0		0
2 Net income (loss)		233007						
3 Total		45835960		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	0		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		0		0		0		0
11 Subtotal		45835960		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	325763		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		325763		0		0		0
19 Fund balances - ending		45510197		0		0		0

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Tuesday, May 24, 2022 at 2:58:20 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	5,418,279		5,418,279
2	Nursing Facility	3,695,862		3,695,862
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	9,114,141		9,114,141
	ALL OTHER CARE SERVICES			
6	Ancillary services	3,245,394	0	3,245,394
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	12,359,535	0	12,359,535

JOB HAINES HOME  
Provider CCN: 31-5392  
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II      Tuesday, May 24, 2022 at 2:58:20 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		17,718,570
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	
14	Total Deductions		0
15	Total Operating Expenses		17,718,570

JOB HAINES HOME  
 Provider CCN: 31-5392  
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Tuesday, May 24, 2022 at 2:58:20 PM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	12,359,535
2	Less: contractual allowances and ...	2,241,164
3	Net Patient Revenues (Line 1 - 2)	10,118,371
4	Less: total operating expenses	17,718,570
5	Net income from service to patients (Line 3 - 4)	-7,600,199
	Other Income:	
6	Contributions, donations, bequests, etc.	406
7	Income from investments	0
8	Revenues from communications (Telephone and Internet service)	0
9	Revenues from television and radio service	9,910
10	Purchase discounts	0
11	Rebates and refunds of expenses	0
12	Parking lot receipts	0
13	Revenue from laundry and linen service	406
14	Revenue from meals sold to employees and guests	-5,522
15	Revenue from rental of living quarters	0
16	Revenue from sale of medical and surgical supplies to other than patients	0
17	Revenue from sale of drugs to other than patients	0
18	Revenue from sale of medical records and abstracts	0
19	Tuition (fees, sales of textbooks, uniforms, etc)	0
20	Revenue from gifts, flowers, coffee shops, canteen	0
21	Rental of vending machines	0
22	Rental of skilled nursing space	0
23	Government appropriations	0
24	Barber & Beauty	10,810
24.01	Other Income	16,516
24.02	Endowment income	7,800,680
24.03		0
24.04		0
24.05	PPP Forgiveness	0
24.06		0
24.50	COVID-19 PHE Funding	0
25	Total other income	7,833,206
26	Total	233,007
27	Other Expenses (specify)	0
28		0
29		0
29.01		0
30	Total other expenses	0
31	Net income (or loss) for the period	233,007