

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0463
Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I, II & III Date/Time Prepared: 6/17/2024 9:05 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No. <u>12001</u>	7. <input type="checkbox"/> First Cost Report for this Provider CCN
	5. Date Received: <u>05/23/2024</u>	8. <input type="checkbox"/> Last Cost Report for this Provider CCN	9. NPR Date: <u>07/26/2024</u>
		10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened	11. Contractor Vendor Code <u>4</u>
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR
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 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 (315392) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and 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 OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	1	2	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title XVIII			Title XIX	
	Title V	Part A	Part B		
	1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	18,606	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	18,606	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. 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 and review the information collection is estimated 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 the 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.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 6/17/2024 9:05 am					
1.00		2.00		3.00					
Ski lled Nursi ng Faci lity and Ski lled Nursi ng Faci lity Complex Address:									
1.00	Street: 250 BLOOMFIELD AVE	PO Box:				1.00			
2.00	City: BLOOMFIELD	State: NJ	Zip Code:07003			2.00			
3.00	County: OCEAN	CBSA Code: 35154	Urban/Rural: U			3.00			
3.01		CBSA Code:				3.01			
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)				
		1.00	2.00	3.00	V	XVIII	XIX		
					4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	JOB HAINES HOME	315392	03/24/1988	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FOHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2023	12/31/2023		14.00		
15.00	Type of Control (See Instructions)				1		15.00		
					Y/N				
					1.00				
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					N		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					995		20.00	
21.00	Declining Balance					0		21.00	
22.00	Sum of the Year's Digits					0		22.00	
23.00	Sum of line 20 through 22					995		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
29.00	If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					N	N	N	29.00
30.00	Skilled Nursing Facility								30.00
31.00	Nursing Facility								31.00
32.00	ICF/IID								32.00
33.00	SNF-Based HHA					N	N		33.00
34.00	SNF-Based RHC								34.00
35.00	SNF-Based FOHC								35.00
36.00	SNF-Based CMHC						N		36.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00	2.00				
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					N		37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					1		39.00	
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:		325,420	0	0		41.00		

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 6/17/2024 9:05 am	
				Y/N	
				1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.				44.00
	1.00	2.00	3.00		
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.					
45.00	Name:	Contractor's Name:	Contractor's Number:		45.00
46.00	Street:	PO Box:			46.00
47.00	City:	State:	Zip Code:		47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 6/17/2024 9:05 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	R		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	05/24/2024	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N	18.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
 COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No. : 315392

Period:
 From 01/01/2023
 To 12/31/2023

Worksheet S-2
 Part II
 Date/Time Prepared:
 6/17/2024 9:05 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARI NELA	SHQI NA	19.00
20.00	Enter the employer/company name of the cost report preparer.	ZIMMET HEALTHCARE SERVICES GROUP LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	732-970-0733	COSTREPORTS@ZHEALTHCARE.COM	21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
 COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No. : 315392

Period:
 From 01/01/2023
 To 12/31/2023

Worksheet S-2
 Part II
 Date/Time Prepared:
 6/17/2024 9:05 am

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	05/24/2024	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
Cost Report Preparer Contact Information			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

VOLUNTARY CONTACT INFORMATION		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part V Date/Time Prepared: 6/17/2024 9:05 am
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		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	Noreen	13.00
14.00	Last Name	Haveron	14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number	9737430792	17.00
18.00	E-mail Address	nhaveron@job-haines.org	18.00
19.00	Department		19.00
20.00	Mailing Address 1	250 BLOOMFIELD AVENUE	20.00
21.00	Mailing Address 2		21.00
22.00	City	BLOOMFIELD	22.00
23.00	State		NJ 23.00
24.00	Zip	07003	24.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
 COMPLEX STATISTICAL DATA

Provider No. : 315392

Period:
 From 01/01/2023
 To 12/31/2023

Worksheet S-3
 Part I
 Date/Time Prepared:
 6/17/2024 9:05 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	40	14,600	0	4,632	108	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	40	14,600	0	4,632	108	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	1,909	6,649	0	165	0	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	1,909	6,649	0	165	0	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	95	260	0.00	28.07	0.00	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	95	260	0.00	28.07	0.00	8.00
Component		Average Length of Stay	Admissions				
		Total	Title V	Title XVIII	Title XIX		Other
		16.00	17.00	18.00	19.00		20.00
1.00	SKILLED NURSING FACILITY	25.57	0	167	0	104	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	25.57	0	167	0	104	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	271	183.70	0.00	1.00		
2.00	NURSING FACILITY	0	0.00	0.00	2.00		
3.00	ICF/IID				3.00		
4.00	HOME HEALTH AGENCY COST		0.00	0.00	4.00		
5.00	Other Long Term Care	0	0.00	0.00	5.00		
6.00	SNF-Based CMHC				6.00		
7.00	HOSPICE				7.00		
8.00	Total (Sum of Lines 1-7)	271	183.70	0.00	8.00		

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
6/17/2024 9:05 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	10,214,151	0	10,214,151	382,087.00	26.73
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	10,214,151	0	10,214,151	382,087.00	26.73
7.00	Other Long Term Care	1,959,686	0	1,959,686	101,967.00	19.22
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC					
10.00	HOSPICE					
11.00	Other excluded areas	21,926	0	21,926	818.00	26.80
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	1,981,612	0	1,981,612	102,785.00	19.28
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,232,539	0	8,232,539	279,302.00	29.48
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	0.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	2,725,663	0	2,725,663		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	528,796	0	528,796		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	2,196,867	0	2,196,867		

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part III
Date/Time Prepared:
6/17/2024 9:05 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	12,407	0	12,407	2,080.00	5.96 1.00
2.00	Administrative & General	1,293,919	0	1,293,919	24,411.00	53.01 2.00
3.00	Plant Operation, Maintenance & Repairs	227,592	0	227,592	10,357.00	21.97 3.00
4.00	Laundry & Linen Service	71,372	0	71,372	4,644.00	15.37 4.00
5.00	Housekeeping	544,192	0	544,192	28,357.00	19.19 5.00
6.00	Dietary	848,641	0	848,641	38,848.00	21.85 6.00
7.00	Nursing Administration	660,602	0	660,602	10,908.00	60.56 7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00 8.00
9.00	Pharmacy	0	0	0	0.00	0.00 9.00
10.00	Medical Records & Medical Records Library	100,122	0	100,122	2,080.00	48.14 10.00
11.00	Social Service	145,529	0	145,529	3,473.00	41.90 11.00
12.00	Nursing and Allied Health Ed. Act.					
13.00	Other General Service	258,604	0	258,604	12,596.00	20.53 13.00
14.00	Total (sum lines 1 thru 13)	4,162,980	0	4,162,980	137,754.00	30.22 14.00

SNF WAGE RELATED COSTS	Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 6/17/2024 9:05 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	273,586	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	14,765	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	1,310,095	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	223,247	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	771,876	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	126,936	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,158	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	2,725,663	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS	0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part V
Date/Time Prepared:
6/17/2024 9:05 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,070,677	285,712	1,356,389	24,871.00	54.54	1.00
2.00	Licensed Practical Nurses (LPNs)	1,077,541	287,544	1,365,085	29,999.00	45.50	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,166,349	311,242	1,477,591	66,041.00	22.37	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,314,567	884,498	4,199,065	120,911.00	34.73	4.00
5.00	Physical Therapists	230,954	61,630	292,584	5,320.00	55.00	5.00
6.00	Physical Therapy Assistants	74,960	20,003	94,963	4,508.00	21.07	6.00
7.00	Physical Therapy Aides	9,471	2,527	11,998	530.00	22.64	7.00
8.00	Occupational Therapists	97,011	25,888	122,899	4,568.00	26.90	8.00
9.00	Occupational Therapy Assistants	70,782	18,888	89,670	3,073.00	29.18	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	52,262	13,946	66,208	2,638.00	25.10	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-7

Date/Time Prepared:
6/17/2024 9:05 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet S-7 Date/Time Prepared: 6/17/2024 9:05 am
		Group	Days	
76.00		1.00	2.00	
99.00		PA1		76.00
100.00	TOTAL	AAA		99.00
				100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
<p>A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)</p>				
101.00	Staffing			101.00
102.00	Recruitment			102.00
103.00	Retention of employees			103.00
104.00	Training			104.00
105.00	OTHER (SPECIFY)			105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)			106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1,208,782	1,208,782	0	1,208,782	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		22,465	22,465	0	22,465	2.00
3.00	00300	EMPLOYEE BENEFITS	12,407	3,017,364	3,029,771	0	3,029,771	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,293,919	2,412,506	3,706,425	0	3,706,425	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	227,592	845,553	1,073,145	0	1,073,145	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	71,372	194,275	265,647	0	265,647	6.00
7.00	00700	HOUSEKEEPING	544,192	44,550	588,742	0	588,742	7.00
8.00	00800	DIETARY	848,641	631,402	1,480,043	0	1,480,043	8.00
9.00	00900	NURSING ADMINISTRATION	660,602	58,614	719,216	0	719,216	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	196,124	196,124	-49,356	146,768	10.00
11.00	01100	PHARMACY	0	12,884	12,884	0	12,884	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	100,122	90	100,212	0	100,212	12.00
13.00	01300	SOCIAL SERVICE	145,529	0	145,529	0	145,529	13.00
15.00	01500	ACTIVITIES	258,604	36,896	295,500	0	295,500	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,314,567	410	3,314,977	0	3,314,977	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	1,959,686	6,580	1,966,266	0	1,966,266	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	46,719	46,719	0	46,719	40.00
41.00	04100	LABORATORY	0	38,704	38,704	0	38,704	41.00
42.00	04200	INTRAVENOUS THERAPY	0	34,743	34,743	0	34,743	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	483	483	43.00
44.00	04400	PHYSICAL THERAPY	534,937	232	535,169	-136,460	398,709	44.00
45.00	04500	OCCUPATIONAL THERAPY	167,793	0	167,793	84,334	252,127	45.00
46.00	04600	SPEECH PATHOLOGY	52,262	0	52,262	52,126	104,388	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,943	33,943	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	223,588	223,588	0	223,588	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	14,930	14,930	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,192,225	9,032,481	19,224,706	0	19,224,706	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	21,926	802	22,728	0	22,728	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NON REIMBURSABLE COST	0	0	0	0	0	95.00
100.00		TOTAL	10,214,151	9,033,283	19,247,434	0	19,247,434	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	1,208,782	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	22,465	2.00
3.00	00300	EMPLOYEE BENEFITS	0	3,029,771	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-176,165	3,530,260	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	1,073,145	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	-377	265,270	6.00
7.00	00700	HOUSEKEEPING	0	588,742	7.00
8.00	00800	DIETARY	-4,238	1,475,805	8.00
9.00	00900	NURSING ADMINISTRATION	0	719,216	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	146,768	10.00
11.00	01100	PHARMACY	0	12,884	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	100,212	12.00
13.00	01300	SOCIAL SERVICE	0	145,529	13.00
15.00	01500	ACTIVITIES	0	295,500	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	3,314,977	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	1,966,266	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	46,719	40.00
41.00	04100	LABORATORY	0	38,704	41.00
42.00	04200	INTRAVENOUS THERAPY	0	34,743	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	483	43.00
44.00	04400	PHYSICAL THERAPY	0	398,709	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	252,127	45.00
46.00	04600	SPEECH PATHOLOGY	0	104,388	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,943	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	223,588	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	14,930	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICE COST	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-180,780	19,043,926	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	22,728	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NON REIMBURSABLE COST	0	0	95.00
100.00		TOTAL	-180,780	19,066,654	100.00

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
6/17/2024 9:05 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - TO RECLASS INHALATION COST					
1.00		OXYGEN (INHALATION) THERAPY	43.00	0	483	1.00
	(1) B - TO RECLASS MED SUPPLY SOLD					
2.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	0	33,943	2.00
	(1) C - TO RECLASS SUPPORT SURFACES					
3.00		SUPPORT SURFACES	51.00	0	14,930	3.00
	(1) D - TO RECLASS OT COSTS					
4.00		OCCUPATIONAL THERAPY	45.00	0	84,334	4.00
	(1) E - TO RECLASS ST COSTS					
5.00		SPEECH PATHOLOGY	46.00	0	52,126	5.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	185,816	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
(2) Transfer to Worksheet A, col. 5, line as appropriate.

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
6/17/2024 9:05 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - TO RECLASS INHALATION COST					
1.00		CENTRAL SERVICES & SUPPLY	10.00	0	483	1.00
	(1) B - TO RECLASS MED SUPPLY SOLD					
2.00		CENTRAL SERVICES & SUPPLY	10.00	0	33,943	2.00
	(1) C - TO RECLASS SUPPORT SURFACES					
3.00		CENTRAL SERVICES & SUPPLY	10.00	0	14,930	3.00
	(1) D - TO RECLASS OT COSTS					
4.00		PHYSICAL THERAPY	44.00	0	84,334	4.00
	(1) E - TO RECLASS ST COSTS					
5.00		PHYSICAL THERAPY	44.00	0	52,126	5.00
	TOTALS					
100.00				0	185,816	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
(2) Transfer to Worksheet A, col. 5, line as appropriate.

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7

Date/Time Prepared:
6/17/2024 9:05 am

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0	0	0	0	1.00
2.00 Land Improvements	0	0	0	0	0	2.00
3.00 Buildings and Fixtures	22,263,624	77,475	0	77,475	0	3.00
4.00 Building Improvements	0	0	0	0	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	2,671,290	136,776	0	136,776	0	6.00
7.00 Subtotal (sum of lines 1-6)	24,934,914	214,251	0	214,251	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	24,934,914	214,251	0	214,251	0	9.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0				
2.00 Land Improvements	0	0				
3.00 Buildings and Fixtures	22,341,099	0				
4.00 Building Improvements	0	0				
5.00 Fixed Equipment	0	0				
6.00 Movable Equipment	2,808,066	0				
7.00 Subtotal (sum of lines 1-6)	25,149,165	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	25,149,165	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8
Date/Time Prepared:
6/17/2024 9:05 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
			1.00	2.00	3.00
1.00 Investment income on restricted funds (chapter 2)	B	0		0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service	B	-377	LAUNDRY & LINEN SERVICE	6.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests	B	-4,238	DIETARY	8.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines		0		0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00 Depreciation--buildings and fixtures			OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment			OCAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00 MISC INCOME	B	-9,659	ADMINISTRATIVE & GENERAL	4.00	25.00
26.00 MISC INCOME TELE & TV	B	-7,477	ADMINISTRATIVE & GENERAL	4.00	26.00
27.00 MISCELLANEOUS	A	-11,795	ADMINISTRATIVE & GENERAL	4.00	27.00
28.00 MARKETING BROCHURES	A	-21,676	ADMINISTRATIVE & GENERAL	4.00	28.00
29.00 MARKETING	A	-72,312	ADMINISTRATIVE & GENERAL	4.00	29.00
30.00 GIVEAWAY PROMO ITEMS	A	-8,246	ADMINISTRATIVE & GENERAL	4.00	30.00
31.00 RESERVE BAD DEBT	A	-45,000	ADMINISTRATIVE & GENERAL	4.00	31.00
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-180,780			100.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	1,208,782	1,208,782			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	22,465		22,465		2.00
3.00 00300	EMPLOYEE BENEFITS	3,029,771	0	0	3,029,771	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	3,530,260	57,552	1,070	384,276	3,973,158 4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,073,145	7,674	143	67,592	1,148,554 5.00
6.00 00600	LAUNDRY & LINEN SERVICE	265,270	3,069	57	21,196	289,592 6.00
7.00 00700	HOUSEKEEPING	588,742	46,042	856	161,617	797,257 7.00
8.00 00800	DIETARY	1,475,805	767	14	252,034	1,728,620 8.00
9.00 00900	NURSING ADMINISTRATION	719,216	40,286	749	196,190	956,441 9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	146,768	0	0	0	146,768 10.00
11.00 01100	PHARMACY	12,884	0	0	0	12,884 11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	100,212	2,878	53	29,735	132,878 12.00
13.00 01300	SOCIAL SERVICE	145,529	18,800	349	43,220	207,898 13.00
15.00 01500	ACTIVITIES	295,500	0	0	76,802	372,302 15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	3,314,977	415,525	7,722	984,376	4,722,600 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
33.00 03300	OTHER LONG TERM CARE	1,966,266	603,239	11,211	581,999	3,162,715 33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	46,719	0	0	0	46,719 40.00
41.00 04100	LABORATORY	38,704	0	0	0	38,704 41.00
42.00 04200	INTRAVENOUS THERAPY	34,743	0	0	0	34,743 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	483	0	0	0	483 43.00
44.00 04400	PHYSICAL THERAPY	398,709	8,921	166	158,869	566,665 44.00
45.00 04500	OCCUPATIONAL THERAPY	252,127	0	0	49,832	301,959 45.00
46.00 04600	SPEECH PATHOLOGY	104,388	0	0	15,521	119,909 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,943	576	11	0	34,530 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	223,588	3,453	64	0	227,105 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	14,930	0	0	0	14,930 51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0 52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0 60.00
63.00 06300	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0 63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0 70.00
71.00 07100	AMBULANCE	0	0	0	0	0 71.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0 74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
84.00 08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0 84.00
89.00	SUBTOTALS (sum of lines 1-84)	19,043,926	1,208,782	22,465	3,023,259	19,037,414 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	22,728	0	0	6,512	29,240 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0 94.00
95.00 09500	OTHER NON REIMBURSABLE COST	0	0	0	0	0 95.00
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00
99.00	Negative Cost Centers	0	0	0	0	0 99.00
100.00	TOTAL	19,066,654	1,208,782	22,465	3,029,771	19,066,654 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	3,973,158				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	302,341	1,450,895			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	76,231	3,894	369,717		6.00	
7.00	00700	HOUSEKEEPING	209,867	58,416	0	1,065,540	7.00	
8.00	00800	DIETARY	455,035	974	0	747	2,185,376	8.00
9.00	00900	NURSING ADMINISTRATION	251,770	51,114	0	39,222	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	38,635	0	0	0	0	10.00
11.00	01100	PHARMACY	3,392	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	34,978	3,651	0	2,802	0	12.00
13.00	01300	SOCIAL SERVICE	54,726	23,853	0	18,304	0	13.00
15.00	01500	ACTIVITIES	98,003	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,243,165	527,200	369,717	404,550	1,027,258	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	832,540	765,364	0	587,308	1,158,118	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	12,298	0	0	0	0	40.00
41.00	04100	LABORATORY	10,188	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	9,146	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	127	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	149,167	11,318	0	8,685	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	79,486	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	31,564	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,090	730	0	560	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	59,782	4,381	0	3,362	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	3,930	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,965,461	1,450,895	369,717	1,065,540	2,185,376	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	7,697	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NON REIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	3,973,158	1,450,895	369,717	1,065,540	2,185,376	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	1,298,547					9.00
10.00	01000		185,403				10.00
11.00	01100			16,276			11.00
12.00	01200				174,309		12.00
13.00	01300					304,781	13.00
15.00	01500						15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	610,395	87,151	7,651	81,936	143,265	30.00
31.00	03100						31.00
33.00	03300	688,152	98,252	8,625	92,373	161,516	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000						40.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300						43.00
44.00	04400						44.00
45.00	04500						45.00
46.00	04600						46.00
47.00	04700						47.00
48.00	04800						48.00
49.00	04900						49.00
50.00	05000						50.00
51.00	05100						51.00
52.00	05200						52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000						60.00
63.00	06300						63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000						70.00
71.00	07100						71.00
74.00	07400						74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
84.00	08400						84.00
89.00		1,298,547	185,403	16,276	174,309	304,781	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000						90.00
91.00	09100						91.00
92.00	09200						92.00
93.00	09300						93.00
94.00	09400						94.00
95.00	09500						95.00
98.00							98.00
99.00							99.00
100.00		1,298,547	185,403	16,276	174,309	304,781	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description	OTHER GENERAL SERVICE ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
	15.00				
	GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT				2.00
3.00 00300	EMPLOYEE BENEFITS				3.00
4.00 00400	ADMINISTRATIVE & GENERAL				4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00 00600	LAUNDRY & LINEN SERVICE				6.00
7.00 00700	HOUSEKEEPING				7.00
8.00 00800	DIETARY				8.00
9.00 00900	NURSING ADMINISTRATION				9.00
10.00 01000	CENTRAL SERVICES & SUPPLY				10.00
11.00 01100	PHARMACY				11.00
12.00 01200	MEDICAL RECORDS & LIBRARY				12.00
13.00 01300	SOCIAL SERVICE				13.00
15.00 01500	ACTIVITIES	470,305			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	221,072	9,445,960	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	249,233	7,804,196	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	59,017	0	40.00
41.00 04100	LABORATORY	0	48,892	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	43,889	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	610	0	43.00
44.00 04400	PHYSICAL THERAPY	0	735,835	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	381,445	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	151,473	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,910	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	294,630	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	18,860	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	60.00
63.00 06300	OTHER OUTPATIENT SERVICE COST	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	71.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW				82.00
84.00 08400	OTHER SPECIAL PURPOSE COST	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	470,305	19,029,717	0	89.00
NONREIMBURSABLE COST CENTERS					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	36,937	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00 09500	OTHER NON REIMBURSABLE COST	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	99.00
100.00	TOTAL	470,305	19,066,654	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS
		BLDGS & FIXTURES	MOVABLE EQUIPMENT		
		0	2.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT				2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	57,552	1,070	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	7,674	143	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	3,069	57	6.00
7.00 00700	HOUSEKEEPING	0	46,042	856	7.00
8.00 00800	DIETARY	0	767	14	8.00
9.00 00900	NURSING ADMINISTRATION	0	40,286	749	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	2,878	53	12.00
13.00 01300	SOCIAL SERVICE	0	18,800	349	13.00
15.00 01500	ACTIVITIES	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	0	415,525	7,722	30.00
31.00 03100	NURSING FACILITY	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	0	603,239	11,211	33.00
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	8,921	166	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	576	11	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	3,453	64	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	60.00
63.00 06300	OTHER OUTPATIENT SERVICE COST	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	71.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW				82.00
84.00 08400	OTHER SPECIAL PURPOSE COST	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,208,782	22,465	89.00
NONREIMBURSABLE COST CENTERS					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00 09500	OTHER NON REIMBURSABLE COST	0	0	0	95.00
98.00	Cross Foot Adjustments			0	98.00
99.00	Negative Cost Centers		0	0	99.00
100.00	TOTAL	0	1,208,782	22,465	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	58,622				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	4,461	12,278			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,125	33	4,284		6.00
7.00	00700	HOUSEKEEPING	3,097	494	0	50,489	7.00
8.00	00800	DIETARY	6,714	8	0	35	7,538
9.00	00900	NURSING ADMINISTRATION	3,715	433	0	1,858	0
10.00	01000	CENTRAL SERVICES & SUPPLY	570	0	0	0	0
11.00	01100	PHARMACY	50	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	516	31	0	133	0
13.00	01300	SOCIAL SERVICE	807	202	0	867	0
15.00	01500	ACTIVITIES	1,446	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	18,341	4,461	4,284	19,169	3,543
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	12,284	6,477	0	27,829	3,995
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	181	0	0	0	0
41.00	04100	LABORATORY	150	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	135	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	2	0	0	0	0
44.00	04400	PHYSICAL THERAPY	2,201	96	0	412	0
45.00	04500	OCCUPATIONAL THERAPY	1,173	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	466	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	134	6	0	27	0
49.00	04900	DRUGS CHARGED TO PATIENTS	882	37	0	159	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	58	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	58,508	12,278	4,284	50,489	7,538
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	114	0	0	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NON REIMBURSABLE COST	0	0	0	0	0
98.00		Cross Foot Adjustments					0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	58,622	12,278	4,284	50,489	7,538

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	47,041					9.00
10.00	01000	0	570				10.00
11.00	01100	0	0	50			11.00
12.00	01200	0	0	0	3,611		12.00
13.00	01300	0	0	0	0	21,025	13.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,112	268	24	1,697	9,883	30.00
31.00	03100	0	0	0	0	0	31.00
33.00	03300	24,929	302	26	1,914	11,142	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
74.00	07400	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
84.00	08400	0	0	0	0	0	84.00
89.00		47,041	570	50	3,611	21,025	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00	TOTAL	47,041	570	50	3,611	21,025	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Post Step-Down Adjustments	Total	
	ACTIVITIES				
	15.00				
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT				2.00
3.00 00300	EMPLOYEE BENEFITS				3.00
4.00 00400	ADMINISTRATIVE & GENERAL				4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00 00600	LAUNDRY & LINEN SERVICE				6.00
7.00 00700	HOUSEKEEPING				7.00
8.00 00800	DIETARY				8.00
9.00 00900	NURSING ADMINISTRATION				9.00
10.00 01000	CENTRAL SERVICES & SUPPLY				10.00
11.00 01100	PHARMACY				11.00
12.00 01200	MEDICAL RECORDS & LIBRARY				12.00
13.00 01300	SOCIAL SERVICE				13.00
15.00 01500	ACTIVITIES	1,446			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	680	507,709	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	766	704,114	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	181	0	40.00
41.00 04100	LABORATORY	0	150	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	135	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	2	0	43.00
44.00 04400	PHYSICAL THERAPY	0	11,796	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	1,173	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	466	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	754	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	4,595	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	58	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	60.00
63.00 06300	OTHER OUTPATIENT SERVICE COST	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	71.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW				82.00
84.00 08400	OTHER SPECIAL PURPOSE COST	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	1,446	1,231,133	0	89.00
NONREIMBURSABLE COST CENTERS					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	114	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00 09500	OTHER NON REIMBURSABLE COST	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	99.00
100.00	TOTAL	1,446	1,231,247	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	63,010				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		63,010			2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	10,201,744		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	3,000	3,000	1,293,919	-3,973,158	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	400	400	227,592	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	160	160	71,372	0	6.00
7.00 00700	HOUSEKEEPING	2,400	2,400	544,192	0	7.00
8.00 00800	DIETARY	40	40	848,641	0	8.00
9.00 00900	NURSING ADMINISTRATION	2,100	2,100	660,602	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	150	150	100,122	0	12.00
13.00 01300	SOCIAL SERVICE	980	980	145,529	0	13.00
15.00 01500	ACTIVITIES	0	0	258,604	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	21,660	21,660	3,314,567	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	31,445	31,445	1,959,686	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	465	465	534,937	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	167,793	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	52,262	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	30	30	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	180	180	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
63.00 06300	OTHER OUTPATIENT SERVICE COST	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
84.00 08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	63,010	63,010	10,179,818	-3,973,158	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	21,926	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NON REIMBURSABLE COST	0	0	0	0	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,208,782	22,465	3,029,771	3,973,158	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	19.183971	0.356531	0.296986	0.263236	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0	58,622	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	0.003884	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500	59,610					5.00
6.00	00600	160	6,649				6.00
7.00	00700	2,400	0	57,050			7.00
8.00	00800	40	0	40	42,435		8.00
9.00	00900	2,100	0	2,100	0	14,145	9.00
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	150	0	150	0	0	12.00
13.00	01300	980	0	980	0	0	13.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,660	6,649	21,660	19,947	6,649	30.00
31.00	03100	0	0	0	0	0	31.00
33.00	03300	31,445	0	31,445	22,488	7,496	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	465	0	465	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	30	0	30	0	0	48.00
49.00	04900	180	0	180	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
74.00	07400	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
84.00	08400	0	0	0	0	0	84.00
89.00		59,610	6,649	57,050	42,435	14,145	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00							98.00
99.00							99.00
102.00		1,450,895	369,717	1,065,540	2,185,376	1,298,547	102.00
103.00		24.339792	55.604903	18.677301	51.499376	91.802545	103.00
104.00		12,278	4,284	50,489	7,538	47,041	104.00
105.00		0.205972	0.644307	0.884996	0.177636	3.325627	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE ACTIVITIES (PATIENT DAYS)	
	10.00	11.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00 00300 EMPLOYEE BENEFITS						3.00
4.00 00400 ADMINISTRATIVE & GENERAL						4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00 00600 LAUNDRY & LINEN SERVICE						6.00
7.00 00700 HOUSEKEEPING						7.00
8.00 00800 DIETARY						8.00
9.00 00900 NURSING ADMINISTRATION						9.00
10.00 01000 CENTRAL SERVICES & SUPPLY	14,145					10.00
11.00 01100 PHARMACY	0	14,145				11.00
12.00 01200 MEDICAL RECORDS & LIBRARY	0	0	14,145			12.00
13.00 01300 SOCIAL SERVICE	0	0	0	14,145		13.00
15.00 01500 ACTIVITIES	0	0	0	0	14,145	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 SKILLED NURSING FACILITY	6,649	6,649	6,649	6,649	6,649	30.00
31.00 03100 NURSING FACILITY	0	0	0	0	0	31.00
33.00 03300 OTHER LONG TERM CARE	7,496	7,496	7,496	7,496	7,496	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000 RADIOLOGY	0	0	0	0	0	40.00
41.00 04100 LABORATORY	0	0	0	0	0	41.00
42.00 04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00 04400 PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00 04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00 04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00 05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00 05200 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000 CLINIC	0	0	0	0	0	60.00
63.00 06300 OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00 07100 AMBULANCE	0	0	0	0	0	71.00
74.00 07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00 08100 INTEREST EXPENSE						81.00
82.00 08200 UTILIZATION REVIEW						82.00
84.00 08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00 SUBTOTALS (sum of lines 1-84)	14,145	14,145	14,145	14,145	14,145	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00 09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00 09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00 09500 OTHER NON REIMBURSABLE COST	0	0	0	0	0	95.00
98.00 Cross Foot Adjustments						98.00
99.00 Negative Cost Centers						99.00
102.00 Cost to be allocated (per Wkst. B, Part I)	185,403	16,276	174,309	304,781	470,305	102.00
103.00 Unit cost multiplier (Wkst. B, Part I)	13.107317	1.150654	12.323012	21.546907	33.248851	103.00
104.00 Cost to be allocated (per Wkst. B, Part II)	570	50	3,611	21,025	1,446	104.00
105.00 Unit cost multiplier (Wkst. B, Part II)	0.040297	0.003535	0.255285	1.486391	0.102227	105.00

RATIO OF COST TO CHARGES FOR ANCI LLARY AND OUTPATIENT COST CENTERS

Provi der No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 di vi ded by col. 2)	
			1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
40.00	04000	RADI OLOGY	59,017	46,719	1.263233	40.00
41.00	04100	LABORATORY	48,892	38,704	1.263229	41.00
42.00	04200	INTRAVENOUS THERAPY	43,889	34,743	1.263247	42.00
43.00	04300	OXYGEN (INHALATI ON) THERAPY	610	483	1.262940	43.00
44.00	04400	PHYSI CAL THERAPY	735,835	991,287	0.742303	44.00
45.00	04500	OCCUPATI ONAL THERAPY	381,445	902,589	0.422612	45.00
46.00	04600	SPEECH PATHOLOGY	151,473	359,839	0.420947	46.00
47.00	04700	ELECTROCARDI OLOGY	0	0	0.000000	47.00
48.00	04800	MEDI CAL SUPPLI ES CHARGED TO PATIENTS	44,910	33,943	1.323100	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	294,630	250,707	1.175197	49.00
50.00	05000	DENTAL CARE - TIT LE XI X ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	18,860	14,930	1.263228	51.00
52.00	05200	OTHER ANCI LLARY SERVICE COST CENTER	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLI NI C	0	0	0.000000	60.00
63.00	06300	OTHER OUTPATIENT SERVICE COST	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	1,779,561	2,673,944		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 6/17/2024 9:05 am				
		Title XVIII (1)	Skilled Nursing Facility	PPS				
		Health Care Program Charges		Health Care Program Cost				
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)		
		1.00	2.00	3.00	4.00	5.00		
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	1.263233	4,577	0	5,782	0	40.00
41.00	04100	LABORATORY	1.263229	24,478	0	30,921	0	41.00
42.00	04200	INTRAVENOUS THERAPY	1.263247	16,910	0	21,362	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.262940	483	0	610	0	43.00
44.00	04400	PHYSICAL THERAPY	0.742303	598,400	0	444,194	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.422612	575,050	0	243,023	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.420947	234,500	0	98,712	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.323100	5,876	0	7,775	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.175197	162,153	0	190,562	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	1.263228	14,930	0	18,860	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICE COST	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000	0	0	0	0	71.00
100.00		Total (Sum of lines 40 - 71)		1,637,357	0	1,061,801	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet D Parts II-III Date/Time Prepared: 6/17/2024 9:05 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description				1.00
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PART II - APPORTIONMENT OF VACCINE COST				
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.175197	1.00
2.00		Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

Cost Center Description		Total Cost (From Wkst. 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)
		1.00	2.00	3.00	4.00	5.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	59,017	0	0.000000	5,782	0	40.00
41.00	04100	LABORATORY	48,892	0	0.000000	30,921	0	41.00
42.00	04200	INTRAVENOUS THERAPY	43,889	0	0.000000	21,362	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	610	0	0.000000	610	0	43.00
44.00	04400	PHYSICAL THERAPY	735,835	0	0.000000	444,194	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	381,445	0	0.000000	243,023	0	45.00
46.00	04600	SPEECH PATHOLOGY	151,473	0	0.000000	98,712	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,910	0	0.000000	7,775	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	294,630	0	0.000000	190,562	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES	18,860	0	0.000000	18,860	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	52.00
100.00		Total (Sum of lines 40 - 52)	1,779,561	0		1,061,801	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Parts I-III Date/Time Prepared: 6/17/2024 9:05 am
	Title XVIII	Skilled Nursing Facility	PPS

	1.00	
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PART I CALCULATION OF INPATIENT ROUTINE COSTS			
INPATIENT DAYS			
1.00	Inpatient days including private room days	6,649	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	4,632	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	9,445,960	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	1,931,940	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	4.889365	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	9,445,960	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	1,420.66	16.00
17.00	Program routine service cost (Line 3 times line 16)	6,580,497	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	6,580,497	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	507,709	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	76.36	21.00
22.00	Program capital related cost (Line 3 times line 21)	353,700	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	6,226,797	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	6,226,797	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX

	1.00	
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PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
1.00	Total SNF inpatient days	6,649	1.00
2.00	Program inpatient days (see instructions)	4,632	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.696646	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part I Date/Time Prepared: 6/17/2024 9:05 am
		Title XVIII	Skilled Nursing Facility	PPS

		1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)	3,272,413	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	3,272,413	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	432,000	5.00
6.00	Allowable bad debts (From your records)	29,208	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	22,674	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	18,985	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	2,859,398	11.00
12.00	Interim payments (See instructions)	2,783,604	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	380	14.75
14.99	Sequestration amount (see instructions)	56,808	14.99
15.00	Balance due provider/program (see Instructions)	18,606	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCI LLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet E-1

Date/Time Prepared:
6/17/2024 9:05 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,783,604		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,783,604		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		18,606		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,802,210		0	7.00
		Contractor Name			Contractor Number	
		1.00			2.00	
8.00	Name of Contractor	Novitas Solutions			12001	

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet G

Date/Time Prepared:
6/17/2024 9:05 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	258,008	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	745,190	0	0	0	4.00
5.00	Other receivables	352,226	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-24,576	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	276,095	0	0	0	8.00
9.00	Other current assets	29,783,992	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	31,390,935	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	22,341,099	0	0	0	15.00
16.00	Less Accumulated depreciation	-10,317,683	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	93,401	0	0	0	21.00
22.00	Less: Accumulated depreciation	-1,752,373	0	0	0	22.00
23.00	Major movable equipment	2,808,066	0	0	0	23.00
24.00	Less: Accumulated depreciation	-1,572,422	0	0	0	24.00
25.00	Minor equipment - Depreciable	93,840	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	11,693,928	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	-141,259	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-141,259	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	42,943,604	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	220,356	0	0	0	35.00
36.00	Salaries, wages, and fees payable	411,959	0	0	0	36.00
37.00	Payroll taxes payable	29,101	0	0	0	37.00
38.00	Notes & loans payable (Short term)	277,502	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	1,232,703	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,171,621	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	6,818,553	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	6,818,553	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	8,990,174	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	33,953,430	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	33,953,430	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	42,943,604	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-1

Date/Time Prepared:
6/17/2024 9:05 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		37,471,723			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-3,612,417				2.00
3.00	Total (sum of line 1 and line 2)		33,859,306			0	3.00
4.00	Additions (credit adjustments)						4.00
5.00		94,124			0	0	5.00
6.00		0			0	0	6.00
7.00		0			0	0	7.00
8.00		0			0	0	8.00
9.00		0			0	0	9.00
10.00	Total additions (sum of line 5 - 9)		94,124			0	10.00
11.00	Subtotal (line 3 plus line 10)		33,953,430			0	11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0			0	0	13.00
14.00		0			0	0	14.00
15.00		0			0	0	15.00
16.00		0			0	0	16.00
17.00		0			0	0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		33,953,430			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315392

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-2
Parts I-11
Date/Time Prepared:
6/17/2024 9:05 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	5,732,713		5,732,713	1.00
2.00	NURSING FACILITY	4,991,626		4,991,626	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	10,724,339		10,724,339	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,615,677	0	2,615,677	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	13,340,016	0	13,340,016	14.00
Cost Center Description			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			19,247,434	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			19,247,434	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider No. : 315392	Period: From 01/01/2023 To 12/31/2023	Worksheet G-3 Date/Time Prepared: 6/17/2024 9:05 am
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		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	13,340,016	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,568,942	2.00
3.00	Net patient revenues (Line 1 minus line 2)	11,771,074	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	19,247,434	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-7,476,360	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	29,305	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	7,477	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	377	13.00
14.00	Revenue from meals sold to employees and guests	-3,938	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	20,652	24.00
24.01	OTHER INCOME	9,659	24.01
24.02		3,791,911	24.02
24.50	COVID-19 PHE Funding	8,500	24.50
25.00	Total other income (Sum of lines 6 - 24)	3,863,943	25.00
26.00	Total (Line 5 plus line 25)	-3,612,417	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-3,612,417	31.00