

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

Provider No.: 315346

Period: From 07/01/2021 To 06/30/2022

Worksheet S-2  
 Part I  
 Date/Time Prepared: 12/23/2022 8:44 pm

	1.00	2.00	3.00	
	<b>Skilled Nursing Facility and Skilled Nursing Facility Complex Address:</b>			
1.00	Street: I VETERAN DRIVE	PO Box:		1.00
2.00	City: PARAMUS	State: NJ	Zip Code: 07653	2.00
3.00	County: BERGEN	CBSA Code: 35614	Urban/Rural: U	3.00
3.01		CBSA Code:		3.01

	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
				V	XVIII	XIX	
	1.00	2.00	3.00	4.00	5.00	6.00	

4.00	<b>SNF and SNF-Based Component Identification:</b>							
	SNF	NEW JERSEY VETERANS HOME - PARAMUS	315346	06/22/1995	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 FQHC							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
14.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2021	06/30/2022	14.00
15.00	Type of Control (See Instructions)	10		15.00
			Y/N	
			1.00	

<b>Type of Freestanding Skilled Nursing Facility</b>					
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?			Y	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

<b>Miscellaneous Cost Reporting Information</b>					
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

<b>Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.</b>					
20.00	Straight Line			1,021,723	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			1,021,723	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
<b>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.</b>					
29.00	Skilled Nursing Facility	N	N	N	29.00
30.00	Nursing Facility				30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA	N	N		32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC		N		35.00
36.00	SNF-Based OLTC				36.00

	Y/N			
				1.00
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)	Y		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.			39.00

	Premiums	Paid Losses	Self Insurance		
	1.00	2.00	3.00		
41.00	List malpractice premiums and paid losses:	0	0	0	41.00

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: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet 5 Parts I, II & III Date/Time Prepared: 12/23/2022 8:44 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 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.	Date:	Time:
Contractor use only	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: <u>11/17/2022</u>	6. Contractor No. <u>12001</u> 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: <u>12/30/2022</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 NEW JERSEY VETERANS HOME - PARAMUS ( 315346 ) for the cost reporting period beginning 07/01/2021 and ending 06/30/2022 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	2		
1			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 v 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	0	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	0	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.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 12/23/2022 8:44 pm
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		Y/N	
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:
46.00	Street:	PO Box:	45.00
47.00	City:	State:	46.00
		zip Code:	47.00



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet 5-2 Part II Date/Time Prepared: 12/23/2022 8:44 pm	
		Y/N	Date		
		1.00	2.00		
<b>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)</b>					
<b>Completed by All Skilled Nursing Facilities</b>					
<b>Provider Organization and Operation</b>					
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	
<b>Financial Data and Reports</b>					
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	C		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		
<b>Approved Educational Activities</b>					
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		
<b>Bad Debts</b>					
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
<b>Bed Complement</b>					
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	
<b>PS&amp;R Data</b>					
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	10/07/2022	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.: 315346

Period:  
 From 07/01/2021  
 To 06/30/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 12/23/2022 8:44 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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.)	10/07/2022	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	
<b>Cost Report Preparer Contact Information</b>			
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.	COST REPORT 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

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

Provider No.: 315346

Period:  
 From 07/01/2021  
 To 06/30/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 12/23/2022 8:44 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
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.	CHRIS	GUILBAULT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HELATH CARE RESOURCES		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET	21.00

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

Provider No.: 315346

Period:  
 From 07/01/2021  
 To 06/30/2022

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 12/23/2022 8:44 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	336	122,640	0	1,769	0	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	336	122,640	0	1,769	0	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	66,232	68,001	0	12	0	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	66,232	68,001	0	12	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	54	66	0.00	147.42	0.00	1.00
2.00	NURSING FACILITY	0	0	0.00	0	0.00	2.00
3.00	ICF/IID	0	0	0	0	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	54	66	0.00	147.42	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	1,030.32	0	14	0	42	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	1,030.32	0	14	0	42	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	56	348.20	0.00		1.00	
2.00	NURSING FACILITY	0	0.00	0.00		2.00	
3.00	ICF/IID	0	0.00	0.00		3.00	
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00		4.00	
5.00	Other Long Term Care	0	0.00	0.00		5.00	
6.00	SNF-Based CMHC	0	0.00	0.00		6.00	
7.00	HOSPICE	0	0.00	0.00		7.00	
8.00	Total (Sum of lines 1-7)	56	348.20	0.00		8.00	

VOLUNTARY CONTACT INFORMATION	Provider No.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part V Date/Time Prepared: 12/23/2022 8:44 pm
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		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	CHRIS	1.00
2.00	Last Name	GUILBAULT	2.00
3.00	Title		3.00
4.00	Employer	HEALTH CARE RESOURCES	4.00
5.00	Phone Number	6099871440	5.00
6.00	E-mail Address	CHRIS.GUILBAULT@HCRNJ.NET	6.00
7.00	Department		7.00
8.00	Mailing Address 1	12 ROSZEL ROAD	8.00
9.00	Mailing Address 2	C102	9.00
10.00	City	PRINCETON	10.00
11.00	State	NJ	11.00
12.00	Zip	08540	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	KAREN	13.00
14.00	Last Name	PERRUCCI	14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number	2016348509	17.00
18.00	E-mail Address	karen.perrucci@njdmava.state.nj.us	18.00
19.00	Department		19.00
20.00	Mailing Address 1	1 VETERANS DRIVE	20.00
21.00	Mailing Address 2		21.00
22.00	City	PARAMUS	22.00
23.00	State	NJ	23.00
24.00	Zip	07652	24.00



	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		
<b>PART II - DIRECT SALARIES</b>							
<b>SALARIES</b>							
1.00	Total salaries (See Instructions)	22,136,790	0	22,136,790	724,380.00	30.56	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	22,136,790	0	22,136,790	724,380.00	30.56	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	189,761	0	189,761	2,080.00	91.23	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	189,761	0	189,761	2,080.00	91.23	12.00
13.00	Total Adjusted salaries (line 6 minus line 12)	21,947,029	0	21,947,029	722,300.00	30.38	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
14.00	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	0.00	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs core (See Part IV)	13,514,510	0	13,514,510			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	115,849	0	115,849			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	13,398,661	0	13,398,661			22.00

Provider No.: 315346  
 Period: From 07/01/2021 To 06/30/2022  
 Worksheet 5-3  
 Part III  
 Date/Time Prepared: 12/23/2022 8:44 pm

		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	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>							
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	1,406,566	0	1,406,566	48,880.00	28.78	2.00
3.00	Plant Operation, Maintenance & Repairs	831,642	0	831,642	35,360.00	23.52	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	1,499,830	0	1,499,830	74,880.00	20.03	5.00
6.00	Dietary	2,765,344	0	2,765,344	104,000.00	26.59	6.00
7.00	Nursing Administration	343,240	0	343,240	8,320.00	41.25	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	0	0	0	0.00	0.00	10.00
11.00	Social Service	471,235	0	471,235	12,740.00	36.99	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	713,345	0	713,345	31,200.00	22.86	13.00
14.00	Total (sum lines 1 thru 13)	8,031,202	0	8,031,202	315,380.00	25.47	14.00

SNF WAGE RELATED COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet S-3  
Part IV  
Date/Time Prepared:  
12/23/2022 8:44 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	6,154,028	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	5,379,240	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	221,368	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	1,372,481	17.00
18.00	Medicare Taxes - Employers Portion Only	320,983	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	66,410	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	13,514,510	24.00
		<b>Amount Reported</b>	
		<b>1.00</b>	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet S-3  
Part V  
Date/Time Prepared:  
12/23/2022 8:44 pm

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	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	3,436,071	2,079,740	5,515,811	94,920.00	58.11	1.00
2.00	Licensed Practical Nurses (LPNs)	1,827,697	1,106,245	2,933,942	52,000.00	56.42	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	8,652,060	5,236,806	13,888,866	260,000.00	53.42	3.00
4.00	Total Nursing (sum of lines 1 through 3)	13,915,828	8,422,791	22,338,619	406,920.00	54.90	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	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
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
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.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet 5-7  
Date/Time Prepared:  
12/23/2022 8:44 pm

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



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet 5-7

Date/Time Prepared:  
12/23/2022 8:44 pm

		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.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A

Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		110,172	110,172	0	110,172	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		0	0	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	0	395	395	0	395	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,406,566	711,223	2,117,789	-4,045	2,113,744	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	831,642	613,744	1,445,386	0	1,445,386	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	331,219	331,219	0	331,219	6.00
7.00	00700	HOUSEKEEPING	1,499,830	100,403	1,600,233	0	1,600,233	7.00
8.00	00800	DIETARY	2,765,344	1,434,449	4,199,793	0	4,199,793	8.00
9.00	00900	NURSING ADMINISTRATION	343,240	24,602	367,842	0	367,842	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	349,227	349,227	0	349,227	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	471,235	0	471,235	0	471,235	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	RECREATION	713,345	0	713,345	0	713,345	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	13,915,827	172,535	14,088,362	0	14,088,362	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	4,045	4,045	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	710,773	710,773	-503,656	207,117	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	355,421	355,421	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	148,235	148,235	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	48,597	48,597	0	48,597	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
73.00	07300	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
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 - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	21,947,029	4,607,339	26,554,368	0	26,554,368	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
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	189,761	0	189,761	0	189,761	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
100.00		TOTAL	22,136,790	4,607,339	26,744,129	0	26,744,129	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	1,027,649	1,137,821	1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT	0	0	2.00
3.00	00300 EMPLOYEE BENEFITS	13,514,510	13,514,905	3.00
4.00	00400 ADMINISTRATIVE & GENERAL	646,951	2,760,695	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	1,445,386	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	0	331,219	6.00
7.00	00700 HOUSEKEEPING	0	1,600,233	7.00
8.00	00800 DIETARY	0	4,199,793	8.00
9.00	00900 NURSING ADMINISTRATION	0	367,842	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	349,227	10.00
11.00	01100 PHARMACY	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300 SOCIAL SERVICE	0	471,235	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500 RECREATION	0	713,345	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 SKILLED NURSING FACILITY	0	14,088,362	30.00
31.00	03100 NURSING FACILITY	0	0	31.00
32.00	03200 ICF/IID	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000 RADIOLOGY	0	0	40.00
41.00	04100 LABORATORY	0	4,045	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	207,117	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	355,421	45.00
46.00	04600 SPEECH PATHOLOGY	0	148,235	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	48,597	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00	06000 CLINIC	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	61.00
62.00	06200 FQHC	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
70.00	07000 HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100 AMBULANCE	0	0	71.00
73.00	07300 CMHC	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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 - SNF	0	0	82.00
83.00	08300 HOSPICE	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	15,189,110	41,743,478	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	189,761	92.00
93.00	09300 NONPAID WORKERS	0	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	0	94.00
100.00	TOTAL	15,189,110	41,933,239	100.00

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-6

Date/Time Prepared:  
12/23/2022 8:44 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - DEFAULT					
1.00		SPEECH PATHOLOGY	46.00	0	148,235	1.00
2.00		OCCUPATIONAL THERAPY	45.00	0	355,421	2.00
3.00		LABORATORY	41.00	0	4,045	3.00
	<b>TOTALS</b>					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	507,701	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.: 315346	Period: From 07/01/2021 To 06/30/2022	worksheet A-6 Date/Time Prepared: 12/23/2022 8:44 pm
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		Decreases				
		Cost Center	Line #	Salary	Non Salary	
	(1) A - DEFAULT	6.00	7.00	8.00	9.00	
1.00		PHYSICAL THERAPY	44.00	0	148,235	1.00
2.00		PHYSICAL THERAPY	44.00	0	355,421	2.00
3.00		ADMINISTRATIVE & GENERAL	4.00	0	4,045	3.00
100.00	TOTALS			0	507,701	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.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-7

Date/Time Prepared:  
12/23/2022 8:44 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
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	0	0	0	0	0	3.00
4.00 Building Improvements	0	0	0	0	0	4.00
5.00 Fixed Equipment	2,393,668	0	0	0	0	5.00
6.00 Movable Equipment	0	0	0	0	0	6.00
7.00 Subtotal (sum of lines 1-6)	2,393,668	0	0	0	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	2,393,668	0	0	0	0	9.00
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	0	0				1.00
2.00 Land Improvements	0	0				2.00
3.00 Buildings and Fixtures	0	0				3.00
4.00 Building Improvements	0	0				4.00
5.00 Fixed Equipment	2,393,668	0				5.00
6.00 Movable Equipment	0	0				6.00
7.00 Subtotal (sum of lines 1-6)	2,393,668	0				7.00
8.00 Reconciling Items	0	0				8.00
9.00 Total (line 7 minus line 8)	2,393,668	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-8  
Date/Time Prepared:  
12/23/2022 8:44 pm

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	4.00
1.00 Investment income on restricted funds (chapter 2)		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		0			0.00	13.00
14.00 Revenue - Employee meals		0			0.00	14.00
15.00 Cost of meals - Guests		0			0.00	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)		0		UTILIZATION REVIEW - SNF	82.00	22.00
23.00 Depreciation--buildings and fixtures	A	1,021,723		CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment		0		CAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00 FRINGE BENEFITS	A	13,514,510		EMPLOYEE BENEFITS	3.00	25.00
25.01 CENTRAL OFFICE SALARIES	A	401,708		ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 CENTRAL OFFICE FRINGE BENEFITS	A	245,243		ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 PROPERTY INSURANCE	A	5,926		CAP REL COSTS - BLDGS & FIXTURES	1.00	25.03
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		15,189,110				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.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
12/23/2022 8:44 pm

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			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	1,137,821	1,137,821			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0		0		2.00
3.00 00300	EMPLOYEE BENEFITS	13,514,905	0	0	13,514,905	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	2,760,695	89,075	0	858,734	3,708,504 4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,445,386	60,193	0	507,732	2,013,311 5.00
6.00 00600	LAUNDRY & LINEN SERVICE	331,219	17,553	0	0	348,772 6.00
7.00 00700	HOUSEKEEPING	1,600,233	25,270	0	915,673	2,541,176 7.00
8.00 00800	DIETARY	4,199,793	133,168	0	1,688,292	6,021,253 8.00
9.00 00900	NURSING ADMINISTRATION	367,842	40,146	0	209,554	617,542 9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	349,227	21,022	0	0	370,249 10.00
11.00 01100	PHARMACY	0	0	0	0	0 11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 12.00
13.00 01300	SOCIAL SERVICE	471,235	4,097	0	287,697	763,029 13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0 14.00
15.00 01500	RECREATION	713,345	36,442	0	435,510	1,185,297 15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	14,088,362	686,613	0	8,495,860	23,270,835 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	0 40.00
41.00 04100	LABORATORY	4,045	0	0	0	4,045 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	207,117	11,683	0	0	218,800 44.00
45.00 04500	OCCUPATIONAL THERAPY	355,421	7,919	0	0	363,340 45.00
46.00 04600	SPEECH PATHOLOGY	148,235	0	0	0	148,235 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	48,597	4,149	0	0	52,746 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	CLINIC	0	0	0	0	0 60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0 61.00
62.00 06200	FQHC	0	0	0	0	0 62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
73.00 07300	CMHC	0	0	0	0	0 73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
89.00	SUBTOTALS (sum of lines 1-84)	41,743,478	1,137,330	0	13,399,052	41,627,134 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	491	0	0	491 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	189,761	0	0	115,853	305,614 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
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	41,933,239	1,137,821	0	13,514,905	41,933,239 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400	3,708,504					4.00
5.00	00500	195,327	2,208,638				5.00
6.00	00600	33,837	39,218	421,827			6.00
7.00	00700	246,540	56,458	0	2,844,174		7.00
8.00	00800	584,170	297,526	0	400,487	7,303,436	8.00
9.00	00900	59,913	89,695	0	120,735	0	9.00
10.00	01000	35,921	46,968	0	63,221	0	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	74,028	9,154	0	12,321	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	114,995	81,419	0	109,594	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,257,706	1,534,038	421,827	2,064,911	7,303,436	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	392	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	21,228	26,101	0	35,134	0	44.00
45.00	04500	35,251	17,693	0	23,816	0	45.00
46.00	04600	14,381	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	5,117	9,271	0	12,479	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		3,678,806	2,207,541	421,827	2,842,698	7,303,436	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	48	1,097	0	1,476	0	91.00
92.00	09200	29,650	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
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		3,708,504	2,208,638	421,827	2,844,174	7,303,436	100.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	887,885					9.00
10.00	01000	0	516,359				10.00
11.00	01100	0	0	0			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	858,532	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	887,885	7,941	0	0	858,532	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	508,418	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		887,885	516,359	0	0	858,532	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		887,885	516,359	0	0	858,532	100.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE RECREATION	Subtotal	Post Stepdown Adjustments	Total	
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0			14.00
15.00	01500	RECREATION	0	1,491,305		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	SKILLED NURSING FACILITY	0	1,491,305	40,098,416	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	0	0	0	40.00
41.00	04100	LABORATORY	0	0	4,437	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	0	301,263	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	440,100	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	162,616	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	588,031	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000	CLINIC	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00	06200	FQHC	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	71.00
73.00	07300	CMHC	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100	INTEREST EXPENSE				81.00
82.00	08200	UTILIZATION REVIEW - SNF				82.00
83.00	08300	HOSPICE	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	0	1,491,305	41,594,863	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	3,112	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	335,264	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	99.00
100.00		TOTAL	0	1,491,305	41,933,239	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part II  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS
		BLDGS & FIXTURES	MOVABLE EQUIPMENT		
		0	2.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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	89,075	0	89,075	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	60,193	0	60,193	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	17,553	0	17,553	6.00
7.00 00700	HOUSEKEEPING	25,270	0	25,270	7.00
8.00 00800	DIETARY	133,168	0	133,168	8.00
9.00 00900	NURSING ADMINISTRATION	40,146	0	40,146	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	21,022	0	21,022	10.00
11.00 01100	PHARMACY	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	4,097	0	4,097	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	14.00
15.00 01500	RECREATION	36,442	0	36,442	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	SKILLED NURSING FACILITY	686,613	0	686,613	30.00
31.00 03100	NURSING FACILITY	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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	11,683	0	11,683	44.00
45.00 04500	OCCUPATIONAL THERAPY	7,919	0	7,919	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	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	4,149	0	4,149	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00 06000	CLINIC	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00 06200	FQHC	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	71.00
73.00 07300	CMHC	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW - SNF				82.00
83.00 08300	HOSPICE	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	1,137,330	0	1,137,330	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	491	0	491	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
98.00	Cross Foot Adjustments				98.00
99.00	Negative Cost Centers	0	0	0	99.00
100.00	TOTAL	1,137,821	0	1,137,821	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part II  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400	89,075					4.00
5.00	00500	4,691	64,884				5.00
6.00	00600	813	1,152	19,518			6.00
7.00	00700	5,921	1,659	0	32,850		7.00
8.00	00800	14,030	8,741	0	4,626	160,565	8.00
9.00	00900	1,439	2,635	0	1,394	0	9.00
10.00	01000	863	1,380	0	730	0	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,778	269	0	142	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	2,762	2,392	0	1,266	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	54,231	45,065	19,518	23,850	160,565	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	9	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	510	767	0	406	0	44.00
45.00	04500	847	520	0	275	0	45.00
46.00	04600	345	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	123	272	0	144	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		88,362	64,852	19,518	32,833	160,565	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1	32	0	17	0	91.00
92.00	09200	712	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
98.00							98.00
99.00							99.00
100.00		89,075	64,884	19,518	32,850	160,565	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part II  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	45,614					9.00
10.00	01000	0	23,995				10.00
11.00	01100	0	0	0			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	6,286	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	45,614	369	0	0	6,286	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	23,626	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		45,614	23,995	0	0	6,286	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		45,614	23,995	0	0	6,286	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part II  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE RECREATION	Subtotal	Post Step-Down Adjustments	Total	
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0				14.00
15.00 01500	RECREATION	0	42,862			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	42,862	1,084,973	0	1,084,973 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	0 40.00
41.00 04100	LABORATORY	0	0	9	0	9 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	13,366	0	13,366 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	9,561	0	9,561 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	345	0	345 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	28,314	0	28,314 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	CLINIC	0	0	0	0	0 60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0 61.00
62.00 06200	FQHC	0	0	0	0	0 62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
73.00 07300	CMHC	0	0	0	0	0 73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	42,862	1,136,568	0	1,136,568 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	541	0	541 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	712	0	712 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
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	0	42,862	1,137,821	0	1,137,821 100.00



Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)				
	1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	173,850				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		0			2.00
3.00 00300	EMPLOYEE BENEFITS	0	22,136,790			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	13,610	0	1,406,566	-3,708,504	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	9,197	0	831,642	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	2,682	0	0	0	6.00
7.00 00700	HOUSEKEEPING	3,861	0	1,499,830	0	7.00
8.00 00800	DIETARY	20,347	0	2,765,344	0	8.00
9.00 00900	NURSING ADMINISTRATION	6,134	0	343,240	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	3,212	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	626	0	471,235	0	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	RECREATION	5,568	0	713,345	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	104,909	0	13,915,827	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	4,045	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	1,785	0	0	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	1,210	0	0	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	634	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FQHC	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	173,775	0	21,947,029	-3,708,504	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	75	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	189,761	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
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)	1,137,821	0	13,514,905	3,708,504	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	6.544843	0.000000	0.610518	0.097018	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0	89,075	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	0.002330	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

worksheet B-1  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATIO N (DIRECT NUR SING)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	151,043	68,001				6.00
7.00	00700	2,682					7.00
8.00	00800	3,861		144,500			8.00
9.00	00900	20,347		20,347	204,003		9.00
10.00	01000	6,134		6,134	0	406,920	10.00
11.00	01100	3,212		3,212	0	0	11.00
12.00	01200	0		0	0	0	12.00
13.00	01300	0		0	0	0	13.00
14.00	01400	626		626	0	0	14.00
15.00	01500	0		0	0	0	15.00
	01500	5,568	0	5,568	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	104,909	68,001	104,909	204,003	406,920	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	1,785	0	1,785	0	0	44.00
45.00	04500	1,210	0	1,210	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	634	0	634	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		150,968	68,001	144,425	204,003	406,920	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	75	0	75	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
98.00							98.00
99.00							99.00
102.00		2,208,638	421,827	2,844,174	7,303,436	887,885	102.00
103.00		14.622578	6.203247	19.682865	35.800630	2.181965	103.00
104.00		64,884	19,518	32,850	160,565	45,614	104.00
105.00		0.429573	0.287025	0.227336	0.787072	0.112096	105.00

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	49,356				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	68,001		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	68,001	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	RECREATION	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	759	0	68,001	68,001	0
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	48,597	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FQHC	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	49,356	0	68,001	68,001	0
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	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
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)	516,359	0	0	858,532	0
103.00		Unit cost multiplier (Wkst. B, Part I)	10.461930	0.000000	0.000000	12.625285	0.000000
104.00		Cost to be allocated (per wkst. B, Part II)	23,995	0	0	6,286	0
105.00		Unit cost multiplier (Wkst. B, Part II)	0.486162	0.000000	0.000000	0.092440	0.000000



COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B-1  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		OTHER GENERAL SERVICE RECREATION (PATIENT DAYS)	
		15.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION		14.00
15.00	01500 RECREATION	68,001	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 SKILLED NURSING FACILITY	68,001	30.00
31.00	03100 NURSING FACILITY	0	31.00
32.00	03200 ICF/IID	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
40.00	04000 RADIOLOGY	0	40.00
41.00	04100 LABORATORY	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400 PHYSICAL THERAPY	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100 SUPPORT SURFACES	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
60.00	06000 CLINIC	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	61.00
62.00	06200 FQHC	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
70.00	07000 HOME HEALTH AGENCY COST	0	70.00
71.00	07100 AMBULANCE	0	71.00
73.00	07300 CMHC	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100 INTEREST EXPENSE		81.00
82.00	08200 UTILIZATION REVIEW - SNF		82.00
83.00	08300 HOSPICE	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	68,001	89.00
<b>NONREIMBURSABLE COST CENTERS</b>			
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300 NONPAID WORKERS	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	94.00
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)	1,491,305	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	21.930633	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	42,862	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.630314	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet C

Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description			Total (from wkst. 8, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	0	5,594	0.000000	40.00
41.00	04100	LABORATORY	4,437	4,046	1.096639	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	301,263	453,651	0.664085	44.00
45.00	04500	OCCUPATIONAL THERAPY	440,100	778,483	0.565330	45.00
46.00	04600	SPEECH PATHOLOGY	162,616	324,682	0.500847	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	588,031	48,598	12.099901	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	1,496,447	1,615,054		100.00



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet D  
Part I  
Date/Time Prepared:  
12/23/2022 8:44 pm  
PPS

Title XVIII (1)

Skilled Nursing  
Facility

	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost	
		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

**PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST**

ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0.000000	5,594	0	0	0	40.00
41.00	04100	LABORATORY	1.096639	3,495	0	3,833	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0.664085	92,367	0	61,340	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.565330	98,183	0	55,506	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.500847	73,668	0	36,896	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	12.099901	28,874	0	349,373	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
71.00	07100	AMBULANCE (2)	0.000000		0			71.00
100.00		Total (Sum of lines 40 - 71)		302,181	0	506,948	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.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet D Parts II-III Date/Time Prepared: 12/23/2022 8:44 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		1.00	
<b>PART II - APPORTIONMENT OF VACCINE COST</b>			
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	12.099901	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		1.00	
	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)
	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	0	0	0.000000	0	0 40.00
41.00	04100 LABORATORY	4,437	0	0.000000	3,833	0 41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0 43.00
44.00	04400 PHYSICAL THERAPY	301,263	0	0.000000	61,340	0 44.00
45.00	04500 OCCUPATIONAL THERAPY	440,100	0	0.000000	55,506	0 45.00
46.00	04600 SPEECH PATHOLOGY	162,616	0	0.000000	36,896	0 46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0 48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	588,031	0	0.000000	349,373	0 49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100 SUPPORT SURFACES	0	0	0.000000	0	0 51.00
100.00	Total (Sum of lines 40 - 52)	1,496,447	0		506,948	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 12/23/2022 8:44 pm
	Title XVIII	Skilled Nursing Facility	PPS

1.00

**PART I CALCULATION OF INPATIENT ROUTINE COSTS**

**INPATIENT DAYS**

1.00	Inpatient days including private room days	68,001	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	1,769	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	40,098,416	5.00

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

6.00	General inpatient routine service charges	12,017,004	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	3.336806	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)	40,098,416	15.00

**PROGRAM INPATIENT ROUTINE SERVICE COSTS**

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	589.67	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,043,126	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)	1,043,126	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)	1,084,973	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	15.96	21.00
22.00	Program capital related cost (Line 3 times line 21)	28,233	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,014,893	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)	1,014,893	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

**PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH**

1.00	Total SNF inpatient days	68,001	1.00
2.00	Program inpatient days (see instructions)	1,769	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)	0.026014	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.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part I Date/Time Prepared: 12/23/2022 8:44 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>			
1.00	Inpatient PPS amount (See Instructions)	1,316,245	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)	1,316,245	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	204,928	5.00
6.00	Allowable bad debts (From your records)	0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	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)	1,111,317	11.00
12.00	Interim payments (See instructions)	1,108,668	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)	0	14.75
14.99	Sequestration amount (see instructions)	2,649	14.99
15.00	Balance due provider/program (see Instructions)	0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>			
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	Coinsurance 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.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1
	Title XVIII	Skilled Nursing Facility	Date/Time Prepared: 12/23/2022 8:44 pm 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		1,108,668		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
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
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)		1,108,668		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,108,668		0	7.00
		<b>Contractor Name</b>		<b>Contractor Number</b>		
		1.00		2.00		
8.00	Name of Contractor	Novitas Solutions		12001		8.00

(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.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet G

Date/Time Prepared:  
12/23/2022 8:44 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>Assets</b>					
<b>CURRENT ASSETS</b>					
1.00	Cash on hand and in banks	0	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	0	0	0	0 4.00
5.00	Other receivables	0	0	0	0 5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0 6.00
7.00	Inventory	0	0	0	0 7.00
8.00	Prepaid expenses	0	0	0	0 8.00
9.00	Other current assets	0	0	0	0 9.00
10.00	Due from other funds	0	0	0	0 10.00
11.00	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 11.00</b>
<b>FIXED ASSETS</b>					
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	0	0	0	0 15.00
16.00	Less Accumulated depreciation	0	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	0	0	0	0 21.00
22.00	Less: Accumulated depreciation	0	0	0	0 22.00
23.00	Major movable equipment	0	0	0	0 23.00
24.00	Less: Accumulated depreciation	0	0	0	0 24.00
25.00	Minor equipment - Depreciable	0	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	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 28.00</b>
<b>OTHER ASSETS</b>					
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	0	0	0	0 32.00
33.00	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 33.00</b>
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 34.00</b>
<b>Liabilities and Fund Balances</b>					
<b>CURRENT LIABILITIES</b>					
35.00	Accounts payable	0	0	0	0 35.00
36.00	Salaries, wages, and fees payable	0	0	0	0 36.00
37.00	Payroll taxes payable	0	0	0	0 37.00
38.00	Notes & loans payable (Short term)	0	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	0	0	0	0 42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 43.00</b>
<b>LONG TERM LIABILITIES</b>					
44.00	Mortgage payable	0	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	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 50.00</b>
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 51.00</b>
<b>CAPITAL ACCOUNTS</b>					
52.00	General fund balance	0	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	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 59.00</b>
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet G-1

Date/Time Prepared:  
12/23/2022 8:44 pm

		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		10,272,574			0	1.00
2.00	Net income (loss) (from wkst. G-3, line 31)		-10,272,574				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			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)		0		0	0	10.00
11.00	Subtotal (line 3 plus line 10)		0		0	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	0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		0		0	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.: 315346

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet G-2  
Parts I-II  
Date/Time Prepared:  
12/23/2022 8:44 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	12,017,004		12,017,004	1.00
2.00	NURSING FACILITY	0		0	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)	12,017,004		12,017,004	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	1,615,054	0	1,615,054	6.00
7.00	CLINIC	0	0	0	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	8.00
9.00	AMBULANCE	0	0	0	9.00
10.00	RURAL HEALTH CLINIC	0	0	0	10.00
10.10	FQHC	0	0	0	10.10
11.00	CMHC	0	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)	13,632,058	0	13,632,058	14.00
<b>Cost Center Description</b>			<b>1.00</b>	<b>2.00</b>	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per worksheet A, Col. 3, Line 100)			26,744,129	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)			26,744,129	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider No.: 315346	Period: From 07/01/2021 To 06/30/2022	Worksheet G-3 Date/Time Prepared: 12/23/2022 8:44 pm
				1.00
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)			13,632,058 1.00
2.00	Less: contractual allowances and discounts on patients accounts			0 2.00
3.00	Net patient revenues (Line 1 minus line 2)			13,632,058 3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)			26,744,129 4.00
5.00	Net income from service to patients (Line 3 minus 4)			-13,112,071 5.00
	<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc			0 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			0 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			0 13.00
14.00	Revenue from meals sold to employees and guests			0 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	Other miscellaneous revenue (specify)			0 24.00
24.50	COVID-19 PHE Funding			2,839,497 24.50
25.00	Total other income (Sum of lines 6 - 24)			2,839,497 25.00
26.00	Total (Line 5 plus line 25)			-10,272,574 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)			-10,272,574 31.00

For more information on filing an appeal with the PRRB, please reference <https://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/index.html>

This settlement may be readjusted if the Centers for Medicare & Medicaid Services publishes retroactive regulations (or clarifications to regulations) that govern reimbursement within three years of the date of this letter.

Sincerely,

----- /s/ -----

Bruce Snyder  
PARD Director  
Provider Audit & Reimbursement

**We're looking for ways to improve your Audit and Reimbursement experience.  
Please take a few minutes to share your thoughts with us:**



<https://tinyurl.com/NovitasAudit> or scan:





their cases and to correspond with the PRRB. Access to the system is granted as needed based on role. Access to specific cases is limited to the parties of each case, including party representatives.

To access OH CDMS, see <https://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/Electronic-Filing.html>. The webpage includes a link to the CMS Enterprise Portal as well as current registration and user manuals. For any technical system issues, please contact the OH CDMS Help Desk at 1-833-783-8255 or email [helpdesk\\_ohcdms@cms.hhs.gov](mailto:helpdesk_ohcdms@cms.hhs.gov).

Filing Outside of OH CDMS

For MAC appeals or for PRRB Appeals granted an exemption under Board Rule 2.1.2, send as directed below:

	<b>For MAC Appeals</b>	<b>For PRRB Appeals</b>
<b>Original</b>	PRRB Appeals Federal Specialized Services 1701 S. Racine Avenue Chicago, IL 60608-4058  <a href="mailto:intermediary@fssappeals.com">intermediary@fssappeals.com</a>	Chairman Provider Reimbursement Review Board CMS Office of Hearings 7500 Security Boulevard <b>Mail Stop: B1-01-31</b> Baltimore, MD 21244-1850
<b>Copy</b>	JL Provider Audit & Reimbursement Novitas Solutions 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 <a href="mailto:CostReportAppeals@novitas-solutions.com">CostReportAppeals@novitas-solutions.com</a>	PRRB Appeals Federal Specialized Services 1701 S. Racine Avenue Chicago, IL 60608-4058 <a href="mailto:prrb@fssappeals.com">prrb@fssappeals.com</a>  and  JL Provider Audit & Reimbursement Novitas Solutions 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 <a href="mailto:CostReportAppeals@novitas-solutions.com">CostReportAppeals@novitas-solutions.com</a>

For more information on filing an appeal with the MAC, please contact [CostReportAppeals@novitas-solutions.com](mailto:CostReportAppeals@novitas-solutions.com)

If you wish to dispute the amount due the provider, please contact the following audit manager with oversight on this settlement:

Manager Name: Andriy Lasiychuk  
Manager Phone Number: 412-802-1822  
Manager Email: [andriy.lasiychuk@novitas-solutions.com](mailto:andriy.lasiychuk@novitas-solutions.com)

The above-referenced contact will answer your questions and determine whether or not the cost report should be reopened. If the cost report needs to be reopened, any requests for reopening will need to be submitted in writing. Your right to appeal will not be jeopardized by contacting the audit manager.

If, after contacting the audit manager, you still wish to dispute the amount due the provider, you may file a Medicare Administrative Contractor (MAC) appeal (previously known as an Intermediary appeal) or a Provider Reimbursement Review Board (PRRB) appeal. The following table illustrates the criteria for filing a MAC appeal or PRRB appeal for individual or group cases based on the amount in controversy.

	<b>Amount in Dispute for MAC Appeals</b> (42CFR 405.1809 - 405.1833)	<b>Amount in Dispute for PRRB Appeals</b> (42CFR 405.1809 - 405.1883)
<b>Individual Providers</b>	\$1,000 - \$9,999	\$10,000 or more
<b>Group</b>	No provision for group appeals	\$50,000 or more, in aggregate; no minimum for individual providers

All appeals must be received within 180 calendar days of the date of the provider's receipt of the NPR and must include:

- Identification of the items in dispute, by adjustment number, amount and description.
- The reason(s) you disagree with the MAC's determination on these items.
- 1 copy of the NPR, or the determination(s) disputed and the corresponding section(s) of the adjustment report.

Appeals must also include an estimate of the reimbursement effect for each item in dispute.

#### Electronic Filing

Per PRRB Rule 2.1 - OH CDMS is a web-based portal for parties to enter and maintain