This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0463 Expi res: 12/31/2021 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provi der CCN: 315494 Worksheet S Parts I, II & III Peri od: From 01/01/2022 COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: 5/30/2023 11:25 am PART I - COST REPORT STATUS Provi der [X] Electronically prepared cost report Date: 5/30/2023 Time: 11:25 am use only] Manually prepared cost report 2

[0] If this is an amended report enter the number of times the provider resubmitted this cost report 3] No Medicare Utilization. Enter "Y" for yes or leave blank for no. Contractor 4. [1] Cost Report Status 6. Contractor No. use only (1) As Submitted 7.[N] First Cost Report for this Provider CCN (2) Settled without audit 8.[N] Last Cost Report for this Provider CCN (3) Settled with audit 9. NPR Date: (4) Reopened 10.[0]If line 4, column 1 is "4": Enter number of times reopened (5) Amended 11. Contractor Vendor Code 12.[F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" 5. Date Received: 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 ALARIS HEALTH AT THE CHATEAU (315494) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 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 FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX		
	1		2	SI GNATURE STATEMENT	
1	Sa	am Stern	l t	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	Sam Stern			2
3	Signatory Title	CF0			3
4	Date	(Dated when report is electronica			4

			Title	XVIII		
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1. 00	2.00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	388, 646	10, 439	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		4.00
5.00	SNF - BASED RHC I	0		0		5. 00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7. 00
100.00	TOTAL	0	388, 646	10, 439	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.

Health Financial Systems ALARIS HEALTH AT THE CHATEAU In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315494 Peri od: Worksheet S-2 From 01/01/2022 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2022 5/30/2023 11:25 am 3.00 Skilled Nursing Facility and Skilled Nursing Facility Complex Address: 1.00 Street: 96 PARKWAY PO Box: 1.00 2.00 City: ROCHELLE PARK State: NJ Zi p Code: 07622 2.00 3.00 County: BERGEN CBSA Code: 35614 Urban/Rural: U 3.00 CBSA Code: 3.01 3.01 Component Name Provi der Date Payment System (P, CCN Certi fi ed 0, or N) XVIII XIX 4. 00 5. 00 6. 00 1.00 2.00 3. 00 SNF and SNF-Based Component Identification: 4.00 SNF ALARIS HEALTH AT THE 315494 08/18/2006 N Р 0 4.00 CHATEAU 5.00 Nursing Facility 5 00 ICF/IID 6.00 6.00 7.00 SNF-Based HHA 7.00 8.00 SNF-Based RHC 8.00 SNF-Based FQHC 9.00 9.00 10.00 | SNF-Based CMHC 10.00 11.00 SNF-Based OLTC 11.00 12 00 SNF-Based HOSPICE 12.00 13.00 SNF-Based CORF 13.00 From: To 1.00 2.00 14.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 12/31/2022 14. 00 15.00 Type of Control (See Instructions) 15.00 Y/N 1.00 Type of Freestanding Skilled Nursing Facility 16.00 Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR Υ 16.00 section 483.5? Is this a composite distinct part skilled nursing facility that meets the requirements set forth in Ν 17.00 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 Miscellaneous Cost Reporting Information 19.00 | If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no. N 19.00 19.01 If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare N 19.01 utilization cost report, indicate with a "Y", for yes, or "N" for no. Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22 20.00 Straight Line 174,009 20 00 21.00 Declining Balance 21.00 Sum of the Year's Digits 22.00 22.00 Sum of line 20 through 22 174, 009 23.00 23 00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) 25.00 Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26.00 26.00 N (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report N 27.00 applies? (Y/N) 28.00 28.00 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N) Part A Part B Other 1.00 2.00 3.00 If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption. 29.00 Skilled Nursing Facility 29.00 Ν Ν 30.00 Nursing Facility 30.00 Ν 31.00 | ICF/IID 31.00 32.00 SNF-Based HHA Ν Ν 32.00 SNF-Based RHC 33.00 33.00 34.00 SNF-Based FQHC 34 00 35.00 SNF-Based CMHC Ν 35.00 36.00 SNF-Based OLTC 36.00 Y/N 1.00 2.00 37.00 Is the skilled nursing facility located in a state that certifies the provider as a SNF 37.00 regardless of the level of care given for Titles V & XIX patients? (Y/N) Are you legally-required to carry mal practice insurance? (Y/N) Ν 38 00 39.00 Is the malpractice a "claims-made" or "occurrence" policy? If the policy is 39.00 "claims-made" enter 1. If the policy is "occurrence", enter 2 Premi ums Pai d Losses Self Insurance 3.00 1.00 2.00 41.00 List malpractice premiums and paid losses: 41.00 0 0 0

Health Financial Systems ALARIS HEALTH AT THE CHATEAU In Lieu						2540-10
	D NURSING FACILITY AND SKILLED NURSING	FACILITY HEALTH CARE	Provi der No.: 3154		Worksheet S-2	
COMPLE	X INDENTIFICATION DATA			From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	pared:
					5/30/2023 11:	25 am
					Y/N	
					1. 00	
42.00	Are malpractice premiums and paid loss				N	42. 00
	center? Enter Y or N. If yes, check box	x, and submit supporting s	schedule listing co	cost centers and		
	amounts.					
	Are there any home office costs as defi				N	43. 00
44. 00	If line 43 is yes, enter the home office	ce chain number and enter	the name and addre	ress of the home		44. 00
	office on lines 45, 46 and 47.					
	1. 00	2. 00		3. 00		
	If this facility is part of a chain or	ganization, enter the nam	e and address of t	the home office on the	lines	
	bel ow.					
45.00	Name:	Contractor's Name:	Cont	tractor's Number:		45. 00
46. 00	Street:	PO Box:				46. 00
47. 00	Ci ty:	State:	Zi p	Code:		47. 00

al th	Financial Systems D NURSING FACILITY AND SKILLED NURSING FACILI	TY HEALTH CARE	Provi der	No.: 315494 📗	Peri od:	Worksheet S-2)
	X REIMBURSEMENT QUESTIONNAIRE	THE TEXT OF THE	11011461		From 01/01/2022 To 12/31/2022	Part II	
					10 12/31/2022	5/30/2023 11:	
					Y/N	Date	
	General Instruction: For all column 1 respons	ses enter in column	า 1, "Y" foi	Yes or "N"	1.00 for No. For all	2.00 the date	
	responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites						
00	Provider Organization and Operation Has the provider changed ownership immediate	Iv prior to the be	ainnina of	the cost	N	I	1.
	reporting period? If column 1 is "Y", enter instructions)	the date of the ch	ange in col	umn 2. (see			
				1. 00	2. 00	V/I 3. 00	
00	Has the provider terminated participation in	9		N			2
	column 1 is yes, enter in column 2 the date of 3, "V" for voluntary or "I" for involuntary.	or termination and	TH COLUMN				
00	Is the provider involved in business transact			Υ			3
	contracts, with individuals or entities (e.g. or medical supply companies) that are related	., chain home offic d to the provider (ces, drug orits				
	officers, medical staff, management personnel	l, or members of t	ne board				
	of directors through ownership, control, or i relationships? (see instructions)	family and other s	milar				
	relationships: (see Thathactions)			Y/N	Type	Date	
	F1			1. 00	2. 00	3. 00	
0	Financial Data and Reports Column 1: Were the financial statements prepare	ared by a Certifie	d Public	Υ	С	06/30/2023	4
	Accountant? (Y/N) Column 2: If yes, enter "A"	" for Audited, "C"	for	·	Ü	007 007 2020	
	Compiled, or "R" for Reviewed. Submit compleavailable in column 3. (see instructions) If						
0	Are the cost report total expenses and total			N			5
	those on the filed financial statements? If						
	reconciliation.				Y/N	Legal Oper.	
					1. 00	2. 00	
_	Approved Educational Activities	10 ()/(11) 0 1	2 1 11				١.
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000	Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Program: Were approvals and/or renewals obtained during School and/or Allied Health Program? (Y/N) so the school and the provider's bad debigering the provider in the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.) 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. 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. If line 13 or 14 is "Y", then were	s? (Y/N) see instring the cost reportiee instructions. d debts? (Y/N) see t collection policy d/or coinsurance was cost reporting per Descripti 0	instructions instruction y change du aived? If "Y	ns. ring this cos Y", see instru Pa Y/N 1.00	t reporting uctions. ctions. rt A Date 2.00	Y/N 1.00 Y N N N Part B Y/N 3.00 Y	7 8 9 1 C 1 1 1 1 2 1 3 1 3 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
000 000	Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained during School and/or Allied Health Program? (Y/N) so the school and/or Allied	s? (Y/N) see instring the cost reportiee instructions. d debts? (Y/N) see t collection policy d/or coinsurance was cost reporting per Descripti 0	instructions instruction y change du aived? If "Y	ns. ring this cos Y", see instru Pa Y/N 1.00 N	t reporting uctions. ctions. rt A Date 2.00	Y/N 1.00 Y N N N Part B Y/N 3.00 Y	7 8 9 1 C 1 1 1 1 2 1 3 1 3 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
000	Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Program: Were approvals and/or renewals obtained during School and/or Allied Health Program? (Y/N) so the school and the provider's bad debigering the provider in the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.) 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. 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. If line 13 or 14 is "Y", then were	s? (Y/N) see instring the cost reportiee instructions. d debts? (Y/N) see t collection policy d/or coinsurance was cost reporting per Descripti 0	instructions instruction y change du aived? If "Y	ns. ring this cos Y", see instru Pa Y/N 1.00 N	t reporting uctions. ctions. rt A Date 2.00	Y/N 1.00 Y N N N Part B Y/N 3.00 Y	7 8 9 1 C 1 1 1 1 2 1 3 1 3 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
000 000 000 000 000 000	Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Program: Were approvals and/or renewals obtained during School and/or Allied Health Program? (Y/N) so the school and/or Allied	s? (Y/N) see instring the cost reportiee instructions. d debts? (Y/N) see t collection policy d/or coinsurance was cost reporting per Descripti 0	instructions instruction y change du aived? If "Y	ns. ring this cos Y", see instru Pa Y/N 1.00 N	t reporting uctions. ctions. rt A Date 2.00	Y/N 1.00 Y N N N Part B Y/N 3.00 Y	7 8 9 10 11 12 13 13 14 15 16 16
000 000	Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained during School and/or Allied Health Program? (Y/N) so the school and/or Allied	s? (Y/N) see instring the cost reportiee instructions. d debts? (Y/N) see t collection policy d/or coinsurance was cost reporting per Descripti 0	instructions instruction y change du aived? If "Y	ns. ring this cos Y", see instru Pa Y/N 1.00 Y	t reporting uctions. ctions. rt A Date 2.00	Y/N 1.00 Y N N Part B Y/N 3.00 Y	7 8 9 1 C 1 1 1 2 1 3 1 3 1 4 4 1 5 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
000	Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Program: Were approvals and/or renewals obtained during School and/or Allied Health Program? (Y/N) so the school and/or Allied	s? (Y/N) see instring the cost reportiee instructions. d debts? (Y/N) see t collection policy d/or coinsurance was cost reporting per Descripti 0	instructions instruction y change du aived? If "Y	ns. ring this cos Y", see instru Pa Y/N 1.00 Y	t reporting uctions. ctions. rt A Date 2.00	Y/N 1.00 Y N N Part B Y/N 3.00 Y	9 10 11 12 13 14 15 16 17 18

Heal th	Financial Systems ALAF	RIS HEALTH A	T THE CHATEAU		In Lieu	u of Form CMS-	2540-10
SKI LLE	D NURSING FACILITY AND SKILLED NURSING FACILITY	HEALTH CARE	Provider No.: 31549			Worksheet S-2	
COMPLE	X REIMBURSEMENT QUESTIONNAIRE					Part II	
				То	12/31/2022	Date/Time Pre 5/30/2023 11:	pared: 25 am_
			1. 00		2. 0	00	
	Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the title/po		CHARLES	REED)		19. 00
	held by the cost report preparer in columns 1, 2	2, and 3,					
	respecti vel y.						
20.00	Enter the employer/company name of the cost repo	ort	EXECUCARE ASSOCIATES				20. 00
	preparer.						
21. 00	Enter the telephone number and email address of		(609) 738-3200	CRWA	ASSC@NETSCAP	PE. NET	21. 00
	report preparer in columns 1 and 2, respectively	y.					

Health Financial Systems ALARIS HEALTH A SKILLED NURSING FACILITY HEALTH CARE ALARIS HEALTH AT THE CHATEAU Provi der No.: 315494

COMPLEX REIMBURSEMENT QUESTIONNAIRE

COMILE	A REI WIDDINGEWIENT QUESTI ONIVALIRE			To 12/31/2022	Date/Time Prep 5/30/2023 11:2	
		Part B			0, 00, 2020 1111	20 0
		Date				
		4. 00				
	PS&R Data					
13.00	Was the cost report prepared using the PS&R	03/17/2023				13.00
	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.)					
14. 00	Was the cost report prepared using the PS&R					14. 00
	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.					
15. 00	If line 13 or 14 is "Y", were adjustments					15. 00
13.00	made to PS&R data for additional claims that					13.00
	have been billed but are not included on the					
	PS&R used to file this cost report? If "Y",					
	see Instructions.					
16.00	If line 13 or 14 is "Y", then were					16.00
	adjustments made to PS&R data for					
	corrections of other PS&R Report					
	information? If yes, see instructions.					
17. 00	If line 13 or 14 is "Y", then were					17. 00
	adjustments made to PS&R data for Other?					
40.00	Describe the other adjustments:					40.00
18. 00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.					18. 00
	provider's records? IT Y see This tructions.					
			3.00			
	Cost Report Preparer Contact Information					
19. 00			VI CE-PRESI DENT			19. 00
	held by the cost report preparer in columns 1	, 2, and 3,				
00.00	respecti vel y.					00.00
20.00	Enter the employer/company name of the cost r	report				20. 00
21 00	preparer.	of the cost				21. 00
21.00	Enter the telephone number and email address report preparer in columns 1 and 2, respective					∠1.00
	Treport breharer in corumns rand 2, respectiv	CI y.		I	I	

Health Financial Systems ALARIS HEALTH AT SKILLED NURSING FACILITY HEALTH CARE COMPLEX STATISTICAL DATA

Provi der No.: 315494

						5/30/2023 11:2	
				I npa	atient Days/Vis	si ts	
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1. 00	2. 00	3. 00	4. 00	5. 00	
1.00	SKILLED NURSING FACILITY	251	91, 615	0	14, 082	51, 525	1. 00
2.00	NURSING FACILITY	0	0	0		0	2.00
3. 00 4. 00	I CF/IID HOME HEALTH AGENCY COST	0	0	0	0	0	3. 00 4. 00
5. 00	Other Long Term Care	0	0	0	U	o l	5. 00
6. 00	SNF-Based CMHC						6. 00
7.00	HOSPI CE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	251	91, 615	0	.,	51, 525	8. 00
		Inpatient [Days/Vi si ts		Di scharges		
	Component	Other	Total	Title V	Title XVIII	Title XIX	
		6. 00	7. 00	8. 00	9. 00	10. 00	
1.00	SKILLED NURSING FACILITY	7, 975	73, 582	0	314	187	1. 00
2.00	NURSING FACILITY	0	0	0		0	2.00
3. 00 4. 00	I CF/IID HOME HEALTH AGENCY COST	0	0			O	3. 00 4. 00
5. 00	Other Long Term Care	0	0				5. 00
6. 00	SNF-Based CMHC		_				6. 00
7.00	HOSPI CE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	7, 975	73, 582	0	314	187	8. 00
		Di sch	arges	Aver	age Length of	Stay	
	Component	0ther	Total	Title V	Title XVIII	Title XIX	
1 00	OVALLED ANDROLMO FACILITY	11. 00	12. 00	13.00	14. 00	15. 00	
1. 00 2. 00	SKILLED NURSING FACILITY NURSING FACILITY	235	736 0	0. 00 0. 00		275. 53 0. 00	1. 00 2. 00
3.00	I CF/IID	0	0	0.00		0.00	3. 00
4.00	HOME HEALTH AGENCY COST		_				4. 00
5.00	Other Long Term Care	0	0				5.00
6. 00	SNF-Based CMHC		_				6. 00
7. 00 8. 00	HOSPICE Total (Sum of lines 1-7)	235	0 736	0. 00 0. 00		0. 00 275. 53	7. 00 8. 00
8.00	Total (Suil of Titles 1-7)	Average Length	/30		si ons	275.53	8.00
		of Stay					
	Component	Total	Title V	Title XVIII	Title XIX	Other	
1. 00	SKILLED NURSING FACILITY	16.00	17. 00 0	18. 00 390	19. 00 138	20. 00	1. 00
2. 00	NURSING FACILITY	0.00	0		0	0	2. 00
3. 00	ICF/IID	0. 00			0	ő	3. 00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0. 00				0	5.00
6. 00 7. 00	SNF-Based CMHC HOSPICE	0.00	0	0	0	0	6. 00
7. 00 8. 00	Total (Sum of lines 1-7)	0. 00 99. 98	0	390	0 138	0 224	7. 00 8. 00
2.22		Admi ssi ons	Full Time				
	Component	Total	Employees on	Nonpai d			
	Component	10 tai	Payrol I	Workers			
		21. 00	22. 00	23. 00			
1.00	SKILLED NURSING FACILITY	752	57. 01	0.00			1.00
2.00	NURSING FACILITY	0	0.00				2.00
3. 00 4. 00	I CF/IID HOME HEALTH AGENCY COST		0. 00 0. 00				3. 00 4. 00
5. 00	Other Long Term Care	0	0.00				5. 00
6. 00	SNF-Based CMHC		0. 00				6. 00
7. 00	HOSPI CE	0	0.00				7. 00
8. 00	Total (Sum of lines 1-7)	752	57. 01	0.00		l	8. 00

SNF WAGE INDEX INFORMATION

Provider No.: 315494

Period: Worksheet S-3
From 01/01/2022 Part II

12/31/2022 Date/Time Prepared: 5/30/2023 11:25 am Amount Reclass. of Adj usted Pai d Hours Average Hourly Salaries from Salaries (col. Related to Wage (col. 3 Reported col . 4) Worksheet A-6 $1 \pm col. 2$ Salary in col 2.00 5. 00 1.00 3.00 4.00 PART II - DIRECT SALARIES SALARI ES 1.00 Total salaries (See Instructions) 2, 340, 472 2, 340, 472 118, 585. 00 19.74 1.00 Physician salaries-Part A 0.00 0.00 2.00 0 0 0 2.00 3.00 Physician salaries-Part B 0 0 0.00 0.00 3.00 Home office personnel 0 0 0 0.00 0.00 4.00 4.00 Sum of lines 2 through 4 0 0.00 5.00 0 0 0.00 5.00 0 118, 585. 00 19. 74 6.00 Revised wages (line 1 minus line 5) 2, 340, 472 2, 340, 472 6.00 7.00 Other Long Term Care 0 0 0.00 0.00 7.00 8.00 HOME HEALTH AGENCY COST 0 0 0.00 0.00 8.00 0 0.00 0 9.00 CMHC 0.00 9.00 0 10.00 HOSPI CE 0 0.00 0.00 10.00 11.00 Other excluded areas 0 0 0.00 0.00 11.00 0 Subtotal Excluded salary (Sum of lines 7 0 0.00 0.00 12.00 12.00 through 11) Total Adjusted Salaries (line 6 minus line 13.00 2, 340, 472 C 2, 340, 472 118, 585. 00 19.74 13.00 OTHER WAGES & RELATED COSTS Contract Labor: Patient Related & Mgmt Contract Labor: Physician services-Part A 36. 79 14.00 13, 912, 832 13, 912, 832 378, 147. 00 14.00 15.00 0 0.00 0.00 15.00 16.00 Home office salaries & wage related costs 0 0.00 0.00 16.00 WAGE-RELATED COSTS 17.00 Wage-related costs core (See Part IV) 490, 078 490, 078 17.00 18.00 Wage-related costs other (See Part IV) 0 18.00 0 Wage related costs (excluded units) 0 0 0 19.00 Physician Part A - WRC 0 20.00 0 0 20.00 21.00 Physician Part B - WRC 0 0 0 21.00 22.00 Total Adjusted Wage Related cost (see 490,078 0 490, 078 22.00 instructions)

Health Financial Systems
SNF WAGE INDEX INFORMATION Provi der No.: 315494

						5/30/2023 11:	25 am
		Amount	Reclass. of	Adj usted	Paid Hours	Average Hourly	
		Reported	Salaries from	Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col . 4)	
					3		
		1. 00	2.00	3. 00	4. 00	5. 00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0) C	0.00	0.00	1. 00
2.00	Administrative & General	823, 858	0	823, 858	28, 102. 00	29. 32	2. 00
3.00	Plant Operation, Maintenance & Repairs	48, 003	0	48, 003	1, 200. 00	40. 00	3. 00
4.00	Laundry & Linen Service	0	0	C	0.00	0.00	4. 00
5.00	Housekeepi ng	12, 265	0	12, 265	4, 820. 00	2. 54	5. 00
6.00	Di etary	1, 228, 583	0	1, 228, 583	78, 047. 00	15. 74	6. 00
7.00	Nursing Administration	0	0	O C	0.00	0.00	7. 00
8.00	Central Services and Supply	0	0	C	0.00	0.00	8. 00
9.00	Pharmacy	0	0	C	0.00	0.00	9. 00
10.00	Medical Records & Medical Records Library	0	0	O.	0.00	0.00	10. 00
11. 00	Soci al Servi ce	227, 763	0	227, 763	6, 417. 00	35. 49	11. 00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	0	0	0	0.00	0.00	13.00
14. 00	Total (sum lines 1 thru 13)	2, 340, 472	0	2, 340, 472	118, 586. 00	19. 74	14. 00

Health Financial Systems ALARIS HEALTH AT THE CHATEAU	In Lieu of Form CMS-2540-10
SNF WAGE RELATED COSTS Provider No.: 3	5494 Peri od: Worksheet S-3 From 01/01/2022 Part IV To 12/31/2022 Date/Time Prepared:

	To 12/31/2022	Date/Time Pre 5/30/2023 11:	
		Amount	
		Reported	
		1, 00	
	PART IV - WAGE RELATED COSTS	11.00	
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	10, 752	1.00
	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
	Qualified and Non-Qualified Pension Plan Cost	0	3. 00
	Prior Year Pension Service Cost	0	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
	401K/TSA Plan Administration fees	0	5.00
	Legal/Accounting/Management Fees-Pension Plan	0	6. 00
	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		7.00
	Heal th Insurance (Purchased or Self Funded)	191, 319	8.00
	Prescription Drug Plan	171,017	9.00
	Dental, Hearing and Vision Plan	4, 106	
	Life Insurance (If employee is owner or beneficiary)	0	
	Accident Insurance (If employee is owner or beneficiary)	0	
	Disability Insurance (If employee is owner or beneficiary)	1	13.00
	Long-Term Care Insurance (If employee is owner or beneficiary)	1 430	
	Workers' Compensation Insurance	85, 242	
	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	05, 242	
	Non cumulative portion)	0	16.00
	TAXES		
	FICA-Employers Portion Only	175, 033	17. 00
	Medicare Taxes - Employers Portion Only	175,033	
	Unemployment Insurance	0	19.00
	State or Federal Unemployment Taxes		
	OTHER	23, 190	20.00
		0	21 00
	Executive Deferred Compensation	1	21.00
	Day Care Cost and Allowances	0	22.00
	Tuition Reimbursement	0	23. 00
24. 00	Total Wage Related cost (Sum of lines 1 - 23)	490, 078	24. 00
		Amount	
		Reported	
	Don't D. Other than Care Dalated Cost	1. 00	
	Part B - Other than Core Related Cost		25 00
25.00	OTHER WAGE RELATED COST	0	25. 00

SNF REPORTING OF DIRECT CARE EXPENDITURES Provi der No.: 315494 Peri od: Worksheet S-3 From 01/01/2022 Part V 12/31/2022 Date/Time Prepared: 5/30/2023 11:25 am Occupational Category Amount Fri nge Adj usted Pai d Hours Average Hourly Benefits Sal ari es (col Related to Wage (col. 3 Reported col . 4) 1 + col. 2Salary in col 1.00 2.00 5.00 3.00 4.00 Direct Salaries Nursing Occupations 1.00 Registered Nurses (RNs) 0 0.00 0.00 1.00 0 0 Licensed Practical Nurses (LPNs) 0.00 0.00 2.00 2.00 0 3.00 Certified Nursing Assistant/Nursing 0 0 0.00 0.00 3.00 Assi stants/Ai des ̈ 4.00 Total Nursing (sum of lines 1 through 3) 00000000 0.00 0.00 4.00 5.00 Physical Therapists 0 0 0.00 5.00 0 00 Physical Therapy Assistants 0 0 0.00 6.00 0.00 6.00 7.00 Physical Therapy Aides 0 0 0.00 0.00 7.00 Occupational Therapists
Occupational Therapy Assistants 0 0 0.00 8.00 0.00 8.00 0 0 0.00 9.00 0.00 9.00 10.00 Occupational Therapy Aides 0 0 0.00 0.00 10.00 Speech Therapists 0 0 0.00 11.00 0.00 11.00 Respiratory Therapists 0 12.00 12 00 0 00 0 00 Ω 13.00 Other Medical Staff 0.00 0.00 13.00 Contract Labor Nursing Occupations 3, 906, 681 3, 906, 681 14 00 Registered Nurses (RNs) 87, 573. 00 44 61 14 00 15.00 Licensed Practical Nurses (LPNs) 1, 987, 642 1, 987, 642 57, 173. 00 34.77 15.00 Certified Nursing Assistant/Nursing 5, 421, 573 5, 421, 573 186, 768. 00 29.03 16.00 16.00 Assi stants/Ai des ̈ 17.00 Total Nursing (sum of lines 14 through 16) 11, 315, 896 11, 315, 896 331, 514. 00 34.13 17.00 Physical Therapists 18.00 915, 309 915, 309 17, 115. 00 53. 48 18.00 19.00 Physical Therapy Assistants 0.00 0.00 19.00 0 Physical Therapy Aides 20.00 0.00 0.00 20.00 48. 47 21.00 Occupational Therapists 832, 529 832, 529 17, 177. 00 21.00 Occupational Therapy Assistants 22.00 0 C 0.00 0.00 22.00 Occupational Therapy Aides 0.00 0.00 23.00

171, 298

677,800

171, 298

677, 800

3, 102. 00

9, 239. 00

0.00

55. 22

73. 36

24.00

25.00

0.00 26.00

23. 00 24. 00

25.00

Speech Therapists

26.00 Other Medical Staff

Respiratory Therapists

Peri od: Worksheet S-7 From 01/01/2022 To 12/31/2022 Date/Time Prepared:

	11	12/31/2022	5/30/2023 11:	
		Group	Days	
		1. 00	2. 00	1.00
1.00		RUX		1.00
2. 00 3. 00		RUL RVX		2. 00 3. 00
4.00		RVL		4. 00
5.00		RHX		5. 00
6.00		RHL		6. 00
7. 00		RMX		7. 00
8.00		RML		8. 00
9. 00		RLX		9. 00
10. 00		RUC		10.00
11. 00		RUB		11.00
12. 00 13. 00		RUA RVC		12. 00 13. 00
14. 00		RVB		14. 00
15. 00		RVA		15. 00
16. 00		RHC		16. 00
17. 00		RHB		17. 00
18. 00		RHA		18. 00
19. 00		RMC		19. 00
20. 00		RMB		20.00
21. 00		RMA		21.00
22. 00 23. 00		RLB RLA		22. 00 23. 00
24. 00		ES3		24. 00
25. 00		ES2		25. 00
26. 00		ES1		26. 00
27. 00		HE2		27. 00
28. 00		HE1		28. 00
29. 00		HD2		29. 00
30. 00		HD1		30.00
31.00		HC2		31.00
32. 00 33. 00		HC1 HB2		32. 00 33. 00
34. 00		HB1		34. 00
35. 00		LE2		35. 00
36. 00		LE1		36. 00
37. 00		LD2		37. 00
38. 00		LD1		38. 00
39. 00		LC2		39. 00
40.00		LC1		40.00
41. 00 42. 00		LB2 LB1		41. 00 42. 00
43.00		CE2		42.00
44.00		CE1		44. 00
45. 00		CD2		45. 00
46. 00		CD1		46. 00
47. 00		CC2		47. 00
48. 00		CC1		48. 00
49. 00		CB2		49. 00
50. 00		CB1		50.00
51. 00 52. 00		CA2 CA1		51. 00 52. 00
53. 00		SE3		53.00
54. 00		SE2		54. 00
55. 00		SE1		55. 00
56. 00		SSC		56. 00
57. 00		SSB		57. 00
58.00		SSA		58.00
59. 00 60. 00		I B2 I B1		59. 00 60. 00
61. 00		I A2		61. 00
62.00		I A1		62. 00
63. 00		BB2		63. 00
64. 00		BB1		64. 00
65. 00		BA2		65. 00
66. 00		BA1		66. 00
67. 00		PE2		67. 00
68.00		PE1		68.00
69. 00 70. 00		PD2 PD1		69. 00 70. 00
71. 00		PC2		70.00
72. 00		PC1		71.00
73. 00		PB2		73. 00
74. 00		PB1		74.00
75. 00		PA2		75. 00
	<u> </u>			

Health Financial Systems	ALARIS HEALTH AT THE CHATE	AU	In Lie	u of Form CMS-	2540-10
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provi	ler No.: 315494	Peri od:	Worksheet S-7	7
			From 01/01/2022 To 12/31/2022		
			Group	Days	
			1. 00	2. 00	
76. 00			PA1		76. 00
99. 00			AAA		99. 00
100. 00 TOTAL					100. 00
		Expenses	Percentage	Y/N	
		1.00	2. 00	3. 00	
A notice published in the Federal Register payments beginning 10/01/2003. Congress expenses. For lines 101 through 106: Enter column 2 the percentage of total expenses line 1, column 3. Indicate in column 3 "\ with direct patient care and related expenses (See instructions)	expected this increase to be user in column 1 the amount of to for each category to total Some for yes or "N" for no if the	sed for direct he expense for NF revenue from e spending refl	patient care and each category. Er Worksheet G-2, F ects increases as	related nter in Part I, ssociated	
101. 00 Staffi ng					101. 00
102.00 Recruitment					102. 00
103.00 Retention of employees					103. 00
104. 00 Trai ni ng					104. 00
105.00 OTHER (SPECIFY) 106.00 Total SNF revenue (Worksheet G-2, Part I,	line 1 column 2)				105. 00 106. 00
100.00 Total Sivi revenue (WOLKSHeet G-2, Part 1,	Title 1, Corumit 3)	I			1100.00

Heal th	Financial Systems	ALARIS HEALTH AT	THE CHATEAU		In Lie	u of Form CMS-2	2540-10
RECLAS	SSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provi der		eri od:	Worksheet A	
					rom 01/01/2022 o 12/31/2022	Date/Time Pre	nared:
					0 12/31/2022	5/30/2023 11:	25 am
	Cost Center Description	Sal ari es	0ther		Recl assi fi cati	Recl assi fi ed	
				+ col . 2)	ons	Trial Balance	
					Increase/Decre ase (Fr Wkst	(col. 3 +- col. 4)	
					A-6)	001. 1)	
		1. 00	2. 00	3. 00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS	1		1			
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES		5, 127, 728			5, 218, 777	1.00
2. 00 3. 00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS	0	214, 444 527, 410				2. 00 3. 00
4. 01	00401 ADMIN & GENERAL - DIRECT		1, 569, 150			527, 410 1, 569, 150	1
4. 02	00401 ADMIN & GENERAL - ACCUM	823, 858	2, 755, 492			3, 579, 350	4. 02
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	48, 003	1, 303, 239			1, 351, 242	5. 00
5. 01	00501 PLANT OP, MAINT & REPAIR - DIRECT	0	653, 640			653, 640	5. 01
6.00	00600 LAUNDRY & LINEN SERVICE	0	0	1	0	0	6. 00
6. 01	00601 LAUNDRY & LINEN - DIRECT	0	565, 733			565, 733	6. 01
7.00	00700 HOUSEKEEPI NG	12, 265	630, 575			642, 840	7. 00
7. 01 8. 00	00701 HOUSEKEEPING - DIRECT 00800 DIETARY	1 220 502	410, 174 96, 500	·		410, 174	7. 01 8. 00
8. 00	00800 DI ETARY 00801 DI ETARY - DI RECT	1, 228, 583	1, 041, 799			1, 325, 083 1, 041, 799	
9. 00	00900 NURSING ADMINISTRATION		704, 201			704, 201	1
10. 00	01000 CENTRAL SERVICES & SUPPLY	0	410, 607			410, 607	1
10. 01	01001 CENTRAL SERVICE & SUPPLY - DIRECT	0	760, 696			760, 696	
11. 00	01100 PHARMACY	O	43, 105		0	43, 105	
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	C	0	0	12. 00
13. 00	01300 SOCIAL SERVICE	227, 763	0	227, 763	0	227, 763	
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	C	0	0	
15. 00	01500 ACTIVITIES	0	523, 568			523, 568	1
15. 01	O1501 ACTIVITIES - DIRECT	0	210, 000	210, 000	0	210, 000	15. 01
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY	O	12, 113, 696	12, 113, 696	0	12, 113, 696	30.00
31. 00	03100 NURSING FACILITY		12, 113, 070	12, 113, 070			1
32. 00	03200 CF/IID	l ol	0	Ì		Ö	32.00
33. 00	03300 OTHER LONG TERM CARE	O	0	d	0	0	ı
	ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADI OLOGY	0	20, 241				1
41. 00	04100 LABORATORY	0	83, 332			83, 332	1
42.00	04200 I NTRAVENOUS THERAPY	0	395, 118			395, 118	1
43. 00 44. 00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY	0	9, 100 2, 451, 958			9, 100 2, 451, 958	1
45. 00	04500 OCCUPATIONAL THERAPY		156, 801			156, 801	1
46. 00	04600 SPEECH PATHOLOGY	0	38, 724			38, 724	1
47. 00	04700 ELECTROCARDI OLOGY	0	0	C	0	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	682, 605	682, 605	0	682, 605	
50. 00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	C	0	0	
51. 00		0	134, 497	134, 497	0	134, 497	51.00
60. 00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC		0			0	40 00
61. 00			0		0		
62. 00			O		,		62.00
	OTHER REIMBURSABLE COST CENTERS	1					
70.00	07000 HOME HEALTH AGENCY COST	0	0	C	0	0	70. 00
71.00	07100 AMBULANCE	0	7, 219	7, 219	0	7, 219	71. 00
73.00	07300 CMHC	0	0	C	0	0	73. 00
00.00	SPECIAL PURPOSE COST CENTERS			1			00.00
80. 00 81. 00			0	C	0	0 0	
82. 00			0			0	ı
83. 00	08300 HOSPI CE		0		0	0	83. 00
89. 00		2, 340, 472	33, 641, 352	35, 981, 824	Ö	_	ł
	NONREI MBURSABLE COST CENTERS						
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	C	0	0	
	09100 BARBER AND BEAUTY SHOP	0	0	C	0	0	
	09200 PHYSI CLANS PRI VATE OFFI CES	0	0		0	0	
93.00	09300 NONPAI D WORKERS 09400 PATI ENTS LAUNDRY		0		0	0	93. 00 94. 00
	09500 LTACH		0		, 0	0	1
100.00		2, 340, 472	33, 641, 352	35, 981, 824	0	_	
	•						

 Heal th Financial
 Systems
 ALARIS HEALTH AT THE CHATEAU

 RECLASSIFICATION
 AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
 Provider
 Provider No.: 315494 | Period: | Worksheet A | From 01/01/2022 | To 12/31/2022 | Date/Time Pr

Cost Center Description					To 12/31/2022 Date/Time Pro 5/30/2023 11:	
		Cost Center Description	Adjustments to	Net Expenses	3/30/2023 11.	25 alli
SIND BAL SUBMICE DOT CENTERS					1	
			WKSt A-0)			
1.00			6. 00			
2.00 00200 CAP REL COSTS - MOVABLE FOULPMENT 0 123, 395 2.00 0.0			0.050.050	0.050.505	.1	
3.00 0.0300 EMPLOYEE BENEFITS			1			
4. 01 004001 ADMIT N GENERAL - DIRECT 0 1,559 150 4. 01 5. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 721 5. 00 5. 01 005001 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 721 5. 00 5. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 721 5. 00 5. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 721 5. 00 6. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 721 6. 00 6. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 721 6. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 721 6. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 723 6. 00 005000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 723 7. 00 007000 PLANT OPERATION, MAINT & REPAIRS -18,521 1,332 723 7. 00 007000 PLANT OPERATION -18,521 1,332 1,332 1,333 7. 00 007000 PLANT OPERATION -18,521 1,332 1,332 1,333 7. 00 007000 PLANT OPERATION -18,521 1,332 1,332 1,333 7. 00 007000 PLANT OPERATION -18,521 1,332 1,333 7. 00 007000 PLANT OPERATION -18,521 1,332 1,332 7. 00 017000 PLANT OPERATION -18,521 1,332 1,332 7. 00 017000 PLANT OPERATION -18,521 1,332 1,333 7. 00 017000 PLANT OPERATION -18,521 1,332 1,333 7. 00 017000 PLANT OPERATION -18,532 1,332 7. 00 017000 PLANT OPERATION -18,532 7. 00 017000 PLANT		l l	1	1		•
5.00 00500 PLANT OPERATION, MAINT & REPAIRS -18.521 1.332, 721 5.00 6.00		l l	1	1		•
5. 01 00501 PLANT OP, MAINT & BERAIR - DIRECT 0 653, 460 6.00 00500 LAUNDRY & LINEN SERVICE 0 6.00 00500 LAUNDRY & LINEN SERVICE 0 6.00 00500 LAUNDRY & LINEN SERVICE 0 7.00 00700 HOUSE EEPING 0 7.00 00700 HED EERING 0 7.00 007	4.02	00402 ADMIN & GENERAL - ACCUM	-201, 183	3, 378, 167	,	4. 02
0.000 00000 LANDRY & LINEN SERVICE 0 0 0 0 0 0 0 0 0		1				1
0.001 LANDRY & LINEN - DIRECT			1	1	l e e e e e e e e e e e e e e e e e e e	1
7. 00 00700 HOUSEKEEPING - OIRECT		l i		1		1
7. 01 00701 HOUSEKEEPING - DIRECT		1 1		1	l .	•
8. 01 0.0201 DIETRY - DIRECT	7.01	1 t	0	1		7. 01
9.00 00900 NURSING ADMINISTRATION 0 704, 201 0.00 10.00 10.00 10.00 CENTRAL SERVICES & SUPPLY - DIRECT 0 760, 696 11.0 0.01 10.00 10.00 10.00 CENTRAL SERVICE & SUPPLY - DIRECT 0 760, 696 11.0 0.01 10.00 11.00 1			1			
10.00 01000 CENTRAL SERVICE & SUPPLY 0 410,607 10.00 11.00 11.00 01100 PHAMACY 0 43,105 11.00 12.00 13.00 15.0		l l	0	1	1	
10. 01 010001 CENTRAL SERVICE & SUPPLY - DIRECT 0 760, 696 11. 0. 01 11. 0. 0. 01 11. 0. 0. 01 11. 0. 0. 01 11. 0. 0. 01 11. 0. 0. 01 11. 0. 0. 01 11. 0. 0. 01 11. 0. 0. 01 11. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				1		•
11.00 O1100 PHARMACY 0				1	•	•
13. 00 01300 SOCIAL SERVICE 0 227, 763 13. 00 14. 00 01400 NURSIN GA DALLED HALTH EDUCATION 0 0 15. 00 15. 00 01500 ACTIVITIES 0 523, 568 15. 00 16. 01 01501 ACTIVITIES 0 523, 568 15. 00 17. 01 17. 01 17. 01 17. 01 17. 00 15. 01 18. 01 17. 01 17. 00 17. 00 17. 00 18. 01 17. 00 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 17. 00 19. 01 17. 00 17. 00 19.			0	1	1	•
14. 00 01400 MURSI NIG ANID ALLIED HEALTH EDUCATION 0 5.23, 568 15.00 15			0	1		•
15. 00 01500 ACTIVITIES DIRECT			-	1	3	•
15. 01 01501 ACTIVITIES - DIRECT 0 210,000 15. 01 NATE FOR TROUTH SERVICE COST CENTERS 30. 00 03000 SCILLED NURSING FACILITY 0 0 0 31. 00 33. 00 03200			-			
INPATI ENT ROUTI NE SERVICE COST CENTERS 30.00 31.00 3			-	1	l control of the cont	1
30. 00 3000 SXILLED NURSING FACILITY	13. 01			210,000	<u>'</u>	13.01
32. 00 03.200 10.27 10.00 10.00 32. 00 33. 00 30.00 071EPR LONG TERM CARE 0 0 0 0 33. 00 33. 00 30.00 071EPR LONG TERM CARE 0 0 0 0 33. 00 33. 00 071EPR LONG TERM CARE 0 0 0 0 0 0 40. 00 04000 RADI OLOGY 0 0 20. 241 40. 00 41. 00 04100 LABORATORY 0 83. 332 41. 00 42. 00 04200 1NTRAVENOUS THERAPY 0 395. 118 42. 00 43. 00 04300 0XYGEN (I NHALATI ON) THERAPY 0 9. 100 43. 00 44. 00 04400 PHYSI CAL THERAPY -1,536,649 915. 309 44. 00 45. 00 04500 0CCUPATI ONAL THERAPY 675. 728 832. 529 45. 00 46. 00 04600 04600 04600 04600 04600 04600 04600 47. 00 04700 LATOROCARDI OLOGY 132. 574 171. 298 46. 00 48. 00 04800 04800 ARDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 47. 00 49. 00 04900 DRUGS CHARGED TO PATIENTS 0 0 682.605 49. 00 50. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 50. 00 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 50. 00 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 50. 00 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 61. 00 62. 00 06200 COLUMA HEALTH CLINIC 0 0 0 61. 00 63. 00 07000 07000 07000 07000 07000 64. 00 07100 07000 07000 07000 07000 65. 00 07000 07000 07000 07000 07000 07000 67. 00 07000 07000 07000 07000 07000 07000 68. 00 07000 07000 07000 07000 07000 07000 68. 00 070000 07000 07000 07000 07000 07000 69. 00 070	30.00		-41, 770	12, 071, 926		30.00
33.00			1	ł .	l e e e e e e e e e e e e e e e e e e e	•
ANCILLARY SERVICE COST CENTERS			1	1	·	1
40. 00 04000 RADI OLOCY 0 20, 241 40. 00 41. 00 4100 LABORATORY 0 83, 332 41. 00 42. 00	33.00			<u> </u>	<u>/ </u>	33.00
41. 00 04100 LABORATORY 0 83, 332 41. 00 42. 00 04200 INTRAVENOUS THERAPY 0 395, 118 42. 00 43. 00 04300 OXYGEN (INHALATION) THERAPY 0 395, 118 43. 00 44. 00 04400 PHYSI CAL THERAPY -1, 536, 649 915, 309 44. 00 45. 00 04500 OCCUPATIONAL THERAPY 675, 728 832, 529 45. 00 46. 00 04600 SPEECH PATHOLOGY 132, 574 171, 298 46. 00 47. 00 04700 ELECTROCARDI OLOGY 0 0 0 48. 00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 682, 605 49. 00 49. 00 04900 DRIVES CHARGED TO PATI ENTS 0 682, 605 49. 00 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 60. 00 06000 CLI NI C 0 0 0 0 61. 00 06000 CRIAL HEALTH CLINI C 0 0 0 0 61. 00 06100 RURAL HEALTH CLINI C 0 0 0 0 62. 00 06200 FOHG 0 0 0 0 71. 00 07100 AMBILANCE 0 7, 219 71. 00 73. 00 07000 HOME HEALTH AGENCY COST 0 0 0 0 74. 00 07000 HOME HEALTH AGENCY COST 0 0 0 75. 00 07000 MOME HEALTH AGENCY COST 0 0 0 82. 00 08200 UTILLIZATION REVIEW - SNF 0 0 0 83. 00 08300 HOSPI CE EXPENSE 0 0 0 84. 00 08000 MAJEPRACTICE PREMIUMS & PAID LOSSES 0 0 0 85. 00 08000	40. 00		0	20, 241		40. 00
43. 00 04300 0XYGEN (I NHALATION) THERAPY 0 9, 100 0 44. 00 04400 PHYSICAL THERAPY 675, 728 832, 529 35. 00 04500 0CCUPATIONAL THERAPY 675, 728 832, 529 35. 00 04600 04600 05PECCH PATHOLOGY 132, 574 171, 298 36. 00 04600 04600 05PECCH PATHOLOGY 0 0 0 0 0 0 0 0 0			0	1		
44. 00 45. 00 40400 PHYSI CAL THERAPY 45. 00 45. 00 45. 00 45. 00 45. 00 45. 00 45. 00 45. 00 46. 00 45. 00 46. 00 46. 00 47. 00 47. 00 47. 00 47. 00 47. 00 48. 00 48. 00 48. 00 49. 00		l i		1		•
45. 00			9	1	i de la companya del companya de la companya de la companya del companya de la co	1
46. 00 04500 SPEECH PATHOLOGY		1 1	1	1		
47. 00 04700 ELECTROCARDIOLOGY 47. 00 48. 00 480 04900 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0		l i	1	1		•
49, 00 04900 DRUGS CHARGED TO PATLENTS 0 682, 605 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 51. 00 51. 00 51. 00 51. 00 60.		1 t		1		•
50. 00 05000 DENTAL CARE - TI TLE XIX ONLY 0 0 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 134, 497 51. 00 61. 00 61. 00 61. 00 61. 00 61. 00 61. 00 61. 00 61. 00 62.	48. 00		0	0		
51.00			1	1		•
OUTPATIENT SERVICE COST CENTERS O					7	•
60. 00	31.00			1 134, 497		31.00
62. 00 06200 FOHC OTHER REI MBURSABLE COST CENTERS	60.00		0	0		60. 00
OTHER REIMBURSABLE COST CENTERS TO			0	0		61. 00
70. 00	62. 00					62. 00
71. 00 07100 AMBULANCE 0 7, 219 73. 00 73. 00 73. 00 75. 00 73. 00	70.00				N.	70.00
73. 00 07300 CMHC 0 0 0 SPECIAL PURPOSE COST CENTERS 80. 00 81. 00 81. 00 82. 00 82. 00 83. 00				1		1
SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 0 0 0 0 81.00						
81. 00 08100 INTEREST EXPENSE 0 0 0 82. 00 83. 00 08200 UTI LI ZATI ON REVI EW - SNF 0 0 0 0 83. 00 08300 HOSPI CE 0 0 0 0 83. 00 89. 00 SUBTOTALS (sum of lines 1-84) -3, 949, 073 32, 032, 751 89. 00 NONREI MBURSABLE COST CENTERS 90. 00 09100 BARBER AND BEAUTY SHOP 0 0 0 91. 00 92. 00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 0 93. 00 09300 NONPAI D WORKERS 0 0 0 0 94. 00 94. 00 94. 00 95. 00 09500 LTACH 0 0 0 0 95. 00 09500 LTACH 0 0 0 0 95. 00 09500 LTACH 0 0 0 0 0 95. 00 00 0 0 0 0 0 0 0						
82. 00 08200 UTI LI ZATI ON REVI EW - SNF 0 0 0 0 83. 00 83. 00 89. 00 SUBTOTALS (sum of lines 1-84) -3,949,073 32,032,751 89. 00			0	0		•
83. 00 89. 00 SUBTOTALS (sum of lines 1-84) -3,949,073 32,032,751 89. 00			-			1
89. 00 SUBTOTALS (sum of lines 1-84) -3,949,073 32,032,751 89.00			0	0		•
NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0 0 0			-3 949 N73	32 032 751		•
90. 00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0 0 0	37.00		5, 7 + 7, 0 / 3	32,002,701		7 30
92. 00 92.00 94.00 95.00		09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		
93. 00 09300 NONPAI D WORKERS 0 0 0 94.00 94.00 95.00 09500 LTACH 0 0 0 95.00 09500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l l	0	1	1	
94. 00 09400 PATIENTS LAUNDRY 0 0 0 95. 00 95. 00 09500 LTACH 95. 00 0 95. 00 95		1 1	0	0		
95. 00 09500 LTACH 0 0 95. 00						
				_		
			-3, 949, 073	32, 032, 751		

Health Financial Systems	ALARIS HEALTH AT THE CHATEAU			In Lieu of Form CMS-2540-10		
RECLASSI FI CATI ONS		Provi der		Peri od: From 01/01/2022	Worksheet A-6	
				To 12/31/2022		pared: 25 am
		Increases				
	Cost Center Li		Li ne #	Sal ary	Non Salary	
	2.00		3. 00	4. 00	5. 00	
(1) A - RECLASS LHI DEPRE						
1.00	CAP REL COSTS - BLE FIXTURES	OGS &	1. (00 0	91, 049	1. 00
TOTALS						
100. 00	Total Reclassificat of columns 4 and 5 equal sum of column 9)	must		0	91, 049	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.

Health Financial Systems	ALARIS HEALTH AT THE	CHATEAU		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS		Provi der		Peri od: From 01/01/2022	Worksheet A-6	
				To 12/31/2022	Date/Time Pre 5/30/2023 11:	
	Decreases					
	Cost Cente	r	Li ne #	Sal ary	Non Salary	
	6.00		7. 00	8. 00	9. 00	
(1) A - RECLASS LHI DEPRE						
1.00	CAP REL COSTS - MOV	'ABLE	2. 0	0 0	91, 049	1. 00
	EQUI PMENT					
TOTALS						
100 00				0	91 049	100 00

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

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS ALARIS HEALTH AT THE CHATEAU In Lieu of Form CMS-2540-10 | Peri od: | Worksheet A-7 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315494

				רן	To 12/31/2022	Date/Time Prep 5/30/2023 11:2	oared: 25 am
			<u> </u>	Acqui si ti ons			
	Description	Begi nni ng	Purchases	Donati on	Total	Disposals and	
	·	Bal ances				Retirements	
		1.00	2.00	3.00	4. 00	5. 00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES	S					
1.00	Land	0	0	(0	0	1.00
2.00	Land Improvements	0	0	(0	0	2.00
3.00	Buildings and Fixtures	0	0	(0	0	3. 00
4.00	Building Improvements	1, 321, 928	234, 137	(234, 137	0	4. 00
5.00	Fi xed Equipment	0	0	(0	0	5. 00
6.00	Movable Equipment	1, 245, 622	0	(0	21, 876	6. 00
7.00	Subtotal (sum of lines 1-6)	2, 567, 550	234, 137	(234, 137	21, 876	7. 00
8.00	Reconciling Items	0	0	(0	0	8. 00
9. 00	Total (line 7 minus line 8)	2, 567, 550	234, 137	(234, 137	21, 876	9. 00
	Description	Endi ng Bal ance	Fully				
			Depreciated				
		4 00	Assets				
	ANALYCIC OF CHANCEC IN CARLTAL ACCET BALANCE	6.00	7. 00				
1 00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES Land) 					1. 00
1. 00 2. 00		0	0				2. 00
	Land Improvements	0	0				3. 00
3. 00 4. 00	Buildings and Fixtures	1 554 045	0				4. 00
	Building Improvements	1, 556, 065	0				4. 00 5. 00
5. 00 6. 00	Fi xed Equi pment Movable Equi pment	1, 223, 746	0				6. 00
7. 00	Subtotal (sum of lines 1-6)	l	0				7. 00
8. 00	Reconciling Items	2, 779, 811	0				8. 00
9. 00	Total (line 7 minus line 8)	2, 779, 811	0				9. 00
7. 00	Trotal (True / milius True 0)	2, 117, 011	U	I		l	7. 00

Peri od: Worksheet A-8

Peri od: From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/30/2023 11: 25 am

					5/30/2023 11:	25 am
				Expense Classification on	Worksheet A	
				To/From Which the Amount is	to be Adjusted	
					,	
	Description (1)	(2) Basis For	Amount	Cost Center	Li ne No.	
	5000 pt. 011 (1)	Adjustment	711104111		21110 1101	
		1.00	2. 00	3.00	4. 00	
1. 00	Investment income on restricted funds	B B		ADMIN & GENERAL - ACCUM	4. 02	1. 00
1.00	(chapter 2)		-27, 273	ACCOM	4.02	1.00
2.00	Trade, quantity, and time discounts (chapter		0		0.00	2. 00
2.00	8)		O		0.00	2.00
3.00	1 *		0		0.00	3. 00
	Refunds and rebates of expenses (chapter 8)		-			1
4. 00	Rental of provider space by suppliers		0	1	0.00	4. 00
г оо	(chapter 8)		0		0.00	F 00
5. 00	Tel ephone services (pay stations excluded)		0	1	0.00	5. 00
	(chapter 21)		•		0.00	, ,,,
6.00	Television and radio service (chapter 21)		0		0.00	6. 00
7.00	Parking Lot (chapter 21)		0		0.00	•
8.00	Remuneration applicable to provider-based	A-8-2	0)		8. 00
	physi ci an adjustment					
9.00	Home office cost (chapter 21)		0)	0.00	9. 00
10.00	Sale of scrap, waste, etc. (chapter 23)		0	0	0.00	10. 00
11.00	Nonallowable costs related to certain		0		0.00	11. 00
	Capital expenditures (chapter 24)					
12.00	Adjustment resulting from transactions with	A-8-1	-3, 075, 805			12.00
	related organizations (chapter 10)					
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	ol .	0.00	15. 00
16.00	Sale of medical supplies to other than		0		0.00	16. 00
	patients					
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	•
20. 00	Income from imposition of interest, finance		0		0.00	•
20.00	or penalty charges (chapter 21)		O		0.00	20.00
21. 00	Interest expense on Medicare overpayments		0		0.00	21. 00
21.00	and borrowings to repay Medicare		O		0.00	21.00
	overpayments					
22. 00	Utilization reviewphysicians' compensation		0	UTILIZATION REVIEW - SNF	82 00	22. 00
22.00	(chapter 21)		0	OTTETZATION REVIEW SIN	02.00	22.00
23. 00	Depreciationbuildings and fixtures		0	CAP REL COSTS - BLDGS &	1.00	23. 00
23.00	bepreer at ron barraings and rextares			FI XTURES	1.00	25.00
24. 00	Depreciationmovable equipment			CAP REL COSTS - MOVABLE	2 00	24. 00
27.00	Bopi coi atti ott illiovabi e equi pilletti		0	EQUI PMENT	2.00	27.00
25. 00			0		0.00	25. 00
25. 00			0		0.00	•
25. 01	PENALTI ES	_	20	ADMIN & CENEDAL ACCUM		•
	1	A		ADMIN & GENERAL - ACCUM ADMIN & GENERAL - ACCUM	4. 02	1
25. 03	PRIVATE BAD DEBTS 30%	A		1	4. 02	
	PART A BAD DEBTS - NORTH	A		ADMIN & GENERAL - ACCUM	4. 02	1
	BAD DEBTS	A		ADMIN & GENERAL - ACCUM	4. 02	1
25. 06		A		ADMIN & GENERAL - ACCUM		25. 06
25. 07	RESIDENT PD CLAIMS (CB)	A		ADMIN & GENERAL - ACCUM	4. 02	1
25. 08	VALET PARKING	A	-16, 000	PLANT OPERATION, MAINT. &	5. 00	25. 08
				REPAI RS		
25. 09	VALET PARKING - NORTH DIVISION	A	-240, 000	PLANT OPERATION, MAINT. &	5. 00	25. 09
				REPAI RS		
100.00	Total (sum of lines 1 through 99) (Transfer		-3, 949, 073			100. 00
	to Worksheet A, col. 6, line 100)					
(1) Do	scription - all chapter references in this co	Lump portain to	CMS Dub 15 1			

⁽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.

In Lieu of Form CMS-2540-10 ALARIS HEALTH AT THE CHATEAU

Health Financial Systems ALARIS HEALTH AT STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Peri od: Worksheet A-8-1
From 01/01/2022 Parts I-II
To 12/31/2022 Date/Time Prepared: 5/30/2023 11:25 am Provi der No.: 315494 OFFICE COSTS

				2 .	5/30/2023 11	. 25 aiii
		Line No. 1.00		<u>Center</u> 00	Expense Items 3.00	
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR					
	CLAIMED HOME OFFICE COSTS:					ļ.,
00		1.00	CAP REL COSTS FIXTURES	- BLDGS &	REAL ESTATE TAXES	1.0
00		1. 00	CAP REL COSTS FIXTURES	- BLDGS &	REAL ESTATE TAXES - NORTH	2.0
00		1. 00	CAP REL COSTS	- BLDGS &	RENT	3.0
00		1. 00	FIXTURES CAP REL COSTS	- BLDGS &	RENT NORTH	4.0
00		1. 00	FIXTURES CAP REL COSTS	- BLDGS &	I NSURANCE-PROPERTY	5.0
00		1. 00	FIXTURES CAP REL COSTS	- BLDGS &	PROPERTY INSURANCE - NORTH	6.0
00		4. 02	FIXTURES ADMIN & GENERA	L - ACCUM	ADVANTAGE ADMIN COSTS	7.0
00			ADMIN & GENERA		REALTY ADMIN	8.0
00			ADMIN & GENERA		REALTY NORTH ADMIN	9.0
1			PLANT OPERATIO REPAIRS	N, MAINI. &	REALTY PURCHASED SERVICES	9. (
2			SKILLED NURSIN	G FACILITY	VENT THERAPY	9. (
3			SKILLED NURSIN		TRANSPORTERS	9.0
4			PHYSICAL THERA		PHYSI CAL THERAPY	9. (
5			PHYSICAL THERA		PHYSICAL THERAPY NORTH	9.0
,			PHYSICAL THERA PHYSICAL THERA		PHYSICAL THERAPY VENT MCARE PART A SRVC-THRPY	9. 9.
3			PHYSICAL THERA		MCARE PART A SRVC-THRPY	9.
)			PHYSI CAL THERA		MCARE PART A SRVC-THRPY	9.
)			PHYSICAL THERA		THRPY SRVCES - MCAID	9.
			PHYSI CAL THERA		THRPY SRVCES - MCAID NOR	9.
2			OCCUPATIONAL T		OCCUPATIONAL THERAPY	9.
} 			OCCUPATIONAL T		OCCUPATIONAL THERAPY NORT OCCUPATIONAL THERAPY VENT	9.
5			SPEECH PATHOLO		SPEECH THERAPY	9.
5			SPEECH PATHOLO		SPEECH THERAPY NORTH	9.
,			SPEECH PATHOLO		SPEECH THERAPY VENT	9.
3		0. 00				9.
00	TOTALS (sum of lines 1-9). Transfer column					10.
	6, line 100 to Worksheet A-8, column 3, line 12.					
	12.					
	12.	Amount	Amount	Adjustments		
	12.	Allowable In	Included in	(col. 4 minus		
	12.		Included in Wkst. A, col.			
		Allowable In Cost	Included in Wkst. A, col. 5	(col. 4 minus col. 5)		
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR CLAIMED HOME OFFICE COSTS:	Allowable In Cost	Included in Wkst. A, col. 5	(col. 4 minus col. 5)		
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO	(col . 4 mi nus col . 5) 6.00 NS WITH RELATE	D ORGANI ZATI ONS OR	
1	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	4.00 RED AS A RESULT 221, 222 439, 200	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE	D ORGANI ZATI ONS OR	2.
) 	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE -13,030 0	D ORGANI ZATI ONS OR	2. 3.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	4.00 221, 222 439, 200 531, 405 931, 326 15, 737	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE -13,030 0 -568,595 -2,368,674 -13,292	D ORGANI ZATI ONS OR	2. 3. 4.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247	(col . 4 mi nus col . 5) 6.00 NS WITH RELATE -13,030 0 -568,595 -2,368,674 -13,292 4,339	D ORGANI ZATI ONS OR	2. 3. 4. 5.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 0 -568,595 -2,368,674 -13,292 4,339 241,865	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	4.00 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	4.00 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 0 0	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	4.00 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 0 677, 800	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	4.00 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 124,688	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 23, 050 168, 394	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 124,688 422,974 300,891	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 0 23, 050 168, 394 6, 602	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 422,974 300,891 -6,602	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 677, 800 23, 050 168, 394 6, 602 1, 438, 003	(col . 4 mi nus col . 5) 6.00 NS WI TH RELATE -13, 030 -568, 595 -2, 368, 674 -13, 292 4, 339 241, 865 169, 160 5, 060 237, 479 -166, 458 422, 974 300, 891 -6, 602 -1, 438, 003	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13, 030 -568, 598 -2, 368, 674 -13, 292 4, 339 241, 865 169, 160 5, 060 237, 479 -166, 458 422, 974 300, 891 -6, 602 -1, 438, 003 -660, 468	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468 133, 287	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 422,974 300,891 -6,602 -1,438,003 -660,468 -133,287	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 124,688 422,974 300,891 -6,602 -1,438,003 -600,468 -133,287 -3,768	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468 133, 287 3, 768 18, 386	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 124,688 422,974 300,891 -6,602 -1,438,003 -660,468 -133,287 -3,768 -18,386	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024 469, 285 0 0 0 0 0 0	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 0 677, 800 168, 394 6, 602 1, 438, 003 660, 468 133, 287 3, 768 18, 386 10, 648 140, 993	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13, 030 -568, 595 -2, 368, 674 -13, 292 4, 339 241, 865 169, 160 5, 060 237, 479 -166, 458 422, 974 300, 891 -6, 602 -1, 438, 003 -660, 468 -133, 287 -3, 768 -18, 368 487, 606 193, 282	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024 469, 285 0 0 0 0 0 498, 254 334, 275	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 677, 800 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468 133, 287 3, 768 18, 386 10, 648 140, 993 5, 160	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 422,974 300,891 -6,602 -1,438,003 -660,468 -133,287 -3,768 -18,386 487,606 193,282 -5,160	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024 469, 285 0 0 0 0 498, 254 334, 275 0 84, 358	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468 133, 287 3, 768 18, 386 10, 648 140, 993 5, 160 9, 058	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 124,688 422,974 300,891 -6,602 -1,438,003 -660,468 -133,287 -3,768 -18,386 487,606 193,282 -5,160 75,300	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 ED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024 469, 285 0 0 0 0 0 498, 254 334, 275	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 677, 800 678, 800 14, 438, 003 660, 468 133, 287 3, 768 18, 386 10, 648 140, 993 5, 160 9, 058 28, 814	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 124,688 422,974 300,891 -6,602 -1,438,003 -604,468 -133,287 -3,768 -18,386 487,606 193,282 -5,160 75,300 58,126	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
)	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024 469, 285 0 0 0 0 498, 254 334, 275 0 84, 358	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468 133, 287 3, 768 18, 386 10, 648 140, 993 5, 160 9, 058	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13,030 -568,595 -2,368,674 -13,292 4,339 241,865 169,160 5,060 237,479 -166,458 124,688 422,974 300,891 -6,602 -1,438,003 -660,468 -133,287 -3,768 -18,386 487,606 193,282 -5,160 75,300 58,126 -852	D ORGANI ZATI ONS OR	1. 2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	Allowable In Cost 4.00 RED AS A RESULT 221, 222 439, 200 531, 405 931, 326 15, 737 29, 586 241, 865 169, 160 5, 060 237, 479 511, 342 124, 688 446, 024 469, 285 0 0 0 0 498, 254 334, 275 0 84, 358	Included in Wkst. A, col. 5 5.00 OF TRANSACTIO 234, 252 439, 200 1, 100, 000 3, 300, 000 29, 029 25, 247 0 0 677, 800 23, 050 168, 394 6, 602 1, 438, 003 660, 468 133, 287 3, 768 18, 386 10, 648 140, 993 5, 160 9, 058 28, 814 852	(col. 4 minus col. 5) 6.00 NS WITH RELATE -13, 030 -568, 595 -2, 368, 674 -13, 292 4, 339 241, 865 169, 160 5, 060 237, 479 -166, 458 422, 974 300, 891 -6, 602 -1, 438, 003 -660, 468 -133, 287 -3, 768 -18, 386 487, 606 193, 282 -5, 160 75, 300 58, 126 -852	D ORGANI ZATI ONS OR	2. 3. 4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No.: 315494

Worksheet A-8-1 From 01/01/2022 Parts I-II Date/Time Prepared:

12/31/2022

5/30/2023 11:25 am Symbol (1) Name Percentage of Ownershi p 1.00 2.00 3.00

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

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

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

1. 00	A	AVERY ELSENRELCH	99.00	1.00
2. 00	Α	RIVKA JACOBWITZ	0.00	2. 00
3.00	Α	AVERY ELSENRIECH	99.00	3. 00
4.00	Α	SAC PROPERTIES	1.00	4. 00
5. 00	Α	AVERY ELSENRELCH	99.00	5. 00
6.00	A	SAC PROPERTIES	1.00	6. 00
7. 00			0.00	7. 00
8.00			0.00	8. 00
9. 00			0.00	9. 00
10. 00			0.00	10.00
100.00 G. Other (financial or non-financial)			0.00	100. 00
speci fy:				
				•

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in rel ated organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

	Rel ated Organi	Rel ated Organization(s) and/or Home Office					
	Name	Percentage of	Type of Business	1			
		Ownershi p					
	4.00	5. 00	6. 00	1			
DART II INTERRELATIONOMER TO BELATER ORGANI	TATION (O) AND (OD HOME OFFI OF						

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

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1.00		ADVANTAGE REHAB	99. 00	REHAB	1.00
2.00		ADVANTAGE REHAB	1. 00	REHAB	2. 00
3.00		SAC REALTY	90.00	REALTY	3. 00
4.00		SAC REALTY	1. 00	REALTY	4. 00
5.00		CHATEAU ASSOC	90.00	REALTY	5. 00
6.00		CHATEAU ASSOC	1. 00	REALTY	6. 00
7.00			0. 00		7. 00
8.00			0. 00		8. 00
9.00			0. 00		9. 00
10.00			0. 00		10.00
100.00	G. Other (financial or non-financial)		0. 00		100.00
	speci fy:				

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.

 D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

COST ALLOCATION - GENERAL SERVICE COSTS

Provi der No.: 315494

Peri od: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Ti me Prepared:

5/30/2023 11:25 am CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDGS & MOVABLE EMPLOYEE ADMIN & for Cost **FLXTURES FOUL PMENT** BENEFITS GENERAL -DIRECT Allocation (from Wkst A col. 7) 1.00 2.00 3. 00 4. 01 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 2 259 525 1 00 2 259 525 1 00 2.00 123, 395 123, 395 2 00 3.00 00300 EMPLOYEE BENEFITS 527, 410 527, 410 3.00 00401 ADMIN & GENERAL - DIRECT 00402 ADMIN & GENERAL - ACCUM 4 01 1 569 150 1, 569, 150 4 01 0 4.02 3, 378, 167 53, 972 2, 947 185, 651 0 4.02 5.00 00500 PLANT OPERATION, MAINT. & REPAIRS 1, 332, 721 68, 081 3, 718 10,817 0 5.00 5.01 00501 PLANT OP, MAINT & REPAIR - DIRECT 653, 640 0 5.01 C 00600 LAUNDRY & LINEN SERVICE 974 17, 832 6 00 0 0 6 00 6.01 00601 LAUNDRY & LINEN - DIRECT 565, 733 0 6.01 00700 HOUSEKEEPI NG 642, 840 7.00 21, 674 1, 184 2, 764 7.00 00701 HOUSEKEEPING - DIRECT 410, 174 7.01 0 7. 01 154, 113 8.00 8.00 00800 DI ETARY 1, 325, 083 8.416 276, 853 0 8.01 00801 DIETARY - DIRECT 1,041,799 0 8.01 00900 NURSING ADMINISTRATION 704, 201 9.00 40, 218 2, 196 0 9.00 01000 CENTRAL SERVICES & SUPPLY 410.607 0 0 10.00 10.00 0 10 01 01001 CENTRAL SERVICE & SUPPLY - DIRECT 760, 696 C 0 0 0 10 01 01100 PHARMACY 43, 105 0 11.00 11.00 0 12.00 01200 MEDICAL RECORDS & LIBRARY 7, 233 395 0 0 12.00 01300 SOCIAL SERVICE 13.00 13.00 227, 763 6, 023 329 51, 325 0 01400 NURSING AND ALLIED HEALTH EDUCATION 14.00 0 Λ 14.00 01500 ACTIVITIES 15.00 15.00 523, 568 38, 510 2, 103 0 0 01501 ACTIVITIES - DIRECT 210,000 15.01 15.01 0 INPATIENT ROUTINE SERVICE COST CENTERS 1, 569, 150 30.00 03000 SKILLED NURSING FACILITY 12, 071, 926 1, 709, 376 93, 352 0 30.00 03100 NURSING FACILITY 31.00 C 0 31.00 32.00 03200 | CF/IID 0 C 0 0 0 32.00 03300 OTHER LONG TERM CARE 33.00 0 0 0 0 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 20, 241 n 0 0 0 40.00 04100 LABORATORY 0 0 41.00 83.332 C Λ 41.00 04200 I NTRAVENOUS THERAPY 0 42.00 395, 118 Ω 0 0 42.00 04300 OXYGEN (INHALATION) THERAPY 43.00 43.00 9, 100 0 0 0 04400 PHYSI CAL THERAPY 915, 309 89, 897 4, 909 44.00 44.00 0 04500 OCCUPATIONAL THERAPY 1,071 832, 529 45.00 19,611 0 45.00 0 46.00 04600 SPEECH PATHOLOGY 171, 298 19,611 1,071 0 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 47.00 C 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 48 00 0 11 667 637 0 48 00 04900 DRUGS CHARGED TO PATIENTS 49.00 682, 605 1, 707 93 0 49.00 50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 50.00 05100 SUPPORT SURFACES 51.00 134, 497 0 0 0 51.00 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 0 0 0 60.00 06100 RURAL HEALTH CLINIC 0 0 0 0 61.00 61.00 C 62.00 06200 FQHC 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 70.00 07100 AMBULANCE 7, 219 0 71.00 0 0 71.00 07300 CMHC 0 0 73.00 0 73.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 08100 INTEREST EXPENSE 81.00 81.00 82 00 08200 UTILIZATION REVIEW - SNF 82 00 83.00 08300 H0SPI CE Ω 83.00 SUBTOTALS (sum of lines 1-84) 32, 032, 751 2, 259, 525 123, 395 527, 410 1, 569, 150 89.00 89.00 NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 90.00 0 0 0 0 09100 BARBER AND BEAUTY SHOP 0 0 0 0 0 91.00 91.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 92.00 0 0 92.00 09300 NONPALD WORKERS 0 0 0 93.00 93.00 0 0 09400 PATIENTS LAUNDRY 0 0 94.00 C 0 0 94.00 95.00 0 0 0 95.00 09500 LTACH 0 0 o 98.00 Cross Foot Adjustments 0 0 98.00 99.00 Negative Cost Centers 0 0 99.00 100.00 TOTAL 32, 032, 751 2, 259, 525 123.395 527, 410 1, 569, 150 100. 00

| Period: | Worksheet B | From 01/01/2022 | Part | To | 12/31/2022 | Date/Time Prepared:

					o 12/31/2022	Date/Time Pre 5/30/2023 11:	
	Cost Center Description	Subtotal	ADMIN & GENERAL - ACCUM	PLANT OPERATION, MAINT. & REPAIRS	PLANT OP, MAINT & REPAIR - DIRECT	LAUNDRY &	25 dili
		4A. 01	4. 02	5. 00	5. 01	6. 00	
	GENERAL SERVICE COST CENTERS						
1. 00 2. 00 3. 00 4. 01 4. 02	O0100 CAP REL COSTS - BLDGS & FIXTURES O0200 CAP REL COSTS - MOVABLE EQUIPMENT O0300 EMPLOYEE BENEFITS O0401 ADMIN & GENERAL - DIRECT O0402 ADMIN & GENERAL - ACCUM	3, 620, 737	3, 620, 737				1. 00 2. 00 3. 00 4. 01 4. 02
5. 00 5. 01 6. 00	00500 PLANT OPERATION, MAINT. & REPAIRS 00501 PLANT OP, MAINT & REPAIR - DIRECT 00600 LAUNDRY & LINEN SERVICE	1, 415, 337 653, 640 18, 806	180, 366 83, 298 2, 397		736, 938	21, 203	5. 00 5. 01 6. 00
6. 01 7. 00	00601 LAUNDRY & LINEN - DIRECT 00700 HOUSEKEEPING	565, 733 668, 462	72, 095 85, 187	8, 909	0 0	0	6. 01 7. 00
7. 01 8. 00	00701 HOUSEKEEPING - DIRECT 00800 DIETARY	410, 174 1, 764, 465	52, 271 224, 858	47, 800	0	0	7. 01 8. 00
8. 01	00801 DI ETARY - DI RECT	1, 041, 799	132, 764	C	0	0	8. 01
9. 00 10. 00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY	746, 615 410, 607	95, 146 52, 327	5, 539 (0	9. 00 10. 00
10. 00	01001 CENTRAL SERVICES & SUPPLY - DIRECT	760, 696	96, 941			0	10.00
11. 00	01100 PHARMACY	43, 105	5, 493		0	0	11. 00
12. 00 13. 00	01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE	7, 628 285, 440	972 36, 376	2, 031 2, 539		0 0	12. 00 13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	2,007		0	14. 00
15.00	01500 ACTIVITIES	564, 181	71, 898	(0	0	15.00
15. 01	O1501 ACTIVITIES - DIRECT INPATIENT ROUTINE SERVICE COST CENTERS	210, 000	26, 762) 0	0	15. 01
30. 00	03000 SKILLED NURSING FACILITY	15, 443, 804	1, 968, 105	788, 135	736, 938		30. 00
31. 00 32. 00	03100 NURSING FACILITY 03200 CF/IID	0	0		_	0	31. 00 32. 00
33. 00	1	0	0		_	0	33.00
	ANCILLARY SERVICE COST CENTERS						
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	20, 241 83, 332	2, 579 10, 620		-	0 0	40. 00 41. 00
42. 00	04200 I NTRAVENOUS THERAPY	395, 118	50, 353		, 	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	9, 100	1, 160	(0.444	0	0	43.00
44. 00 45. 00	04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY	1, 010, 115 853, 211	128, 726 108, 731	68, 411 (0	0	44. 00 45. 00
46. 00	04600 SPEECH PATHOLOGY	191, 980	24, 465	d	0	0	46. 00
47. 00 48. 00	04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0 12, 304	0 1, 568		0	0 0	47. 00 48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	684, 405	87, 219			0	49.00
50. 00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	C	0	0	50. 00
51. 00	05100 SUPPORT SURFACES OUTPATIENT SERVICE COST CENTERS	134, 497	17, 140		0	0	51.00
60.00	06000 CLINIC	0	0	C	0	0	60.00
61. 00 62. 00	06100 RURAL HEALTH CLINIC 06200 FQHC	0	0	(0	0	61. 00 62. 00
70.00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST		0			0	70.00
70. 00 71. 00	07100 AMBULANCE	7, 219	920				70. 00 71. 00
73. 00	07300 CMHC	0	0	C		_	73. 00
90.00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
80. 00 81. 00	08100 NTEREST EXPENSE						80.00
82. 00	08200 UTILIZATION REVIEW - SNF						82. 00
83. 00 89. 00		0 32, 032, 751	0 2 620 727	923, 364	0 1 736, 938	0 21, 203	83. 00 89. 00
69.00	NONREI MBURSABLE COST CENTERS	32, 032, 731	3, 620, 737	923, 304	730, 930	21, 203	09.00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	C	-	0	90. 00
91. 00 92. 00	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	0	0		1	0	91. 00 92. 00
93. 00	09300 NONPALD WORKERS		0			0	93. 00
94. 00	09400 PATIENTS LAUNDRY	O	0	(70.55	0	0	94.00
95. 00 98. 00	09500 LTACH Cross Foot Adjustments	0	0	672, 339		0 0	95. 00 98. 00
99. 00	Negative Cost Centers		0			0	99. 00
100.00	DTOTAL	32, 032, 751	3, 620, 737	1, 595, 703	736, 938	21, 203	100. 00

| In Lieu of Form CMS-2540-10 | Peri od: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 11: 25 am

					5/30/2023 11:	25 am
Cost Center Description	LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPING -	DI ETARY	DI ETARY -	
	LINEN - DIRECT	7.00	DI RECT	0.00	DI RECT	
CENEDAL CEDALOE COCT CENTEDO	6. 01	7. 00	7. 01	8. 00	8. 01	
GENERAL SERVICE COST CENTERS						1 00
1. 00 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2. 00 00200 CAP REL COSTS - MOVABLE EQUI PMENT						2.00
3.00 00300 EMPLOYEE BENEFITS						3. 00
4.01 O0401 ADMIN & GENERAL - DIRECT						4. 01
4.02 00402 ADMIN & GENERAL - ACCUM						4. 02
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
5.01 00501 PLANT OP, MAINT & REPAIR - DIRECT						5. 01
6.00 00600 LAUNDRY & LINEN SERVICE						6.00
6.01 00601 LAUNDRY & LINEN - DIRECT	637, 828					6. 01
7. 00 00700 HOUSEKEEPI NG	0	762, 558				7. 00
7. 01 00701 HOUSEKEEPING - DIRECT	0	, 02, 000 0	462, 445			7. 01
8. 00 00800 DI ETARY	0	E4 014	·	2, 093, 139		8. 00
· · · · · · · · · · · · · · · · · · ·	0	56, 016		2, 093, 139	1 174 5/2	•
8. 01 00801 DI ETARY - DI RECT	0	44 (40		U	1, 174, 563	8. 01
9. 00 00900 NURSI NG ADMI NI STRATI ON	0	14, 618	0	0	0	9. 00
10.00 O1000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10. 00
10. 01 01001 CENTRAL SERVI CE & SUPPLY - DI RECT	0	0	0	0	0	10. 01
11.00 01100 PHARMACY	0	0	0	0	0	11. 00
12.00 O1200 MEDICAL RECORDS & LIBRARY	0	2, 629	0	0	0	12. 00
13. 00 01300 SOCIAL SERVICE	0	2, 189	0	0	0	13. 00
14.00 01400 NURSING AND ALLIED HEALTH EDUCATION	ON O	0	0	o	0	14.00
15. 00 01500 ACTIVITIES	0	13, 998	ol	0	0	15. 00
15. 01 01501 ACTIVITIES - DIRECT	0	0	1	0	0	15. 01
INPATIENT ROUTINE SERVICE COST CENTERS			ı	<u> </u>		
30. 00 03000 SKILLED NURSING FACILITY	637, 828	621, 315	462, 445	2, 093, 139	1, 174, 563	30.00
31. 00 03100 NURSING FACILITY	037, 020	021, 313	402, 443	2,073,137	1, 174, 303	31.00
· ·		0	_	0		1
	0	0	0	0	0	32.00
33. 00 O3300 OTHER LONG TERM CARE	0	0	0	U	0	33. 00
ANCILLARY SERVICE COST CENTERS						
40. 00 04000 RADI OLOGY	0	0	0	0	0	40. 00
41. 00 04100 LABORATORY	0	0	0	0	0	41. 00
42.00 04200 I NTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44. 00 04400 PHYSI CAL THERAPY	0	32, 675	0	o	0	44.00
45. 00 04500 OCCUPATI ONAL THERAPY	0	7, 128	·	0	0	45. 00
46. 00 04600 SPEECH PATHOLOGY	0	7, 128		0	0	46. 00
47. 00 04700 ELECTROCARDI OLOGY		7, 120		0	0	47. 00
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIEN	ITS 0	4, 241		0	0	48. 00
49. 00 04900 DRUGS CHARGED TO PATIENTS	113		1	0	0	•
	0	621	1	U O		49.00
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	0	0		0	0	50.00
51. 00 05100 SUPPORT SURFACES	0	0	0	O]	0	51.00
OUTPATIENT SERVICE COST CENTERS			1	1		
60. 00 06000 CLI NI C	0	0	0	0	0	60.00
61.00 06100 RURAL HEALTH CLINIC	0	0	0	0	0	61. 00
62. 00 06200 FQHC						62.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71. 00 07100 AMBULANCE	0	0	ol ol	0	0	71.00
73. 00 07300 CMHC	0	0	o	O	0	73. 00
SPECIAL PURPOSE COST CENTERS			ı	<u> </u>		70.00
80. 00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES	:			T		80. 00
81. 00 08100 INTEREST EXPENSE	'					81. 00
· · · · · · · · · · · · · · · · · · ·						
82. 00 08200 UTI LI ZATI ON REVI EW - SNF		^				82.00
83. 00 08300 HOSPI CE	0			0	0	83. 00
89.00 SUBTOTALS (sum of lines 1-84)	637, 828	762, 558	462, 445	2, 093, 139	1, 174, 563	89. 00
NONREI MBURSABLE COST CENTERS						
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTE		0	0	0	0	90. 00
91.00 09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	91. 00
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00 09300 NONPALD WORKERS	0	0	o	ol	0	93. 00
94. 00 09400 PATIENTS LAUNDRY	0	0	ا	ol	0	94.00
95. 00 09500 LTACH		0	ا م	n n	0	95. 00
98.00 Cross Foot Adjustments		0			0	98. 00
99.00 Negative Cost Centers		0			0	99.00
	427 020	742 FE0	162 145	2 002 120	1, 174, 563	•
100. 00 TOTAL	637, 828	762, 558	462, 445	2, 093, 139	1, 1/4, 563	1100.00

			То	12/31/2022	Date/Time Pre 5/30/2023 11:	
Cost Center Description	NURSI NG	CENTRAL	CENTRAL	PHARMACY	MEDI CAL	20 4
	ADMI NI STRATI ON	SERVICES &	SERVICE &		RECORDS &	
		SUPPLY	SUPPLY - DI RECT		LI BRARY	
	9.00	10.00	10. 01	11.00	12.00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2. 00 00200 CAP REL COSTS - MOVABLE EQUI PMENT						2.00
3.00 00300 EMPLOYEE BENEFITS 4.01 00401 ADMIN & GENERAL - DIRECT						3. 00 4. 01
4.01						4. 01
5. 00 00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
5.01 00501 PLANT OP, MAINT & REPAIR - DIRECT						5. 01
6.00 00600 LAUNDRY & LINEN SERVICE						6. 00
6. 01 00601 LAUNDRY & LINEN - DIRECT						6. 01
7. 00 00700 HOUSEKEEPI NG						7.00
7. 01 00701 HOUSEKEEPI NG - DI RECT 8. 00 00800 DI ETARY						7. 01 8. 00
8. 01 00801 DI ETARY - DI RECT						8. 01
9. 00 00900 NURSING ADMINISTRATION	861, 918					9. 00
10.00 01000 CENTRAL SERVICES & SUPPLY	0	462, 934				10. 00
10. 01 01001 CENTRAL SERVICE & SUPPLY - DIRECT	0	0	857, 637			10. 01
11. 00 01100 PHARMACY	0	0	0	48, 598	40.040	11.00
12. 00 01200 MEDI CAL RECORDS & LI BRARY 13. 00 01300 SOCI AL SERVI CE	0	0	0	0	13, 260	12. 00 13. 00
13.00 O1300 SOCIAL SERVICE 14.00 O1400 NURSING AND ALLIED HEALTH EDUCATION		0	0	0	0	14. 00
15. 00 01500 ACTIVITIES		0	0	0	0	15. 00
15. 01 01501 ACTIVITIES - DIRECT	o	o	0	o	0	15. 01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 SKILLED NURSING FACILITY	861, 918	462, 934	857, 637	48, 598	13, 260	30. 00
31. 00 03100 NURSI NG FACILITY	0	0	0	0	0	31. 00
32.00 03200 CF/IID 33.00 03300 OTHER LONG TERM CARE	0	0	0	0	0	32. 00 33. 00
ANCI LLARY SERVI CE COST CENTERS	<u> </u>	U _I	U	<u> </u>	0	33.00
40. 00 04000 RADI OLOGY	0	0	0	0	0	40. 00
41. 00 04100 LABORATORY	o	0	0	0	0	41. 00
42.00 04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43. 00 04300 0XYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44. 00 04400 PHYSI CAL THERAPY 45. 00 04500 OCCUPATI ONAL THERAPY	0	0	0	O O	0	44. 00 45. 00
46. 00 04600 SPEECH PATHOLOGY		0	0	0	0	46. 00
47. 00 04700 ELECTROCARDI OLOGY	0	o	0	o	0	47. 00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	o	0	0	0	0	48. 00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49. 00
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51. 00 O5100 SUPPORT SURFACES OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	51. 00
60. 00 06000 CLI NI C	O	o	0	ol	0	60. 00
61. 00 06100 RURAL HEALTH CLINIC	O	Ö	Ö	Ö	0	61. 00
62. 00 06200 FQHC						62.00
OTHER REIMBURSABLE COST CENTERS						
70. 00 07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71. 00 07100 AMBULANCE 73. 00 07300 CMHC	0	0	0	0	0	71. 00 73. 00
SPECIAL PURPOSE COST CENTERS	ı o	U _I	U	<u> </u>	0	73.00
80. 00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
81. 00 08100 I NTEREST EXPENSE						81. 00
82.00 08200 UTILIZATION REVIEW - SNF						82. 00
83. 00 08300 HOSPI CE	0	0	0	0	0	83. 00
89. 00 SUBTOTALS (sum of lines 1-84)	861, 918	462, 934	857, 637	48, 598	13, 260	89. 00
NONREI MBURSABLE COST CENTERS 90. 00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN		٥	٥	٥	0	90. 00
91. 00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 91. 00 09100 BARBER AND BEAUTY SHOP		0	0	0	0	91.00
92. 00 09200 PHYSICIANS PRIVATE OFFICES		o	0	o	0	92. 00
93. 00 09300 NONPALD WORKERS	0	o	O	ō	0	93. 00
94.00 09400 PATIENTS LAUNDRY	0	0	0	o	0	94. 00
95. 00 09500 LTACH	0	0	0	0	0	95. 00
98.00 Cross Foot Adjustments	0	0	0		^	98. 00
99.00 Negative Cost Centers 100.00 TOTAL	861, 918	462, 934	857, 637	48, 598	0 13, 260	99. 00 100. 00
100.00 101AL	1 001,710	402, 734	037,037	40, 570	13, 200	1.00.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS ALARIS HEALTH AT THE CHATEAU In Lieu of Form CMS-2540-10 Provi der No.: 315494

				Т	o 12/31/2022	Date/Time Pre 5/30/2023 11:	
				OTHER GENE	RAL SERVICE		
	Cost Center Description	SOCI AL SERVI CE	NURSING AND ALLIED HEALTH EDUCATION	ACTI VI TI ES	ACTIVITIES - DIRECT	Subtotal	
		13. 00	14.00	15. 00	15. 01	16. 00	
	GENERAL SERVICE COST CENTERS	T	T	T	T		
1. 00 2. 00 3. 00 4. 01 4. 02 5. 00 5. 01 6. 00 6. 01	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00401 ADMIN & GENERAL - DIRECT 00402 ADMIN & GENERAL - ACCUM 00500 PLANT OPERATION, MAINT. & REPAIRS 00501 PLANT OP, MAINT & REPAIR - DIRECT 00600 LAUNDRY & LINEN SERVICE 00601 LAUNDRY & LINEN - DIRECT						1. 00 2. 00 3. 00 4. 01 4. 02 5. 00 5. 01 6. 00 6. 01
7. 00 7. 01 8. 00 8. 01 9. 00 10. 00	00700 HOUSEKEEPING 00701 HOUSEKEEPING - DIRECT 00800 DIETARY 00801 DIETARY - DIRECT 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY						7. 00 7. 01 8. 00 8. 01 9. 00 10. 00
10. 01 11. 00 12. 00 13. 00 14. 00 15. 00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 ACTIVITIES 01501 ACTIVITIES - DIRECT	326, 544 C C C	0 0	650, 077			10. 01 11. 00 12. 00 13. 00 14. 00 15. 00
30. 00 31. 00 32. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID	326, 544 C	0		O	27, 405, 205 0 0	30. 00 31. 00 32. 00
33. 00	03300 OTHER LONG TERM CARE	C	l l	0		0	33. 00
40.00	ANCILLARY SERVICE COST CENTERS			1 0	O	22 020	40.00
40. 00 41. 00 42. 00 43. 00 44. 00	04000 RADI OLOGY 04100 LABORATORY 04200 I NTRAVENOUS THERAPY 04300 OXYGEN (I NHALATION) THERAPY 04400 PHYSI CAL THERAPY	000000000000000000000000000000000000000	0		0	22, 820 93, 952 445, 471 10, 260 1, 239, 927	40. 00 41. 00 42. 00 43. 00 44. 00
45. 00 46. 00 47. 00	04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY			0	0	969, 070 223, 573 0	45. 00
48. 00 49. 00 50. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	000000000000000000000000000000000000000	0	0	0	18, 113 772, 245 0	48. 00 49. 00 50. 00
51. 00	05100 SUPPORT SURFACES OUTPATIENT SERVICE COST CENTERS	C)l O	0	O _I	151, 637	51. 00
	06000 CLINIC 06100 RURAL HEALTH CLINIC 06200 FQHC	C	 	0		0	60. 00 61. 00 62. 00
70. 00 71. 00 73. 00		000000000000000000000000000000000000000	0	· -		0 8, 139 0	70.00 71.00 73.00
80. 00 81. 00 82. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF						80. 00 81. 00 82. 00
83. 00 89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	326, 544		650, 077	236, 762	31, 360, 412	83. 00 89. 00
90. 00 91. 00 92. 00 93. 00 94. 00 95. 00 98. 00	09500 LTACH Cross Foot Adjustments	000000000000000000000000000000000000000		000000000000000000000000000000000000000	0 0 0	0 0 0 0 0 672, 339	90. 00 91. 00 92. 00 93. 00 94. 00 95. 00 98. 00
99. 00 100. 00		326, 544	0	650, 077	0 236, 762	0 32, 032, 751	99. 00 100. 00

				5/30/2023 11:	25 am
	Cost Center Description	Post Stepdown	Total		
		Adjustments			
	1	17. 00	18. 00		
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT				2. 00
3.00	00300 EMPLOYEE BENEFITS				3. 00
4. 01	00401 ADMIN & GENERAL - DIRECT				4. 01
4. 02	00402 ADMIN & GENERAL - ACCUM				4. 02
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS				5. 00
5. 01	00501 PLANT OP, MAINT & REPAIR - DIRECT				5. 01
6.00	00600 LAUNDRY & LINEN SERVICE				6. 00
6. 01	00601 LAUNDRY & LINEN - DIRECT				6. 01
7.00	00700 HOUSEKEEPING				7.00
7. 01	00701 HOUSEKEEPING - DIRECT				7. 01
8.00	00800 DI ETARY				8. 00
8. 01	00801 DI ETARY - DI RECT				8. 01
9.00	00900 NURSI NG ADMI NI STRATI ON				9.00
10.00	01000 CENTRAL SERVI CES & SUPPLY				10.00
10. 01	01001 CENTRAL SERVI CE & SUPPLY - DI RECT				10. 01
	01100 PHARMACY				11.00
	01200 MEDICAL RECORDS & LIBRARY				12.00
	01300 SOCIAL SERVICE				13.00
	01400 NURSING AND ALLIED HEALTH EDUCATION				14.00
15. 00	01500 ACTIVITIES				15.00
15. 01	O1501 ACTIVITIES - DIRECT INPATIENT ROUTINE SERVICE COST CENTERS				15. 01
20.00	03000 SKILLED NURSING FACILITY	0	27, 405, 205		30.00
31. 00	1	0	27, 405, 205		1
	03200 CF/IID	0	0		31. 00 32. 00
	03300 OTHER LONG TERM CARE		0		33.00
33.00	ANCI LLARY SERVI CE COST CENTERS	J U	U		33.00
40. 00	04000 RADI OLOGY	l ol	22, 820		40. 00
41. 00			93, 952		41. 00
	04200 NTRAVENOUS THERAPY		445, 471		42.00
43. 00			10, 260		43. 00
	04400 PHYSI CAL THERAPY		1, 239, 927		44. 00
45. 00			969, 070		45. 00
46. 00			223, 573		46. 00
47. 00			0		47. 00
48. 00			18, 113		48. 00
49. 00			772, 245		49. 00
50. 00	05000 DENTAL CARE - TITLE XIX ONLY		0		50.00
51. 00	05100 SUPPORT SURFACES		151, 637		51.00
01.00	OUTPATIENT SERVICE COST CENTERS		101,007		01.00
60 00	06000 CLI NI C	0	0		60.00
	06100 RURAL HEALTH CLINIC	o	o		61. 00
62. 00	1				62. 00
	OTHER REIMBURSABLE COST CENTERS				
70.00	07000 HOME HEALTH AGENCY COST	0	0		70. 00
71.00	07100 AMBULANCE	o	8, 139		71. 00
	07300 CMHC	0	0		73. 00
	SPECIAL PURPOSE COST CENTERS	•			
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES				80. 00
81.00	08100 I NTEREST EXPENSE				81. 00
82.00	08200 UTILIZATION REVIEW - SNF				82. 00
83.00		0	0		83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	0	31, 360, 412		89. 00
	NONREI MBURSABLE COST CENTERS				
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90. 00
	09100 BARBER AND BEAUTY SHOP	0	0		91. 00
	09200 PHYSICIANS PRIVATE OFFICES	0	0		92. 00
93. 00		0	0		93. 00
94.00		0	0		94. 00
95. 00		0	672, 339		95. 00
98. 00		0	0		98. 00
99. 00	Negative Cost Centers	0	0		99. 00
100.00	D TOTAL	0	32, 032, 751		100. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315494

Cost Center Description						To	12/31/2022	Date/Time Pre	
SEMPERAL SERVICE COST CENTERS SEMPLATE					CAPI TAL REL	ATED COSTS		3/30/2023 11.	25 alli
SEMPERAL SERVICE COST CENTERS SEMPLATE			Cost Contor Description	Directly	DI DCC 0	MOVARI E	Subtotal	EMDL OVEE	
CEREPAL_SERVICE_COST_CENTERS			Cost Center Description				Subtotal		
SENERAL SERVICE COST CENTERS				Capi tal					
STRINGEL STRVICE COST - ENDISS & HYTHRES 1.00 0.00 0.					1 00	2.00	2Δ	3 00	
2.00		GENER	AL SERVICE COST CENTERS	0 1	1.00	2.00	ZN	3.00	
0.0300 DIPLOYEE BENEFITS									
4.01 0.0401 ADMIN & GENERAL - DIRECT 0 0 0 0 0 4 .00					0	0	0	0	
0.000 DANT OPERATION, MAINT & REPAIR S				0	0	o	o		
5.01 00SD1 PLANT OP, MAINT & REPAIR - DIRECT 0 0 0 0 0 5.01 6.00 00SD0 (JAMNEY & LINEN SERVICE 0 17,832 774 18,806 0 6.00 6.01 00SD1 (JAMNEY & LINEN SERVICE 0 0 0 0 0 0 0 6.01 7.01 00TO) INDUSKEEPING - DIRECT 0 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 0 154,113 8,614 0 162,229 0 7.00 7.01 00TO) INDUSKEEPING - DIRECT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0					
0.000 CAUNDRY & LINEN SERVICE 0 17,832 974 19,806 0.6.00				0				-	
6. 01 00-001 [LAUNDRY & LINER - DIRECT				0	-	_	~		
0.000 0.000 DITARY 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000000		00601	LAUNDRY & LINEN - DIRECT	0	ŭ	J	0		
8.00 00800 DIETARY DIRECT				0	21, 674	1, 184	22, 858		
9.00 0.0900 NURSING ADMINISTRATION 0 40,218 2,196 42,414 0 9.00 0 10.00 10.00 0.00 0 0 0 0 0 0 0				o	154, 113	8, 416	162, 529		
0.00 01000 CENTRAL SERVICES & SUPPLY DIRECT 0 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e	0	0	0	0		
10.00 1000 CENTRAL SERVICE & SUPPLY - DIRECT		1	l e e e e e e e e e e e e e e e e e e e	0	40, 218	2, 196	42, 414		
12.00 01200 MEDICAL RECORDS & LIBRARY 0 7, 233 335 7, 628 0 12.00 14.00 01400 NORTHING AND ALLIED HEALTH EDUCATION 0 0 0 0 0 0 15.01 1				0	0	0	0	-	
13.00 01300 SOCIAL SERVICE 0 6.028 329 6.352 0 13.00 14.00 15.00 01500 NURSIN KAND ALLED HEALTH EDUCATION 0 0 0 0 0 0 0 0 14.00 15.00 15.00 01500 ACTIVITIES 0 38.510 2.103 40.613 015.00 15.0				0	-	0	0		
14. 00 01-400 MURSI NG AND ALLIED HEALTH EDUCATION 0 0 0 0 0 0 0 0 0				0					
15. 01		1	l e e e e e e e e e e e e e e e e e e e	0		0	0, 332	-	
INPATEENT ROUTINE SERVICE COST CENTERS 30.00 30.00 31.		01500	ACTI VI TI ES	0					
30. 00 03000 SALLED NURSING FACILITY	15. 01			0	0	0	0	0	15. 01
32.00 03200 ICF/I ID	30. 00			0	1, 709, 376	93, 352	1, 802, 728	0	30. 00
33. 00 03300 OTHER LONG TERM CARE				0	-		-		
ANCILLARY SERVICE COST CENTERS				0			-		
41.00	33. 00			0	0	0	<u> </u>	<u> </u>	33.00
42.00 04200 NTRAVENOUS THERAPY 0 0 0 0 0 0 0 0 0		1		0	-	0	-		
43.00 04300 04300 04300 04300 0 0 0 0 0 0 0 0 0		1		0	0	0	0		
45. 00 04500 OCCUPATI ONAL THERAPY 0 19, 611 1, 071 20, 682 0 45. 00 46. 00 04600 SPEECH PATHOLOGY 0 19, 611 1, 071 20, 682 0 46. 00 47. 00 04700 ELECTROCARDI OLOGY 0 0 0 0 0 0 48. 00 04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 11, 667 637 12, 304 0 48. 00 49. 00 04900 DRUGS CHARGED TO PATI ENTS 0 11, 667 637 12, 304 0 48. 00 50. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 60. 00 00000 00000 0 0 0 0		1		Ö	0	Ö	Ö	-	
46. 00 04600 SPEECH PATHOLOGY 0 19,611 1,071 20,682 0 46.00 47.00 447.00 04700 ELECTROCARDIOLOGY 0 0 0 0 0 0 0 47.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 11,667 637 12,304 0 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 1,707 93 1,800 0 49.00 05000 DRITAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 0 0				0		· ·		-	
47.00 04700 04700 04700 0 0 0 0 0 0 47.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 11,667 637 12,304 0 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 1,707 93 1,800 0 49.00 50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 51.00 05100 SUPPORT SURFACES 0 0 0 0 0 0 0 51.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 51.00 05100 SUPPORT SURFACES 0 0 0 0 0 0 0 51.00 00179ATIENT SERVICE COST CENTERS 0 0 0 0 0 0 0 60.00 00179ATIENT SERVICE COST CENTERS 0 0 0 0 0 0 0 61.00 06100 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 0 62.00 FOHC 0710C MEBRURSABLE COST CENTERS 0 0 0 0 0 0 0 0 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 0 0 0 0 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 0 0 0 0 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 0 0 0 0 70.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 0 70.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 0 70.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 0 70.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 70.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0 80.00 07000 MILL AGENCY COST 0 0 0 0 0 0 0 0				0					
49.00 04900 DRUGS CHARGED TO PATIENTS 0 1,707 93 1,800 0 49.00				Ö			0		
50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 0 0 50.00				0				-	
51.00 05100 SUPPORT SURFACES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e	0					
60. 00 06000 CLINIC 0 0 0 0 0 0 0 0 0		05100	SUPPORT SURFACES	Ō			-		
61. 00	(0.00				0	0	ما	0	40.00
62. 00 06200 FOHC OTHER REI MBURSABLE COST CENTERS O				0	0	0	o	0	
70. 00		06200	FQHC						
71. 00	70.00				0		ol	0	70.00
SPECIAL PURPOSE COST CENTERS 80.00		1	l e e e e e e e e e e e e e e e e e e e						
80. 00	73. 00			0	0	0	0	0	73. 00
81. 00	80 OO						T		80 00
83. 00									
89. 00 SUBTOTALS (sum of lines 1-84) 0 2, 259, 525 123, 395 2, 382, 920 0 89. 00									
NONREIMBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0 0 0		08300		0	0 2 259 525	123 395	2 382 920		
91. 00	37.00		MBURSABLE COST CENTERS		2,207,020	120, 373	2, 302, 720		
92. 00				0	-		-		
93. 00		1		0	0	0	0		
95. 00 09500 LTACH 0 0 0 0 95. 00 98. 00 99. 00 Negative Cost Centers 0 0 0 0 99. 00					0	0	o		
98.00 Cross Foot Adjustments 0 98.00 99.00 Negative Cost Centers 0 0 0 99.00		1		O	0	0	0		
99.00 Negative Cost Centers 0 0 0 99.00		09500	l e e e e e e e e e e e e e e e e e e e	0	O	0	0	0	
100. 00 TOTAL 0 2, 259, 525 123, 395 2, 382, 920 0 100. 00	99. 00		Negative Cost Centers		0	О	ő		99. 00
	100.00)	TOTAL	0	2, 259, 525	123, 395	2, 382, 920	0	100. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS ALARIS HEALTH AT THE CHATEAU Provi der No.: 315494

					o 12/31/2022		
	Cost Center Description	ADMIN & GENERAL - DIRECT	ADMIN & GENERAL - ACCUM	PLANT OPERATION, MAINT. & REPAIRS	PLANT OP, MAINT & REPAIR - DIRECT	5/30/2023 11: LAUNDRY & LINEN SERVICE	25 dili
		4. 01	4. 02	5. 00	5. 01	6. 00	
	GENERAL SERVICE COST CENTERS						
1. 00 2. 00 3. 00 4. 01 4. 02 5. 00 5. 01 6. 00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00401 ADMIN & GENERAL - DIRECT 00402 ADMIN & GENERAL - ACCUM 00500 PLANT OPERATION, MAINT. & REPAIRS 00501 PLANT OP, MAINT & REPAIR - DIRECT 00600 LAUNDRY & LINEN SERVICE	0 0 0 0	56, 919 2, 835 1, 309 38	74, 634 (1, 309 0 0	18, 844	1. 00 2. 00 3. 00 4. 01 4. 02 5. 00 5. 01 6. 00
6. 01 7. 00 7. 01 8. 00 8. 01 9. 00	00601 LAUNDRY & LINEN - DIRECT 00700 HOUSEKEEPING 00701 HOUSEKEEPING - DIRECT 00800 DIETARY 00801 DIETARY - DIRECT 00900 NURSING ADMINISTRATION	0 0 0	1, 133 1, 339 822 3, 534 2, 087 1, 495	417 (2, 236 (2, 259		0 0 0 0 0	6. 01 7. 00 7. 01 8. 00 8. 01 9. 00
10. 00 10. 01 11. 00 12. 00 13. 00 14. 00 15. 00	01001 CENTRAL SERVICE & SUPPLY - DIRECT 01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	822 1, 524 86 15 572 0 1, 130	0 0 95 119	0 0	0 0 0 0 0	10. 00 10. 01 11. 00 12. 00 13. 00 14. 00 15. 00
15. 01	01501 ACTIVITIES - DIRECT	o o	421		o o	0	15. 01
30. 00 31. 00 32. 00 33. 00	03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE	0 0 0 0	30, 944 0 0 0	36, 861 (0 0	18, 844 0 0 0	30. 00 31. 00 32. 00 33. 00
40. 00 41. 00	04100 LABORATORY	0	41 167	(0	0	40. 00 41. 00
42. 00 43. 00 44. 00 45. 00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY	0 0 0 0	791 18 2, 023 1, 709	3, 200	0	0 0 0 0	42. 00 43. 00 44. 00 45. 00
46. 00 47. 00 48. 00 49. 00 50. 00 51. 00	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0 0 0 0 0	385 0 25 1, 371 0 269	(((((0 0 0 0 0 0 0 0	0 0 0 0 0	46. 00 47. 00 48. 00 49. 00 50. 00 51. 00
60. 00 61. 00 62. 00	06100 RURAL HEALTH CLINIC	0	0	(0	60. 00 61. 00 62. 00
70. 00 71. 00 73. 00	07100 AMBULANCE	0 0 0	0 14 0	(0 0 0	70. 00 71. 00 73. 00
80. 00 81. 00 82. 00 83. 00 89. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF 08300 HOSPICE	0	0 56, 919	(43, 187) 0 1, 309	0 18, 844	80. 00 81. 00 82. 00 83. 00 89. 00
90. 00 91. 00 92. 00 93. 00 94. 00 95. 00 98. 00 99. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPALD WORKERS 09400 PATIENTS LAUNDRY 09500 LTACH Cross Foot Adjustments Negative Cost Centers	0 0 0 0 0 0 0	0 0 0 0 0 0 0 56, 919	31, 447 74, 634	0 0 0	0 0 0 0 0 0 0 0 18,844	90. 00 91. 00 92. 00 93. 00 94. 00 95. 00 98. 00 99. 00 100. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provi der No.: 315494

Period: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

5/30/2023 11:25 am Cost Center Description LAUNDRY & HOUSEKEEPI NG HOUSEKEEPI NG DI ETARY DI ETARY LINEN - DIRECT DI RECT DI RECT 7.00 8.00 8. 01 6.01 7.01 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1.00 1.00 2.00 2.00 00300 EMPLOYEE BENEFITS 3.00 3.00 00401 ADMIN & GENERAL - DIRECT 00402 ADMIN & GENERAL - ACCUM 4 01 4 01 4.02 4.02 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 5.00 5.01 00501 PLANT OP, MAINT & REPAIR - DIRECT 5.01 00600 LAUNDRY & LINEN SERVICE 6.00 6 00 6.01 00601 LAUNDRY & LINEN - DIRECT 1, 133 6.01 7.00 00700 HOUSEKEEPI NG 0 24, 614 7 00 00701 HOUSEKEEPING - DIRECT 822 7 01 0 7 01 8.00 00800 DI ETARY 0 1,808 170, 107 8.00 8.01 00801 DIETARY - DIRECT 0 0 2, 087 8.01 00900 NURSING ADMINISTRATION 0000000 9.00 0 9.00 472 0 0 01000 CENTRAL SERVICES & SUPPLY 0 10.00 10.00 C 0 10.01 01001 CENTRAL SERVICE & SUPPLY - DIRECT 0 0 0 10.01 01100 PHARMACY 11.00 0 11.00 01200 MEDICAL RECORDS & LIBRARY 12.00 0 12.00 85 0 01300 SOCIAL SERVICE 0 13 00 71 0 13.00 14.00 01400 NURSING AND ALLIED HEALTH EDUCATION 0 14.00 0 0 o 15.00 01500 ACTI VI TI ES 452 0 0 15.00 01501 ACTIVITIES - DIRECT 15.01 0 0 0 15.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 1. 133 20. 054 822 170, 107 2, 087 30.00 31.00 03100 NURSING FACILITY 31.00 C 0 03200 | CF/IID 0 32.00 0 C 0 0 32.00 33.00 03300 OTHER LONG TERM CARE 0 0 0 0 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 0 0 ol 0 40.00 0 04100 LABORATORY 0 0 41.00 C 0 41.00 42.00 04200 I NTRAVENOUS THERAPY C 0 0 42.00 04300 OXYGEN (INHALATION) THERAPY 0 43.00 0000000 0 0 0 0 0 0 43.00 44 00 04400 PHYSI CAL THERAPY 1 055 0 0 44 00 04500 OCCUPATIONAL THERAPY 0 45.00 230 0 45.00 04600 SPEECH PATHOLOGY 230 0 0 46.00 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 47.00 0 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 48.00 137 0 48.00 0 49.00 04900 DRUGS CHARGED TO PATIENTS 20 0 0 49.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 50.00 C 0 0 50.00 05100 SUPPORT SURFACES 51 00 0 0 51 00 Ω OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 0 0 60.00 0 61.00 06100 RURAL HEALTH CLINIC 0 C 0 o 0 61.00 06200 FQHC 62.00 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 70.00 07100 AMBULANCE 0 0 0 71.00 71.00 0 0 07300 CMHC 73.00 0 0 73.00 Ω SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 80.00 08100 INTEREST EXPENSE 81.00 81.00 08200 UTILIZATION REVIEW - SNF 82 00 82 00 83.00 08300 H0SPI CE 0 83.00 SUBTOTALS (sum of lines 1-84)
NONREIMBURSABLE COST CENTERS 89.00 1, 133 24, 614 822 170, 107 2, 087 89.00 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 O Λ 90.00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 91.00 91.00 0 0 09200 PHYSICIANS PRIVATE OFFICES 0 92.00 0 0 92.00 0 0 09300 NONPALD WORKERS 93.00 0 0 0 93.00 09400 PATIENTS LAUNDRY 94.00 0 C 0 0 0 94.00 95.00 09500 LTACH 0 0 0 0 95.00 0 0 98.00 Cross Foot Adjustments 0 0 0 98.00 99.00 Negative Cost Centers 0 0 0 Λ 99 00 TOTAL 170, 107 2, 087 100. 00 100.00 24, 614 822

ALLOCATION OF CAPITAL RELATED COSTS

Provi der No.: 315494

Period: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

5/30/2023 11: 25 am Cost Center Description NURSI NG CENTRAL CENTRAL **PHARMACY** MEDI CAL ADMI NI STRATI ON SERVICE & RECORDS & SERVICES & **SUPPLY** SUPPLY -LI BRARY DI RECT 12.00 9.00 10.00 11.00 10.01 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 1.00 1.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT 2.00 2.00 00300 EMPLOYEE BENEFITS 3.00 3 00 4.01 00401 ADMIN & GENERAL - DIRECT 4.01 00402 ADMIN & GENERAL - ACCUM 4.02 4. 02 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 5.00 00501 PLANT OP, MAINT & REPAIR - DIRECT 5.01 5.01 6.00 00600 LAUNDRY & LINEN SERVICE 6.00 00601 LAUNDRY & LINEN - DIRECT 6.01 6.01 00700 HOUSEKEEPI NG 7 00 7 00 7.01 00701 HOUSEKEEPING - DIRECT 7.01 8.00 00800 DI ETARY 8.00 00801 DIETARY - DIRECT 8.01 8.01 00900 NURSING ADMINISTRATION 9.00 44,640 9.00 10.00 01000 CENTRAL SERVICES & SUPPLY 822 10.00 01001 CENTRAL SERVICE & SUPPLY - DIRECT 0 10.01 1,524 10.01 0 01100 PHARMACY 11 00 86 11 00 Ω C 12.00 01200 MEDICAL RECORDS & LIBRARY C 0 0 7,823 12.00 01300 SOCIAL SERVICE 0 0 0 0 0 13.00 13.00 0 0 14.00 01400 NURSING AND ALLIED HEALTH EDUCATION 0 0 14.00 0 01500 ACTI VI TI ES 0 0 o 15 00 C 15 00 0 01501 ACTIVITIES - DIRECT 15.01 C 0 0 15.01 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 SKILLED NURSING FACILITY 44 640 822 1, 524 86 7, 823 30 00 03100 NURSING FACILITY 31.00 0 C 0 0 0 31.00 32.00 03200 | CF/IID 0 0 0 0 0 32.00 03300 OTHER LONG TERM CARE 33.00 0 0 0 o 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 0 0 0 0 40.00 04100 LABORATORY 0 0 0 0 41.00 41.00 0 42.00 04200 I NTRAVENOUS THERAPY 0000000000 0 0 0 0 0 0 0 0 0 0 42.00 43.00 04300 OXYGEN (INHALATION) THERAPY 0 43.00 0 0 44.00 04400 PHYSI CAL THERAPY 0 0 0 44.00 04500 OCCUPATIONAL THERAPY 45.00 45.00 46.00 04600 SPEECH PATHOLOGY 0 0 46, 00 0 04700 ELECTROCARDI OLOGY 0 47.00 0 0 47.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 49 00 04900 DRUGS CHARGED TO PATIENTS 0 0 0 49 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 50.00 50.00 0 0 05100 SUPPORT SURFACES 0 51.00 0 51.00 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 60.00 06100 RURAL HEALTH CLINIC 61.00 0 C 0 0 0 61.00 62.00 06200 FQHC 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 70.00 07100 AMBULANCE 0 0 0 71.00 Ω 0 71.00 07300 CMHC 73.00 73.00 0 SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 80.00 08100 INTEREST EXPENSE 81.00 81.00 82.00 08200 UTILIZATION REVIEW - SNF 82.00 83.00 08300 H0SPI CE 83.00 0 7, 823 SUBTOTALS (sum of lines 1-84) 86 89.00 44,640 822 1,524 89.00 NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 90.00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 91.00 91.00 0 09200 PHYSICIANS PRIVATE OFFICES 0 0 92.00 0 0 92.00 93.00 09300 NONPALD WORKERS 0 0 0 0 93.00 0 09400 PATIENTS LAUNDRY 0 94.00 0 0 0 94.00 0 95 00 09500 LTACH Ω O 95 00 0 0 0 98.00 Cross Foot Adjustments 0 0 98.00 99.00 Negative Cost Centers 0 0 0 0 99.00 C 100.00 TOTAL 44,640 822 1,524 86 7, 823 100.00

ALLOCATION OF CAPITAL RELATED COSTS Provider No.: 315494 Peri od: Worksheet B From 01/01/2022 Part II Date/Time Prepared: To 12/31/2022 5/30/2023 11:25 am OTHER GENERAL SERVICE SOCIAL SERVICE NURSI NG AND ACTI VI TI ES ACTIVITIES -Subtotal Cost Center Description ALLIED HEALTH DIRECT EDUCATI ON 13.00 14.00 15.00 15.01 16.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FLXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1.00 1.00 2.00 2.00 00300 EMPLOYEE BENEFITS 3.00 3.00 00401 ADMIN & GENERAL - DIRECT 4.01 4.01 00402 ADMIN & GENERAL - ACCUM 4.02 4.02 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 5.00 5.01 00501 PLANT OP, MAINT & REPAIR - DIRECT 5.01 6.00 00600 LAUNDRY & LINEN SERVICE 6.00 00601 LAUNDRY & LINEN - DIRECT 6 01 6 01 00700 HOUSEKEEPI NG 7.00 7.00 7.01 00701 HOUSEKEEPING - DIRECT 7. 01 8.00 00800 DI ETARY 8.00 00801 DIETARY - DIRECT 8 01 8 01 9.00 00900 NURSING ADMINISTRATION 9.00 01000 CENTRAL SERVICES & SUPPLY 10.00 10.00 01001 CENTRAL SERVICE & SUPPLY - DIRECT 10 01 10 01 11.00 01100 PHARMACY 11.00 01200 MEDICAL RECORDS & LIBRARY 12.00 12.00 01300 SOCIAL SERVICE 13.00 7, 114 13.00 01400 NURSING AND ALLIED HEALTH EDUCATION 14 00 14 00 0 15.00 01500 ACTI VI TI ES 0 0 42, 195 15.00 01501 ACTIVITIES - DIRECT 15.01 421 15.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 7 114 Ω 42, 195 2, 189, 514 30.00 421 31.00 03100 NURSING FACILITY 0 0 31.00 C 03200 | CF/IID 0 0 0 0 32.00 32.00 0 03300 OTHER LONG TERM CARE 0 33.00 0 0 0 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 0 С 41 40.00 04100 LABORATORY 0 41.00 0 0 167 41.00 0 04200 I NTRAVENOUS THERAPY 00000 0 0 791 42.00 42.00 04300 OXYGEN (INHALATION) THERAPY 0 43 00 Ω 18 43 00 04400 PHYSI CAL THERAPY 0 101, 084 44.00 44.00 04500 OCCUPATIONAL THERAPY 45.00 0 0 22, 621 45.00 04600 SPEECH PATHOLOGY 21, 297 46.00 0 0 46.00 04700 ELECTROCARDI OLOGY 0 47.00 0 0 47.00 0 0 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 12, 466 48.00 04900 DRUGS CHARGED TO PATIENTS 0 3, 191 49.00 49.00 0 0 05000 DENTAL CARE - TITLE XIX ONLY Λ 0 50.00 Ω 50.00 51.00 05100 SUPPORT SURFACES 0 269 51.00 OUTPATIENT SERVICE COST CENTERS 60.00 60.00 06000 CLI NI C 0 0 0 0 0 06100 RURAL HEALTH CLINIC 61.00 0 C 0 0 0 61.00 62.00 06200 FQHC 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 70.00 0 0 Λ 71.00 07100 AMBULANCE 0 C 0 0 14 71.00 07300 CMHC 73.00 0 0 73.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 81.00 08100 INTEREST EXPENSE 81.00 08200 UTILIZATION REVIEW - SNF 82.00 82.00 83 00 08300 HOSPI CE 83 00 0 SUBTOTALS (sum of lines 1-84) 89.00 7, 114 0 42, 195 421 2, 351, 473 89.00 NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 90.00 0 09100 BARBER AND BEAUTY SHOP 91 00 0 Ω 0 0 91 00 0 92.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 0 0 92.00 09300 NONPALD WORKERS 0 0 0 0 93.00 93.00 0 94.00 09400 PATIENTS LAUNDRY 0 0 0 0 0 94.00

0

7.114

0

0

0

0

42, 195

0

0

421

95 00

99.00

31, 447

0 98.00

2, 382, 920 100. 00

09500 LTACH

TOTAL

Cross Foot Adjustments

Negative Cost Centers

95.00

98.00

99.00

100.00

| In Lieu of Form CMS-2540-10 | Period: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 11: 25 am

			5/30/2023 11: 2	<u>25 am</u>
Cost Center Description	Post Step-Down	Total		
	Adjustments			
	17. 00	18. 00		
GENERAL SERVICE COST CENTERS	<u> </u>			
1. 00 00100 CAP REL COSTS - BLDGS & FIXTURES				1.00
2. 00 00200 CAP REL COSTS - MOVABLE EQUI PMENT	1	i i		2. 00
	1			
3.00 00300 EMPLOYEE BENEFITS	1			3. 00
4.01 00401 ADMIN & GENERAL - DIRECT				4. 01
4.02 00402 ADMIN & GENERAL - ACCUM				4.02
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS				5.00
5. 01 00501 PLANT OP, MAINT & REPAIR - DIRECT				5. 01
	1			6. 00
6.00 00600 LAUNDRY & LINEN SERVICE				
6.01 00601 LAUNDRY & LINEN - DIRECT				6. 01
7. 00 00700 HOUSEKEEPI NG				7.00
7. 01 00701 HOUSEKEEPING - DIRECT				7. 01
8. 00 00800 DI ETARY				8.00
8. 01 00801 DI ETARY - DI RECT				8. 01
9.00 00900 NURSING ADMINISTRATION				9. 00
10. 00 01000 CENTRAL SERVICES & SUPPLY				10.00
10. 01 01001 CENTRAL SERVICE & SUPPLY - DIRECT				10. 01
11. 00 01100 PHARMACY				11.00
12. 00 01200 MEDICAL RECORDS & LIBRARY	i			12.00
13. 00 01300 SOCIAL SERVICE	1			13. 00
· · · · · · · · · · · · · · · · · · ·				
				14.00
15. 00 01500 ACTI VI TI ES				15. 00
15. 01 O1501 ACTIVITIES - DIRECT				15. 01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 SKILLED NURSING FACILITY	0	2, 189, 514		30.00
31.00 03100 NURSING FACILITY	o	0		31. 00
32. 00 03200 CF/IID	0	0		32. 00
	1			
33.00 O3300 OTHER LONG TERM CARE	0	0		33. 00
ANCILLARY SERVICE COST CENTERS				
40. 00 04000 RADI OLOGY	0	41		40.00
41. 00 04100 LABORATORY	l	167		41.00
42. 00 04200 I NTRAVENOUS THERAPY	o	791		42.00
43. 00 04300 OXYGEN (INHALATION) THERAPY		18		43. 00
	-			
44. 00 04400 PHYSI CAL THERAPY	0	101, 084		44.00
45. 00 04500 OCCUPATI ONAL THERAPY	0	22, 621		45. 00
46.00 04600 SPEECH PATHOLOGY	0	21, 297		46.00
47. 00 04700 ELECTROCARDI OLOGY	O	0		47.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	ol	12, 466		48.00
49. 00 04900 DRUGS CHARGED TO PATIENTS	o o	3, 191		49. 00
	- I			
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	0	0		50.00
51. 00 O5100 SUPPORT SURFACES	0	269		51. 00
OUTPATIENT SERVICE COST CENTERS				
60. 00 06000 CLI NI C	0	0		60.00
61.00 06100 RURAL HEALTH CLINIC	O	0		61.00
62. 00 06200 FQHC				62.00
OTHER REIMBURSABLE COST CENTERS	<u> </u>			
70. 00 07000 HOME HEALTH AGENCY COST	0	0		70. 00
71. 00 07100 AMBULANCE				
	0	14		71.00
73. 00 07300 CMHC	0	0		73.00
SPECIAL PURPOSE COST CENTERS				
80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100 INTEREST EXPENSE				81.00
82.00 08200 UTILIZATION REVIEW - SNF				82.00
83. 00 08300 HOSPI CE	0			83. 00
		2, 351, 473		89. 00
	J U	2, 351, 473		89.00
NONREI MBURSABLE COST CENTERS				
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	o	ol		92.00
93. 00 09300 NONPALD WORKERS		0		93. 00
94. 00 09400 PATIENTS LAUNDRY		ام		94. 00
		21 447		
95. 00 09500 LTACH	0	31, 447		95.00
98.00 Cross Foot Adjustments	0	0		98. 00
99.00 Negative Cost Centers	0	0		99. 00
100. 00 TOTAL	0	2, 382, 920		100. 00
	·		·	

| Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provi der No.: 315494

					o 12/31/2022	Date/Time Prep 5/30/2023 11:	
		CAPITAL REI	_ATED COSTS			3/30/2023 11.	25 dili
	Cost Center Description	BLDGS &	MOVABLE	EMPLOYEE	ADMIN &	Reconciliation	
		FIXTURES (SQUARE FEET)	(SQUARE FEET)	BENEFITS (GROSS	GENERAL - DI RECT		
		1.00	2. 00	SALARI ES) 3. 00	(DI RECT COST) 4. 01	4A. 02	
	GENERAL SERVICE COST CENTERS						
1. 00 2. 00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT	95, 285	95, 285				1. 00 2. 00
3.00	00300 EMPLOYEE BENEFITS	0	0				3. 00
4. 01 4. 02	00401 ADMIN & GENERAL - DIRECT 00402 ADMIN & GENERAL - ACCUM	0 2, 276	0 2, 276	·			4. 01 4. 02
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	2, 871	2, 270			-3, 020, 737	5. 00
5. 01	00501 PLANT OP, MAINT & REPAIR - DIRECT	0	0	·	_	0	5. 01
6. 00 6. 01	00600 LAUNDRY & LINEN SERVICE 00601 LAUNDRY & LINEN - DIRECT	752 0	752 0		0	0	6. 00 6. 01
7.00	00700 HOUSEKEEPI NG	914	914	12, 265	0	0	7. 00
7. 01 8. 00	00701 HOUSEKEEPING - DI RECT 00800 DI ETARY	6, 499	6, 499	1, 228, 583	0	0	7. 01 8. 00
8. 01	00801 DI ETARY - DI RECT	0	0	0	0	0	8. 01
9. 00 10. 00	00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY	1, 696	1, 696	0	0	0	9. 00 10. 00
10. 01	01001 CENTRAL SERVICE & SUPPLY - DIRECT	Ö	ő	ő	Ö	Ö	10. 01
11. 00 12. 00	1	0 305	0 305	0	_	0	11. 00 12. 00
13. 00	1	254	ŀ			o	13. 00
14.00	1	1 (24	0	·		0	14.00
15. 00 15. 01	1	1, 624	1			0	15. 00 15. 01
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	72.005	72.005		1 5/0 150		20.00
30. 00 31. 00	1	72, 085 0	72, 085 0			0	30. 00 31. 00
32.00	1	0	0				32.00
33. 00	O3300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	33. 00
40.00	04000 RADI OLOGY	0	_				40.00
41. 00 42. 00		0	0	0		0	41. 00 42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	Ō	0	0	0	43. 00
44. 00 45. 00		3, 791 827	3, 791 827			0	44. 00 45. 00
46. 00	04600 SPEECH PATHOLOGY	827	827		_	Ö	46. 00
47. 00 48. 00	1	0 S 492	0 492		0	0	47. 00 48. 00
49. 00	1	72	72		0	ő	49. 00
50. 00 51. 00	1	0	0			0	50. 00 51. 00
31.00	OUTPATIENT SERVICE COST CENTERS						31.00
	06000 CLINIC 06100 RURAL HEALTH CLINIC	0	0			l	60. 00 61. 00
	1 1	0	U		0		62. 00
70. 00	OTHER REIMBURSABLE COST CENTERS O7000 HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71. 00	07100 AMBULANCE	0	· -				71. 00
73. 00	07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	73. 00
80. 00							80. 00
81.00	1						81.00
82. 00 83. 00		0	0	О	0	0	82. 00 83. 00
89. 00		95, 285	95, 285	2, 340, 472	1, 569, 150	-3, 620, 737	89. 00
90. 00	NONREI MBURSABLE COST CENTERS 09000 GI FT, FLOWER, COFFEE SHOPS & CANTEE	N O	0	0	0	0	90. 00
91.00	1	0	0	0	0		91.00
92. 00 93. 00	1		0	0	0	0	92. 00 93. 00
94.00	09400 PATIENTS LAUNDRY	0	o	0	0	0	94. 00
95. 00 98. 00		0	0	0	0	0	95. 00 98. 00
99. 00	Negative Cost Centers						99. 00
102.00	O Cost to be allocated (per Wkst. B, Part I)	2, 259, 525	123, 395	527, 410	1, 569, 150		102. 00
103.00	Unit cost multiplier (Wkst. B, Part	1) 23.713334	1. 295010	0. 225343	1.000000		103. 00
104.00	O Cost to be allocated (per Wkst. B, Part II)			0	0		104. 00
		1			1	. !	•

Health Financial Systems	ALARIS HEALTH A	T THE CHATEAU		In Lie	eu of Form CMS-2	2540-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
				From 01/01/2022 Fo 12/31/2022	Date/Time Pre 5/30/2023 11:	
	CAPITAL REI	LATED COSTS				
Cost Center Description	BLDGS &	MOVABLE	EMPLOYEE	ADMIN &	Reconciliation	
	FI XTURES	EQUI PMENT	BENEFITS	GENERAL -		
	(SQUARE FEET)	(SQUARE FEET)	(GROSS	DI RECT		
			SALARI ES)	(DIRECT COST)		
	1.00	2.00	3.00	4. 01	4A. 02	
105.00 Unit cost multiplier (Wkst. B, Part			0. 000000	0. 000000		105. 00

				T	o 12/31/2022	Date/Time Pre 5/30/2023 11:	
	Cost Center Description	ADMIN &	PLANT	PLANT OP,	LAUNDRY &	LAUNDRY &	
		GENERAL - ACCUM	OPERATION, MAINT. &	MAINT & REPAIR - DIRECT	LINEN SERVICE (PATIENT DAYS)	LINEN - DIRECT	
		(ACCUM COST)	REPAI RS	(DIRECT COST)	(TATTENT DATS)	(DIRECT COST)	
		,	(SQUARE FEET)	, ,		, ,	
	CENEDAL SEDVICE COST CENTEDS	4. 02	5. 00	5. 01	6. 00	6. 01	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES			I			1.00
2. 00	00200 CAP REL COSTS - MOVABLE EQUI PMENT						2. 00
3.00	00300 EMPLOYEE BENEFITS						3. 00
4. 01	00401 ADMIN & GENERAL - DIRECT						4. 01
4. 02 5. 00	00402 ADMIN & GENERAL - ACCUM 00500 PLANT OPERATION, MAINT. & REPAIRS	28, 412, 014 1, 415, 337	69, 136				4. 02 5. 00
5. 00	00500 PLANT OPERATION, MAINT & REPAIRS	653, 640	09, 130	1			5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE	18, 806	0	0	73, 582		6. 00
6. 01	00601 LAUNDRY & LINEN - DIRECT	565, 733	0	0	0	565, 733	6. 01
7.00	00700 HOUSEKEEPING	668, 462	386	0	0	0	7. 00
7. 01 8. 00	00701 HOUSEKEEPING - DIRECT 00800 DI ETARY	410, 174 1, 764, 465	2, 071	0	0	0	7. 01 8. 00
8. 01	00801 DI ETARY - DI RECT	1, 764, 465	2,071	0	0	0	
9. 00	00900 NURSI NG ADMI NI STRATI ON	746, 615	240	0	0	Ō	
10.00	01000 CENTRAL SERVICES & SUPPLY	410, 607	0	0	0	0	10. 00
10. 01	01001 CENTRAL SERVICE & SUPPLY - DIRECT	760, 696	0	0	0	0	10. 01
11. 00 12. 00	O1100 PHARMACY O1200 MEDI CAL RECORDS & LI BRARY	43, 105	0 88		0	0	11. 00 12. 00
13. 00	01300 SOCIAL SERVICE	7, 628 285, 440	110		0	0	13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	Ö	0	ő	14. 00
15. 00	01500 ACTI VI TI ES	564, 181	0	0	0	0	15. 00
15. 01		210, 000	0	0	0	0	15. 01
30. 00	O3000 SKILLED NURSING FACILITY	15, 443, 804	34, 147	653, 640	73, 582	565, 733	30.00
31. 00	03100 NURSING FACILITY	15, 445, 604	34, 147	055, 640	73, 562	l	31.00
32. 00	03200 CF/IID	Ö	0	Ö	_	1	32. 00
33. 00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33. 00
	ANCILLARY SERVICE COST CENTERS	I		T		Г -	
40. 00 41. 00	O4000 RADI OLOGY O4100 LABORATORY	20, 241 83, 332	0		0	0	
42.00	04200 I NTRAVENOUS THERAPY	395, 118	0	1	0		
43. 00	04300 OXYGEN (INHALATION) THERAPY	9, 100	0	Ō	0	Ō	43. 00
44.00	04400 PHYSI CAL THERAPY	1, 010, 115	2, 964	0	0	0	44. 00
45. 00	04500 OCCUPATIONAL THERAPY	853, 211	0	0	0	0	45. 00
46. 00 47. 00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	191, 980	0	0	0	0	46. 00 47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 304	0	0	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	684, 405	0	0	0	Ō	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50. 00
51. 00	05100 SUPPORT SURFACES	134, 497	0	0	0	0	51.00
60. 00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	0	0	0	0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC	0	0	0	0		61.00
	06200 FQHC		· ·				62. 00
	OTHER REIMBURSABLE COST CENTERS						
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	
71. 00 73. 00	07100 AMBULANCE	7, 219 0	0			1	71. 00
73.00	SPECIAL PURPOSE COST CENTERS	١		<u> </u>	0	0	73.00
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
81. 00	08100 NTEREST EXPENSE						81. 00
82.00	08200 UTI LI ZATI ON REVI EW - SNF		^	_	_	_	82.00
83. 00 89. 00	08300 HOSPICE SUBTOTALS (sum of lines 1-84)	28, 412, 014	0 40, 006	1	73, 582	0 565, 733	
57.00	NONREI MBURSABLE COST CENTERS	20, 412, 014	40, 000	000,040	73,302	1 303,733	1 57.00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0		
91.00	09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	
92. 00 93. 00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0	0	0	0	
94.00	09300 NONPALD WORKERS 09400 PATIENTS LAUNDRY		0		0		93.00
95. 00	09500 LTACH	l ol	29, 130	Ö	0		95. 00
98. 00	Cross Foot Adjustments						98. 00
99.00	Negative Cost Centers	0 /00 7	4 505 5	70, 6	0.4 6		99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	3, 620, 737	1, 595, 703	736, 938	21, 203	637, 828	102.00
103.00		0. 127437	23. 080638	1. 127437	0. 288155	1. 127436	103.00
104.00		56, 919	74, 634			l e	104. 00
	Part II)						
105.00		0. 002003	1. 079524	0. 002003	0. 256095	0. 002003	105. 00
	1)			I	l	l	<u> </u>

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Peri od: Worksheet B-1 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/30/2023 11:25 am

					0 12/31/2022	5/30/2023 11:	
	Cost Center Description		HOUSEKEEPING -	DI ETARY	DI ETARY -	NURSI NG	
		(SQUARE FEET)	DI RECT	(MEALS SERVED)	DI RECT	ADMI NI STRATI ON	
			(DIRECT COST)		(DIRECT COST)	(PATIENT DAYS)	
		7. 00	7. 01	8.00	8. 01	9. 00	
	GENERAL SERVICE COST CENTERS	7100	7.0.	0.00	0.0.	7,00	
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
4.01	00401 ADMIN & GENERAL - DIRECT						4. 01
4. 02	00402 ADMIN & GENERAL - ACCUM		ļ				4. 02
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
5. 01	00501 PLANT OP, MAINT & REPAIR - DIRECT						5. 01
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
6. 01 7. 00	O0601 LAUNDRY & LINEN - DIRECT O0700 HOUSEKEEPING	88, 472					6. 01 7. 00
7. 00 7. 01	00700 HOUSEKEEPING 00701 HOUSEKEEPING - DIRECT	00,472	410, 174				7.00
8. 00	00800 DI ETARY	6, 499		220, 746			8.00
8. 01	00801 DI ETARY - DI RECT	0,477	0	220, 740	1, 041, 799		8. 01
9. 00	00900 NURSING ADMINISTRATION	1, 696	l o	Ö	0	73, 582	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0		o	0	0	10.00
10. 01	01001 CENTRAL SERVICE & SUPPLY - DIRECT	0	0	0	0	0	10. 01
11.00	01100 PHARMACY	0	0	0	0	0	11. 00
12.00	01200 MEDICAL RECORDS & LIBRARY	305	0	0	0	0	12. 00
13.00	01300 SOCIAL SERVICE	254	0	0	0	0	13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14. 00
15. 00	01500 ACTI VI TI ES	1, 624		0	0	0	15. 00
15. 01	01501 ACTIVITIES - DIRECT	0	0	0	0	0	15. 01
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	70.005		200 744	1 011 700	70.500	
30.00	03000 SKILLED NURSING FACILITY	72, 085		1			30.00
31.00	03100 NURSING FACILITY	0		1		0	31.00
32.00	03200 TUED LONG TERM CARE	0		0	0	0	32.00
33. 00	03300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS		0	<u> </u>			33.00
40. 00	04000 RADI OLOGY	0	0	0	0	0	40.00
41. 00	04100 LABORATORY				0	0	41.00
42. 00	04200 I NTRAVENOUS THERAPY				0	0	42. 00
43. 00	04300 OXYGEN (INHALATION) THERAPY		0	0	0	Ö	43. 00
44. 00	04400 PHYSI CAL THERAPY	3, 791		Ö	0	0	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	827	l o	Ö	0	l o	45. 00
46. 00	04600 SPEECH PATHOLOGY	827	0	ō	0	Ō	46. 00
47.00	04700 ELECTROCARDI OLOGY	0	0	0	0	0	47. 00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	492	0	0	0	0	48. 00
49.00	04900 DRUGS CHARGED TO PATIENTS	72	0	0	0	0	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
	OUTPATIENT SERVICE COST CENTERS						
60. 00	06000 CLI NI C	0	l .			0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62. 00	06200 FQHC						62.00
70.00	OTHER REIMBURSABLE COST CENTERS			0		1 0	70.00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0		T ~	0	0	70.00
71. 00 73. 00	07300 CMHC			_	_	0	
73.00	SPECIAL PURPOSE COST CENTERS		<u> </u>	1 0	0	0	73.00
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 H0SPI CE	0	0	0	0	0	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	88, 472	410, 174	220, 746	1, 041, 799		89. 00
	NONREI MBURSABLE COST CENTERS					· · · · · · · · · · · · · · · · · · ·	1
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	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92. 00
93.00	09300 NONPAI D WORKERS	0	0	0	0	0	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00
95. 00	09500 LTACH	0	0	0	0	0	95. 00
98. 00	Cross Foot Adjustments						98.00
99. 00	Negative Cost Centers						99. 00
102.00		762, 558	462, 445	2, 093, 139	1, 174, 563	861, 918	102. 00
102.00	Part I)	0 (10000	1 107404	0.400445	1 107407	11 710707	102 00
103.00		8. 619202	l e	1			
104.00		24, 614	822	170, 107	2, 087	44, 640	104. 00
105.00	Part II) Unit cost multiplier (Wkst. B, Part	0. 278212	0. 002004	0. 770601	0. 002003	0. 606670	105 00
100.00		0. 2/0212	0.002004	0.770001	0.002003	0.000070	103.00
	1 1117	1	I	1	l .	ı	1

Provi der No.: 315494

Peri od: Worksheet B-1 From 01/01/2022 To 12/31/2022 Date/Time Prepared:

Cost Center Description						0 12/31/2022	5/30/2023 11:	
CENTEMPL SERVICE COST CENTERS 10.00 11.00 12.00 13.00 1.00		Cost Center Description					SOCIAL SERVICE	
SERIERAL SERVICE COST CENTERS 10.00 10.01 11.00 12.00 13.00 10.01 10.01 12.00 13.00 10.00 10.01 10.00 10.01 10.00 10.01 10.00 10.0					(PATTENT DAYS)		(DATIENT DAVS)	
CONTROL SERBINAL SERVICE DOST CENTERS 10.00 10.01 11.00 12.00 13.00							(FAITENT DATS)	
CHERNAL STRIVER OF COST CHITTERS 1.00			((
1.00 20100 CAP REL COSIS - BLIEGS & FIXIBIES 2.00			10.00	10. 01	11.00	12.00	13.00	
2.00			Г	T	Г	Г	T	
3.00 00000 DEMICHAGE BENEFITS		1						1
4.01 0.0010 ADMIN & GENERAL - DIRECT		1					•	1
4.02 0.0002 ADMIN & GENERAL - ACOUND								1
DOSOO PLANT OF HAIT NOT REPAIR TO BEET		l						1
5.01 0.0000								1
6.01 00-000 LAURDRY & LINEN - DIRECT 7.00 10700 JUNISH REPING - DIRECT 7.00 10700 JUNISH REPINSH - DIRECT 7.00 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								1
2.00 0.0700 NUSSECEPT NO	6.00	00600 LAUNDRY & LINEN SERVICE						6. 00
2.01 0.070 10.015/EFFPING - O IRECT								1
B. 00 00800 DETARY DETART								1
8.01 0.0001 DITARY - DIRECT 9.00 0.000 UNISSIN AD MINISTRATION 9.00 0.000 UNISSIN AD MINISTRATION 9.00 10.00 1								1
9.00 0.0900 NURSI NA ADMINISTRATION 10.00 10.00 CONTRAL SERVICE & SUPPLY - DIRECT 0.760,696 11.00 11.0				•				1
10.00								1
10.00 10.001 CENTRAL SERVICE & SUPPLY - DIRECT 0 750,096 11.00 12.00 1			73, 582	,				1
11.00 01000 PHARMACY 0 0 73,582 11.00 13.00 13.00 01300 SOCIAL SERVICE 0 0 0 0 0 0 73,582 13.00 13.00 0300 MIRSING AND ALLIER HEALTH EDUCATION 0 0 0 0 0 0 0 0 15.00 1			1	1	<u>, </u>			1
13.00 01300 SOCIAL SERVICE 0 0 0 0 73,582 13.00	11. 00		C	C	73, 582			11.00
14. DO 01400 NURSING AND ALLIED HEALTH EDUCATION 0 0 0 0 0 0 0 0 0	12.00	01200 MEDICAL RECORDS & LIBRARY	C) C	0	73, 582		12. 00
15.00 01500 ACTIVITIES - DIRECT		1	C) C	0	0	1	1
15.0 0.1501 ACTIVITIES - DIRECT 0. 0. 0. 0. 0. 15.0		1	C) C	0	0		1
INPART ENT ROUTINE SERVICE COST CENTERS 73,582 73		1	C	1	1	0		
30.00	15. 01			<u> </u>)[0	0	15.01
31.00	30 00		73 582	760 696	73 582	73 582	73 582	30 00
32.00 03200 OFF/I I D		l I	1	l .	1	_	1	1
ANCILLARY SERVICE COST CENTERS			1	1	1	o o		1
40. 00 04000 0400 0400 0400 0 0	33.00	03300 OTHER LONG TERM CARE	C) c	0	0	0	33. 00
41.00 04100 LABORATORY 0 0 0 0 0 0 42.00 42.00 04200 INTRAVENOUS THERAPY 0 0 0 0 0 0 0 42.00 42.00 04200 INTRAVENOUS THERAPY 0 0 0 0 0 0 0 43.00 04300 OXYGEN (INMALATION) THERAPY 0 0 0 0 0 0 0 45.00 04500 OCCUPATIONAL THERAPY 0 0 0 0 0 0 0 45.00 04500 OCCUPATIONAL THERAPY 0 0 0 0 0 0 0 46.00 04500 OSCUPATIONAL THERAPY 0 0 0 0 0 0 0 46.00 04500 OSECHEAP THATIOLOGY 0 0 0 0 0 0 0 47.00 04700 ELECTROCARDIOLOGY 0 0 0 0 0 0 0 48.00 04500 MEDICAL SURPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 50.00 055000 DRUGS CHARGED TO								
42 00 04200 INTRAVENOUS THERAPY 0 0 0 0 0 0 0 0 0			1	1	1	_	_	
43.00 04300 04300 04400 04400 04400 04400 04400 04400 04400 04400 04400 04500 04500 04500 04500 046000 046000 046000 046000 046000 046000 046000 04600		1	C	1		0	_	
44. 00 04400 PHYSI CAL THERAPY 0 0 0 0 0 0 0 0 0		1	C		0	0	_	1
45.00 04500 04500 04500 04500 04500 04500 04600		1 1				0		1
46. 00 04500 SPEECH PATHOLOGY 0 0 0 0 0 0 0 46. 00 47. 00 04700 ELECTROCARDIOLOGY 0 0 0 0 0 0 0 0 47. 00 48. 00 04700 ELECTROCARDIOLOGY 0 0 0 0 0 0 0 0 48. 00 48. 00 04900 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 48. 00 49. 00 04900 DRIVAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 0 0 0 0 50. 00 50. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 0 0 0 50. 00 51. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 0 0 50. 00 OUTPATIENT SERVICE COST CENTERS 60. 00 06000 CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1				0	_	1
A7.00						0	_	1
49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0				o c	o o	Ō	ō	1
50.00 0500	48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	C) c	0	0	0	48. 00
51.00	49. 00		C) c	0	0	0	1
OUTPATI ENT SERVICE COST CENTERS			1	1				1
60.00	51. 00		C) <u> </u>) 0	0	0	51.00
61.00 06100 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 0 0	(0.00			1 0	\	0		(0.00
62. 00 06200 FOHC			1	ł .	1			
OTHER REIMBURSABLE COST CENTERS O				,)	0		1
70. 00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 0 70. 00 71. 00 07100 AMBULANCE 0 0 0 0 0 0 0 71. 00 72. 00 07300 CMHC 0 0 0 0 0 0 0 71. 00 73. 00 07300 CMHC 0 0 0 0 0 0 0 71. 00 75. 00 07300 CMHC 0 0 0 0 0 0 0 0 75. 00 07300 CMHC 0 0 0 0 0 0 0 75. 00 08000 MALPRACTI CE PREMI UMS & PAID LOSSES 81. 00 82. 00 08200 UTI LI ZATI ON REVI EW - SNF 82. 00 83. 00 08300 HOSPI CE 0 0 0 0 0 0 89. 00 SUBTOTALS (sum of lines 1-84) 73, 582 760, 696 73, 582 73, 582 73, 582 753, 582 73, 582 73, 582 73, 582 73, 582 753, 582 73, 582 73, 582 753, 582 73, 582 73, 582 753, 582 73, 582 73, 582 753, 582 73, 582 73, 582 753, 582 73, 582 73, 582 753, 582 73, 582 73, 582 753, 582 73, 582 73, 582 753, 582 73, 582 753, 582 7	02.00							02.00
73.00	70.00		C	C	0	0	0	70.00
SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 81.00 08100 INTEREST EXPENSE 82.00 82.00 08200 UTI LI ZATI ON REVIEW - SNF 0 0 0 0 0 0 0 0 0	71.00	07100 AMBULANCE	C) c	o	0	0	71.00
80. 00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80. 00 81. 00 81.00 INTEREST EXPENSE 81. 00 82. 00 08200 UTILIZATION REVIEW - SNF 82. 00 08300 HOSPICE 0 0 0 0 0 0 0 0 0	73. 00		C) C	0	0	0	73. 00
81. 00	00.00			1			ı	00.00
82. 00		l I						
83. 00		1						1
89. 00 SUBTOTALS (sum of lines 1-84) 73,582 760,696 73,582 73,582 73,582 89. 00		1				0	0	1
NONREIMBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0 0 0			73. 582	760, 696	73, 582	73. 582		1
91.00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 0 0 91.00 92.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 0 0 0 92.00 93.00 09300 NONPALD WORKERS 0 0 0 0 0 0 93.00 94.00 09400 PATIENTS LAUNDRY 0 0 0 0 0 0 95.00 09500 LTACH 0 0 0 0 0 0 95.00 98.00 Cross Foot Adjustments 0 0 0 0 0 95.00 99.00 Negative Cost Centers 0 0 0 0 0 0 102.00 Cost to be allocated (per Wkst. B, Part I) 6.291403 1.127437 0.660460 0.180207 4.437824 103.00 104.00 Cost to be allocated (per Wkst. B, Part II) 0.002003 0.001169 0.106317 0.096681 105.00			,		,			
92. 00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 0 0 0 92. 00 93. 00 09300 NONPAID WORKERS 0 0 0 0 0 0 93. 00 94. 00 09400 PATIENTS LAUNDRY 0 0 0 0 0 0 94. 00 95. 00 09500 LTACH 0 0 0 0 0 0 0 98. 00 Cross Foot Adjustments 0 0 0 0 0 99. 00 Negative Cost Centers 99. 00 102. 00 Cost to be allocated (per Wkst. B, Part I) 6. 291403 1. 127437 0. 660460 0. 180207 4. 437824 103. 00 104. 00 Cost to be allocated (per Wkst. B, Part II) 822 1, 524 86 7, 823 7, 114 104. 00 105. 00 Unit cost multiplier (Wkst. B, Part II) 0. 002003 0. 001169 0. 106317 0. 096681 105. 00	90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	C) C	0	0	0	90.00
93. 00 09300 NONPAID WORKERS 0 0 0 0 0 0 93. 00 94. 00 09400 PATIENTS LAUNDRY 0 0 0 0 0 0 94. 00 95. 00 09500 LTACH 0 0 0 0 0 0 0 98. 00 99. 00 Negative Cost Centers 0 0 0 0 0 102. 00 Cost to be allocated (per Wkst. B, Part I) 0 0 0 0 0 0 104. 00 Cost to be allocated (per Wkst. B, Part I) 0 0 0 0 0 104. 00 Cost to be allocated (per Wkst. B, Part I) 0 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part I) 0 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part I) 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part II) 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part III) 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part III) 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part III) 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part III) 0 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part IIII) 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part IIIIIIIII 0 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part IIIIIIIIIII 0 0 0 0 0 105. 00 Unit cost multiplier (Wkst. B, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			C) c	0	0	0	•
94. 00 94.00 94.00 95.00 95.00 09500			C	C	0	0	_	•
95. 00 9500 Cross Foot Adjustments 0 0 0 0 0 95. 00 98. 00 99. 00 Negative Cost Centers 0 0 0 0 99. 00 0 0 99. 00 0 0 0 0 0 0 0 0 0					0	0		1
98.00 99.00 Negative Cost Centers 102.00 Cost to be allocated (per Wkst. B, Part I) 103.00 Unit cost multiplier (Wkst. B, Part I) 105.00 Unit cost multiplier (Wkst. B, Part I) Unit cost multiplier (Wkst. B, Part I) 0.0011171 0.002003 0.001169 0.106317 0.096681 0.98.00 99.00 48,598 13,260 326,544 102.00 99.00 0.180207 4.437824 103.00 0.180207 0.096681 0.001171 0.002003 0.001169 0.106317 0.096681						0	0	•
99.00 Negative Cost Centers 99.00 102.00 Cost to be allocated (per Wkst. B, Part I) 6.291403 1.127437 0.660460 0.180207 4.437824 103.00 104.00 Cost to be allocated (per Wkst. B, Part II) 822 1,524 86 7,823 7,114 104.00 Part II) 105.00 Unit cost multiplier (Wkst. B, Part II) 0.002003 0.001169 0.106317 0.096681 105.00)	0	0	•
102. 00 Cost to be allocated (per Wkst. B, Part I) 462,934 857,637 48,598 13,260 326,544 102.00 103. 00 Unit cost multiplier (Wkst. B, Part I) 6.291403 1.127437 0.660460 0.180207 4.437824 103.00 104. 00 Cost to be allocated (per Wkst. B, Part II) 822 1,524 86 7,823 7,114 104.00 105. 00 Unit cost multiplier (Wkst. B, Part 0.011171 0.002003 0.001169 0.106317 0.096681 105.00		1 1						
Part I) Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part II) Cost to be allocated (per Wkst. B, Part III) Unit cost multiplier (Wkst. B, Part III) Unit cost multiplier (Wkst. B, Part III) Unit cost multiplier (Wkst. B, Part III) Occupancy Occ		1 9	462, 934	857. 637	48, 598	13. 260	326, 544	1
104.00 Cost to be allocated (per Wkst. B, Part II) 822 1,524 86 7,823 7,114 104.00 105.00 Unit cost multiplier (Wkst. B, Part 0.011171 0.002003 0.001169 0.106317 0.096681 105.00	50	71]]	
Part II) 105.00 Unit cost multiplier (Wkst. B, Part 0.011171 0.002003 0.001169 0.106317 0.096681 105.00	103.00	1 1 '	6. 291403	1. 127437	0. 660460	0. 180207	4. 437824	103. 00
105.00 Unit cost multiplier (Wkst. B, Part 0.011171 0.002003 0.001169 0.106317 0.096681 105.00	104.00	· · · · · · · · · · · · · · · · · · ·	822	1, 524	86	7, 823	7, 114	104. 00
	405 -		2 5				0.5	105
	105.00		0. 011171	0. 002003	0. 001169	0. 106317	0. 096681	105. 00
			1	I	I	<u> </u>	I	<u> </u>

COST ALLOCATION - STATISTICAL BASIS

Provi der No.: 315494

Peri od: Worksheet B-1 From 01/01/2022

Date/Time Prepared:

12/31/2022

5/30/2023 11:25 am OTHER GENERAL SERVICE NURSING AND ACTI VI TI ES ACTI VI TI ES Cost Center Description ALLIED HEALTH (PATIENT DAYS) DIRECT (DIRECT COST) **EDUCATION** (ASSI GNED TIME) 14.00 15. 00 15. 01 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1 00 1 00 2.00 2.00 3.00 00300 EMPLOYEE BENEFITS 3.00 00401 ADMIN & GENERAL - DIRECT 00402 ADMIN & GENERAL - ACCUM 4 01 4 01 4.02 4.02 5.00 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 5.01 00501 PLANT OP, MAINT & REPAIR - DIRECT 5.01 00600 LAUNDRY & LINEN SERVICE 6.00 6 00 6.01 00601 LAUNDRY & LINEN - DIRECT 6.01 00700 HOUSEKEEPI NG 7.00 7.00 00701 HOUSEKEEPING - DIRECT 7.01 7. 01 8.00 8.00 00800 DI ETARY 8.01 00801 DIETARY - DIRECT 8.01 00900 NURSING ADMINISTRATION 9.00 9.00 01000 CENTRAL SERVICES & SUPPLY 10.00 10.00 10 01 01001 CENTRAL SERVICE & SUPPLY - DIRECT 10 01 01100 PHARMACY 11.00 11.00 12.00 01200 MEDICAL RECORDS & LIBRARY 12.00 01300 SOCIAL SERVICE 13.00 13.00 |01400|NURSING AND ALLIED HEALTH EDUCATION 14.00 14.00 01500 ACTIVITIES 15.00 73, 582 15.00 01501 ACTIVITIES - DIRECT 210,000 15.01 15.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 0 73, 582 210,000 30.00 03100 NURSING FACILITY 0 31.00 31.00 0 32.00 03200 | CF/IID C 0 32.00 03300 OTHER LONG TERM CARE 0 33.00 0 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 n 0 40.00 |04100| LABORATORY 000000000 0 41 00 41.00 C 0 42.00 | 04200 | I NTRAVENOUS THERAPY 0 42.00 04300 OXYGEN (INHALATION) THERAPY 0 43.00 43.00 0 44. 00 04400 PHYSI CAL THERAPY 0 44.00 04500 OCCUPATIONAL THERAPY 0 0 45.00 45.00 46.00 04600 SPEECH PATHOLOGY 0 0 46.00 47.00 04700 ELECTROCARDI OLOGY 0 47.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 48 00 Ω 48 00 0 49.00 04900 DRUGS CHARGED TO PATIENTS C 49.00 50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 50.00 05100 SUPPORT SURFACES 51.00 0 0 51.00 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 0 60.00 06100 RURAL HEALTH CLINIC 0 0 61.00 C 61.00 62.00 06200 FQHC 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 70.00 07100 AMBULANCE 0 71.00 0 71.00 07300 CMHC 0 0 0 73.00 73.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 08100 INTEREST EXPENSE 81.00 81.00 82.00 08200 UTILIZATION REVIEW - SNF 82 00 83.00 08300 H0SPI CE 83.00 SUBTOTALS (sum of lines 1-84) 73, 582 210,000 89.00 0 89.00 NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 90.00 0 0 0 09100 BARBER AND BEAUTY SHOP 0 0 91.00 91.00 09200 PHYSICIANS PRIVATE OFFICES 92.00 0 92.00 0 09300 NONPALD WORKERS 0 93.00 93.00 0 09400 PATIENTS LAUNDRY 0 94.00 C 94 00 95.00 0 0 95.00 09500 LTACH 98.00 Cross Foot Adjustments 98.00 99.00 Negative Cost Centers 99.00 102.00 Cost to be allocated (per Wkst. B, 0 650,077 236, 762 102.00 Part I) 103.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 8.834729 1.127438 103.00 Cost to be allocated (per Wkst. B, 104 00 104 00 42, 195 421 Part II)

Health Financial Systems	ALARIS HEALTH A	T THE CHATEAU		In Lie	u of Form CMS	-2540-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-	1
				From 01/01/2022 To 12/31/2022	Date/Time Pr 5/30/2023 11	
		OTHER GENER	RAL SERVICE			
Cost Center Description	NURSING AND	ACTI VI TI ES	ACTIVITIES -			
	ALLI ED HEALTH	(PATIENT DAYS)				
	EDUCATI ON		(DIRECT COST)		
	(ASSI GNED					
	TIME)					
	14. 00	15. 00	15. 01			
105.00 Unit cost multiplier (Wkst. B, Part	0. 000000	0. 573442	0. 00200)5		105. 00
1)						

Health Financial Systems	ALARIS HEALTH AT THE	CHATEAU	In Lie	u of Form CMS-2540-10
RATIO OF COST TO CHARGES	FOR ANCILLARY AND OUTPATIENT COST CENTERS	Provi der No.: 315494	From 01/01/2022	Worksheet C Date/Time Prepared: 5/30/2023 11:25 am

		To 12/31/2022	Date/Time Pre 5/30/2023 11:	
Cost Center Description	Total (from	Total Charges	Ratio (col. 1	
	Wkst. B, Pt	1,	di vi ded by	
	col . 18)		col. 2	
	1.00	2. 00	3. 00	
ANCI LLARY SERVI CE COST CENTERS				
40. 00 04000 RADI OLOGY	22, 8	· ·	l .	
41. 00 04100 LABORATORY	93, 9	· ·		
42.00 O4200 INTRAVENOUS THERAPY	445, 4	71 395, 118	1. 127438	42. 00
43.00 O4300 OXYGEN (INHALATION) THERAPY	10, 2	5, 900	1. 738983	43.00
44. 00 O4400 PHYSI CAL THERAPY	1, 239, 9	27 2, 451, 958	0. 505689	44.00
45. 00 04500 OCCUPATI ONAL THERAPY	969, 0	70 828, 286	1. 169970	45. 00
46. 00 O4600 SPEECH PATHOLOGY	223, 5	73 467, 971	0. 477750	46. 00
47. 00 04700 ELECTROCARDI OLOGY		0	0.000000	47. 00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	18, 1	13 0	0.000000	48. 00
49.00 O4900 DRUGS CHARGED TO PATIENTS	772, 2	45 906, 788	0. 851627	49. 00
50.00 05000 DENTAL CARE - TITLE XIX ONLY		0	0.000000	50.00
51. 00 05100 SUPPORT SURFACES	151, 6	37 134, 497	1. 127438	51.00
OUTPATIENT SERVICE COST CENTERS				
60. 00 06000 CLI NI C		0	0.000000	60.00
61.00 06100 RURAL HEALTH CLINIC				61. 00
62. 00 06200 FQHC				62.00
71. 00 07100 AMBULANCE	8, 1	7, 219	1. 127441	71. 00
100. 00 Total	3, 955, 2	5, 301, 310		100. 00

Health Financial Systems	ALARIS HEALTH A	AT THE CHATEAU		In Lie	eu of Form CMS-	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Peri od:	Worksheet D	
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/30/2023 11:	epared: 25 am
-		Title	XVIII (1)	Skilled Nursing		25 4111
		11 11 0	,,,,,,	Facility	113	
		Heal th Care Pi	rogram Charges		Program Cost	
			o o		ŭ	
	Ratio of Cost	Part A	Part B	Part A (col. 1	Part B (col. 1	
	to Charges			x col. 2)	x col. 3)	
	(Fr. Wkst. C					
	Column 3)					
DART I ON OUR ATLANTAGE ANOLITE ARE OUTDA	1.00	2.00	3. 00	4. 00	5. 00	
PART I - CALCULATION OF ANCILLARY AND OUTPA	TIENI COST					-
ANCILLARY SERVICE COST CENTERS	1 107415	1 0				40.00
40. 00 04000 RADI OLOGY	1. 127415	l .	(0	0	
41. 00 04100 LABORATORY 42. 00 04200 INTRAVENOUS THERAPY	1. 127442	l .		0	0	
43. 00 04200 TNTRAVENOUS THERAPY 43. 00 04300 0XYGEN (TNHALATION) THERAPY	1. 127438 1. 738983	l .		0	0	1
44. 00 04400 PHYSI CAL THERAPY	0. 505689	l .		0 410, 449	l ~	
45. 00 04400 PHTST CAL THERAPY	1. 169970		1	0 969, 070	•	
46. 00 04600 SPEECH PATHOLOGY	0. 477750		1	0 969, 070	l .	
47. 00 04700 ELECTROCARDI OLOGY	0. 000000			0 110, 732	0	1
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	l .			0	
49. 00 04900 DRUGS CHARGED TO PATIENTS	0. 851627	l .			0	
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	0. 000000	l .				50.00
51. 00 05100 SUPPORT SURFACES	1. 127438				0	
OUTPATIENT SERVICE COST CENTERS	1. 127430		1	0 0		31.00
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)	1. 127441			0	0	•
100.00 Total (Sum of lines 40 - 71)		1, 884, 326		0 1, 496, 271	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.

Heal th	Financial Systems A	ALARIS HEALTH A	T THE CHATEAU		In Lie	u of Form CMS-2	2540-10
	IONMENT OF ANCILLARY AND OUTPATIENT COSTS			No.: 315494	Peri od: From 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Pre 5/30/2023 11:	pared:
	Title XVIII Skilled Nursing PPS Facility						_
	Cost Center Description					1. 00	
	PART II - APPORTIONMENT OF VACCINE COST					1.00	
1.00	Drugs charged to patients - ratio of co	st to charges	(From Workshee	t C. column 3	Line 49)	0. 851627	1.00
2.00	Program vaccine charges (From your reco			,		16, 227	2. 00
3.00	Program costs (Line 1 x line 2) (Title			er this amoun	t to Worksheet	13, 819	3. 00
	E, Part I, line 18)						
	Cost Center Description	Total Cost	Nursing &	Ratio of	Program Part A		
			Allied Health		Cost (From	& Allied	
		The state of the s	(From Wkst. B,			Heal th Costs	
		18	Part I, Col.	Costs to Tota	, , , ,	for Pass	
	14) Costs - Part A					Through (Col. 3 x Col. 4)	
				(Col . 2 / Col	•	3 X COI. 4)	
		1.00	2.00	3.00	4. 00	5. 00	
	PART III - CALCULATION OF PASS THROUGH COSTS	FOR NURSING &	ALLI ED HEALTH				
	ANCILLARY SERVICE COST CENTERS						
	04000 RADI OLOGY	22, 820				0	40. 00
	04100 LABORATORY	93, 952		0.00000		0	
	04200 I NTRAVENOUS THERAPY	445, 471		0. 00000		0	
	04300 OXYGEN (INHALATION) THERAPY	10, 260		0.00000		0	
	04400 PHYSI CAL THERAPY	1, 239, 927		0. 00000			1
	04500 OCCUPATI ONAL THERAPY	969, 070		0.00000			
	04600 SPEECH PATHOLOGY	223, 573	l e	0.00000			1 .0.00
	04700 ELECTROCARDI OLOGY	0	١ -	0.00000		0	
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	18, 113		0.00000		0	48. 00 49. 00
	05000 DENTAL CARE - TITLE XIX ONLY	772, 245 0		0.00000		0	50.00
	05100 SUPPORT SURFACES	151, 637	1	0.00000		0	51.00
100.00		3, 947, 068		•	1, 496, 271	- 1	100.00
100.00	1.3ta. (3diii 31 111163 13 32)	3, 717, 000	1	1	1, 170, 271	٥١	1.50.00

	Financial Systems ALARIS HEALTH AT			u of Form CMS-2	
COMPU	ATION OF INPATIENT ROUTINE COSTS	Provi der No.: 315494	Peri od: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-II Date/Time Pre 5/30/2023 11:3	pared:
		Title XVIII	Skilled Nursing Facility	PPS	
			raciiity		
	DART I CALCULATION OF INDATIENT POUTINE COCTO			1. 00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS INPATIENT DAYS				
1.00	Inpatient days including private room days			73, 582	1.00
2.00	Private room days			0	
3.00	Inpatient days including private room days applicable to the	Program		14, 082	3.00
4.00	Medically necessary private room days applicable to the Progr	am		0	4.00
5.00	Total general inpatient routine service cost			27, 405, 205	5.00
	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT			04 547 707	, ,,
6. 00 7. 00	General inpatient routine service charges General inpatient routine service cost/charge ratio (Line 5	divided by Line 6)		34, 547, 796 0. 793255	
8.00	Enter private room charges from your records	divided by Title 0)		0. 743233	
9. 00	Average private room per diem charge (Private room charges li	ne 8 divided by private	room days line	0.00	
7. 00	2)	ne e arriada 25 private	. com dayo,c	0.00	,, ,,
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	n charges line 10, divide	ed by	0.00	11. 00
	semi -pri vate room days)				40.00
12.00	Average per diem private room charge differential (Line 9 mir			0.00	
13. 00 14. 00	Average per diem private room cost differential (Line 7 times Private room cost differential adjustment (Line 2 times line			0.00	13. 00 14. 00
15. 00			minus line 14)	27, 405, 205	
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	201 41110101111111 (21110 0		277 1007 200	
16.00	Adjusted general inpatient service cost per diem (Line 15 di	vided by line 1)		372. 44	16.00
17. 00	Program routine service cost (Line 3 times line 16)			5, 244, 700	
	Medically necessary private room cost applicable to program			0	18.00
19.00	Total program general inpatient routine service cost (Line		10	5, 244, 700	
20. 00	Capital related cost allocated to inpatient routine service of line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	costs (From WKSt. B, Par	T II COLUMN 18,	2, 189, 514	20.00
21. 00	Per diem capital related costs (Line 20 divided by line 1)			29. 76	21.00
22. 00	Program capital related cost (Line 3 times line 21)			419, 080	
23.00	Inpatient routine service cost (Line 19 minus line 22)			4, 825, 620	23.00
24. 00	1 33 3 ()			0	
	Total program routine service costs for comparison to the cos	st limitation (Line 23 mi	nus line 24)	4, 825, 620	
	Enter the per diem limitation (1)		2/) /1)		26.00
	Inpatient routine service cost limitation (Line 3 times the Reimbursable inpatient routine service costs (Line 22 plus				27. 00 28. 00
26.00	(Transfer to Worksheet E, Part II, line 4) (See instructions)		11116 27)		20.00
(1) Li	nes 26 and 27 are not applicable for title XVIII, but may be u		itle XIX		'
() = .					
				1. 00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COST	S FOR PPS PASS-THROUGH		70	
1.00	Total SNF inpatient days			73, 582	
2.00	Program inpatient days (see instructions) Total nursing & allied health costs. (see instructions)(Do no	at complete for titles V	or VIV)	14, 082 0	
4. 00	Nursing & allied health ratio. (line 2 divided by line 1)	or complete for titles v	UI AIA)	0. 191378	
1. 00	Program nursing & allied health costs for pass-through. (line	0 11 11 13		0. 171370	1

	ATION OF INPATIENT ROUTINE COSTS	Provi der No.: 315494	Peri od:	Worksheet D-1	
			From 01/01/2022 To 12/31/2022	Parts I-II Date/Time Prep 5/30/2023 11:3	
		Title XIX	Skilled Nursing Facility	Cost	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS			1. 00	
	INPATIENT DAYS				ł
0	Inpatient days including private room days			73, 582	1 1
0	Private room days			0	
0	Inpatient days including private room days applicable to the P	rogram		51, 525	3
00	Medically necessary private room days applicable to the Progra	m		0	4
00	Total general inpatient routine service cost			27, 405, 205	5
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
0	General inpatient routine service charges			34, 547, 796	
0	General inpatient routine service cost/charge ratio (Line 5 d	ivided by line 6)		0. 793255	
0	Enter private room charges from your records			0	
0	Average private room per diem charge (Private room charges lin	e 8 divided by private	room days, line	0. 00	9
00	2) Enter semi-private room charges from your records			0	10
00	Average semi-private room per diem charge (Semi-private room	charges line 10 divide	d by	0.00	
00	semi -pri vate room days)	charges title to, divide	u by	0.00	Ι'
00	Average per diem private room charge differential (Line 9 minu	s line 11)		0.00	1 12
00	Average per diem private room cost differential (Line 7 times			0.00	13
00	Private room cost differential adjustment (Line 2 times line 1			0	14
00	General inpatient routine service cost net of private room cos	t differential (Line 5	minus line 14)	27, 405, 205	15
	PROGRAM INPATIENT ROUTINE SERVICE COSTS				4
00	Adjusted general inpatient service cost per diem (Line 15 div	ided by line 1)		372. 44	
00	Program routine service cost (Line 3 times line 16)	li 4 ti li 12)		19, 189, 971	
00	Medically necessary private room cost applicable to program (Total program general inpatient routine service cost (Line 17	,		0 19, 189, 971	
00	Capital related cost allocated to inpatient routine service co		t II column 10	2, 189, 514	
00	line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	3t3 (Trom wkst. b, Tar	t II cordiiii Io,	2, 107, 514	20
00	Per diem capital related costs (Line 20 divided by line 1)			29. 76	2
00	Program capital related cost (Line 3 times line 21)			1, 533, 384	22
00	Inpatient routine service cost (Line 19 minus line 22)			17, 656, 587	23
00	Aggregate charges to beneficiaries for excess costs (From pro			0	
	Total program routine service costs for comparison to the cost	limitation (Line 23 mi	nus line 24)	17, 656, 587	
00	Enter the per diem limitation (1)			0. 00	
	Inpatient routine service cost limitation (Line 3 times the pe			0	1
00	Reimbursable inpatient routine service costs (Line 22 plus th (Transfer to Worksheet E, Part II, line 4) (See instructions)	e lesser of line 25 or	line 27)	19, 189, 971	28
1 ;	nes 26 and 27 are not applicable for title XVIII, but may be us	ed for title V and or t	itla YIY	'	1
	les 20 and 27 are not appricable for title XVIII, but may be us		THE XIX	,	
				1. 00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS	FOR PPS PASS-THROUGH			
0	Total SNF inpatient days			73, 582	
0	Program inpatient days (see instructions)			51, 525	
00	Total nursing & allied health costs. (see instructions) (Do not Nursing & allied health ratio. (line 2 divided by line 1)	complete for titles V	or XIX)	0	1 -
00				0. 700239	4

Health Financial Systems	ALARIS HEALTH AT THE	CHATEAU	In Lieu	u of Form CMS-2540-10
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR	TITLE XVIII	Provi der No.: 315494	From 01/01/2022	Worksheet E Part I Date/Time Prepared: 5/30/2023 11:25 am
		Title XVIII	Skilled Nursing	PPS

		Title XVIII	Skilled Nursing	PPS	
			Facility		
			-	1. 00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURS	EMENT			
1.00	Inpatient PPS amount (See Instructions)			12, 242, 176	1. 00
2.00	Nursing and Allied Health Education Activities (pass through pa	yments)		0	2. 00
3.00	Subtotal (Sum of lines 1 and 2)			12, 242, 176	3. 00
4.00	Primary payor amounts			980	4.00
5.00	Coinsurance			1, 882, 954	5. 00
6.00	Allowable bad debts (From your records)			1, 274, 880	6. 00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instru	ctions)		395, 945	7. 00
8.00	Adjusted reimbursable bad debts. (See instructions)			828, 672	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)			11, 186, 914	11. 00
12.00	Interim payments (See instructions)			10, 666, 664	12.00
13.00	Tentati ve adjustment			0	13.00
14.00	OTHER adjustment (See instructions)			0	14.00
14.50				0	14. 50
14. 55					14. 55
14. 75				10, 442	14. 75
14. 99				121, 162	14. 99
15.00	00 Balance due provider/program (see Instructions)			388, 646	15.00
16.00	16.00 Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)			0	16.00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER (OF COST OR CHARGES -	TITLE XVIII ONLY		
17. 00	Ancillary services Part B			0	
18. 00	Vaccine cost (From Wkst D, Part II, line 3)			13, 819	
19. 00	Total reasonable costs (Sum of Lines 17 and 18)			13, 819	
20. 00	Medicare Part B ancillary charges (See instructions)			16, 227	
21. 00	Cost of covered services (Lesser of line 19 or line 20)			13, 819	
22. 00	Primary payor amounts			0	22. 00
23. 00	Coinsurance and deductibles			0	
24. 00	Allowable bad debts (From your records)			0	24. 00
24. 01	Allowable Bad debts for dual eligible beneficiaries (see instru	ctions)		0	24. 01
24. 02				0	24. 02
25. 00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			13, 819	
26. 00	Interim payments (See instructions)			3, 205	
27. 00	Tentati ve adj ustment			0	
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)			175	
29. 00	Balance due provider/program (see instructions)		445.0	10, 439	
30.00	Protested amounts (Nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	section 115.2	0	30. 00

Health Financial Systems	ALARIS HEALTH AT THE	E CHATEAU	In Lie	u of Form CMS-2540-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	TITLE V and TITLE XIX ONLY	Provi der No.: 315494	From 01/01/2022	Worksheet E Part II Date/Time Prepared: 5/30/2023 11:25 am
		Title XIX	Skilled Nursing	Cost

		little XIX	Facility	COST	
				1. 00	
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)			0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line	5)		0	2.00
3.00	Outpati ent services		0	3. 00	
4.00	Inpatient routine services (see instructions)			19, 189, 971	4. 00
5.00	Utilization reviewphysicians' compensation (from provider rec	ords)		0	5. 00
6.00	Cost of covered services (Sum of lines 1 - 5)			19, 189, 971	6. 00
7.00	Differential in charges between semiprivate accommodations and	less than semiprivate	accommodations	0	7. 00
8.00	SUBTOTAL (Line 6 minus line 7)			19, 189, 971	8. 00
9.00	Primary payor amounts			0	9. 00
10.00	Total Reasonable Cost (Line 8 minus line 9)			19, 189, 971	10. 00
	REASONABLE CHARGES				
11. 00	Inpatient ancillary service charges			0	11. 00
12.00	Outpatient service charges			0	12. 00
13.00	Inpatient routine service charges			0	13. 00
	Differential in charges between semiprivate accommodations and	less than semiprivate	accommodations	0	14. 00
15. 00	Total reasonable charges			0	15. 00
	CUSTOMARY CHARGES				
	Aggregate amount actually collected from patients liable for pa			0	
17. 00					17. 00
	had such payment been made in accordance with 42 CFR 413.13(e)				
18. 00	Ratio of line 16 to line 17 (not to exceed 1.000000)			0. 000000	
19. 00	Total customary charges (see instructions)			0	19. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20. 00	·			0	20.00
21. 00				0	21. 00
22. 00	Subtotal (Line 20 minus line 21)			0	22. 00
23. 00	Coinsurance			0	23. 00
24. 00				0	24. 00
25. 00	, , , , , , , , , , , , , , , , , , ,			0	25. 00
26. 00	Subtotal (sum of lines 24 and 25)			0	26. 00
27. 00	Unrefunded charges to beneficiaries for excess costs erroneousl cost limit	y collected based on c	orrection of	0	27. 00
28. 00	Recovery of excess depreciation resulting from provider termina	tion or a decrease in	program	0	28. 00
29. 00	utilization Other Adjustments (see instructions) Specify			0	29. 00
30.00	Amounts applicable to prior cost reporting periods resulting fr	om disposition of depr	eciable assets (0	
	if minus, enter amount in parentheses)	·	(
	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines	27 and 28)		0	31.00
32.00	Interim payments			0	32.00
33. 00	Balance due provider/program (Line 31 minus line 32) (indicate Instructions)	overpayments in parent	heses) (see	0	33. 00

ovi der No.: 315494 | Peri od: | Wo From 01/01/2022 | To 12/31/2022 | Da

Date/Time Prepared: 5/30/2023 11:25 am PPS

Title XVIII Skilled Nursing

		liti	e XVIII S	Killed Nursing	PPS	
		Inpatien	t Part A	Facility Par	t B	
		mm/dd/yyyy 1.00	Amount 2.00	mm/dd/yyyy 3.00	Amount 4.00	
1.00	Total interim payments paid to provider	1.00	10, 237, 080	3.00	3, 205	1. 00
2. 00	Interim payments payable on individual bills, either		454, 730		0, 203	2. 00
	submitted or to be submitted to the contractor for		,		-	
	services rendered in the cost reporting period. If none,					
	enter zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	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)					
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER		0		0	3. 01
3.02			0		0	3. 02
3.03			0		0	3. 03
3.04			0		0	3. 04
3. 05			0		0	3. 05
3. 50	Provider to Program ADJUSTMENTS TO PROGRAM	06/30/2022	25, 146		0	3. 50
3. 50	ADJUSTMENTS TO PROGRAM	00/30/2022	25, 146		0	3. 50
3. 52			0		0	3. 52
3. 53			0		o	3. 53
3.54			0		0	3. 54
3. 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50		-25, 146		0	3. 99
4 00	- 3.98)		40 /// //4		2 225	4 00
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		10, 666, 664		3, 205	4. 00
	26 for Part B)					
	TO BE COMPLETED BY CONTRACTOR			<u> </u>		
5.00	List separately each tentative settlement payment after					5.00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
5. 01	Program to Provider TENTATIVE TO PROVIDER		0		0	5. 01
5. 01	TENTATIVE TO PROVIDER		0		0	5. 02
5. 03			0		Ö	5. 02
	Provider to Program			I.		
5.50	TENTATI VE 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					6. 00
6. 01	the cost report. (1) PROGRAM TO PROVIDER		388, 646		10, 439	6. 01
6. 02	PROVI DER TO PROGRAM		, 300, 040 0		10, 439	6. 02
7. 00	Total Medicare program liability (see instructions)		11, 055, 310		13, 644	7. 00
	, , , , , , , , , , , , , , , , , , , ,			tor Name	Contractor	
					Number	
0.00			1.	00	2. 00	0.00
8. 00	Name of Contractor					8. 00

^{8.00 |} Name of Contractor | | | (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.

Health Financial Systems

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

Provi der No.: 315494 | Peri od: From 01/01/2022 To 12/31/2022

| Period: | Worksheet G | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: 5/30/2023 11:25 am

oni y)				12/01/2022	5/30/2023 11:	25 am
		General Fund	Speci fi c	Endowment Fund	Plant Fund	
		1.00	Purpose Fund 2.00	3.00	4.00	
	Assets					
	CURRENT ASSETS	5 00/ 0/0	.1	J .		
1.00	Cash on hand and in banks	5, 026, 969			0	
2.00	Temporary investments Notes receivable					
4.00	Accounts receivable	4, 831, 799	1			
5. 00	Other recei vabl es	-13		0	Ō	
6.00	Less: allowances for uncollectible notes and accounts	-735, 000) (0	0	6.00
	recei vabl e					
7.00	Inventory	0 474 005		0	0	
8. 00 9. 00	Prepaid expenses	3, 471, 035	1	0	0	
10.00	Other current assets Due from other funds	33, 652) (
11. 00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	12, 628, 442	1	o o		
	FIXED ASSETS	, , , , , ,	,	-		
12.00	Land	C) (0		
13.00	Land improvements	0	(-	1	
14.00	Less: Accumulated depreciation	0		1	0	•
15.00	Buildings	0		0	0	
16. 00 17. 00	Less Accumulated depreciation Leasehold improvements	1, 556, 065) (0	
18. 00	Less: Accumulated Amortization	-645, 614	•	1		
19. 00	Fi xed equipment	0.0,011		1	Ö	
20.00	Less: Accumulated depreciation	0		0	0	
21.00	Automobiles and trucks	0) (0	0	21.00
22. 00	Less: Accumulated depreciation	0) (0	0	
23. 00	Major movable equipment	1, 223, 746	•	0	0	
24. 00	Less: Accumulated depreciation	-1, 047, 008		0	0	1
25. 00 26. 00	Minor equipment - Depreciable Minor equipment nondepreciable			0	0	
27. 00	Other fixed assets			-		
28. 00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1, 087, 189	1	-	Ö	
	OTHER ASSETS					
29. 00	Investments	0	(0	0	29. 00
30. 00	Deposits on Leases	0)	0	0	
31. 00	Due from owners/officers	0 000 101		0	0	
32. 00 33. 00	Other assets TOTAL OTHER ASSETS (Sum of lines 29 - 32)	2, 220, 101 2, 220, 101	1	1	0 1 0	
34. 00	TOTAL ASSETS (Sum of Lines 11, 28, and 33)	15, 935, 732				
0 11 00	Liabilities and Fund Balances	1077007702		<u>, </u>		1
	CURRENT LI ABI LI TI ES					
35. 00	Accounts payable	5, 832, 356		-	0	
36. 00	Salaries, wages, and fees payable	0)	0	1	•
37. 00	Payroll taxes payable	19, 320		0	0	
38. 00 39. 00	Notes & Loans payable (Short term) Deferred income				0	
40.00	Accel erated payments			0	l	40.00
41. 00	Due to other funds			o	0	
42.00	Other current liabilities	7, 489, 077	,	0	l	1
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	13, 340, 753	(0	0	43.00
	LONG TERM LIABILITIES					
44. 00	Mortgage payable	0)		1	•
45. 00	Notes payable			-		
46. 00 47. 00	Unsecured Loans Loans from owners:			1	0	
48. 00	Other long term liabilities			1		
49. 00	OTHER (SPECIFY)		1	o o	Ö	
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	0			Ö	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	13, 340, 753	(0	0	51.00
	CAPI TAL ACCOUNTS			_		_
52. 00	General fund balance	2, 594, 979	1			52.00
53. 00 54. 00	Specific purpose fund			^ ا		53. 00 54. 00
55. 00	Donor created - endowment fund balance - restricted Donor created - endowment fund balance - unrestricted		1	0		55. 00
56. 00	Governing body created - endowment fund balance		1	0		56. 00
57. 00	Plant fund balance - invested in plant		1		О	
58. 00	Plant fund balance - reserve for plant improvement,		1		Ö	
	repl acement, and expansion					
59. 00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	2, 594, 979	1	0	0	
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and	15, 935, 732	! (٥	0	60.00
	[59]	1	1	1	I .	I

Provi der No.: 315494

Ceneral Fund Special Purpose Fund Endowment Fund						10 12/31/2022	5/30/2023 11:	
1.00			General	Fund	Speci al	Purpose Fund		
1.00					'	'		
1.00								
2.00 Net income (loss) (From Wkst. G-3, line 31) 3.00 Total (sum of line 1 and line 2) 4.00 Additions (credit adjustments) 3.00 Total (sum of line 2) 4.00 3.00 CAPITAL CONTRIBUTED 1,000,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		T=	1. 00					
3.00 Total (sum of line 1 and line 2) 3,547,667 0 3.00 4.00 Additions (credit adjustments) 1,000,000 0 0 0 0 0 0 0 0						(P	
4. 00 Additions (credit adjustments) 1,000,000 0 0 5.00 0 0 0 0 0 0 0 0 0								
5.00 CAPITAL CONTRIBUTED 1,000,000 0 0 0 5.00 6.00 7.00 0 0 0 0 0 8.00 9.00 0 0 0 0 9.00 10.00 Total additions (sum of line 5 - 9) 1,000,000 0 0 11.00 Subtotal (line 3 plus line 10) 4,547,667 0 11.00 12.00 Deductions (debit adjustments) 1,952,688 0 0 12.00 15.00 16.00 0 0 0 0 17.00 18.00 Total deductions (sum of lines 13 - 17) 1,952,688 0 0 15.00 19.00 Fund balance at end of period per balance sheet (Line 11 - line 18) Endowment Fund Plant Fund Endowment Fund Plant Fund Plant Fund				3, 547, 667		(P	
6. 00 7. 00 8. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
7. 00 8. 00 9. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CAPI TAL CONTRI BUTED	1, 000, 000			0	1	
8.00 9.00 10.00 Total additions (sum of line 5 - 9) 1,000,000 0 10.00 11.00 11.00 12.00 12.00 12.00 12.00 13.00 15.00 15.00 15.00 16.00 17.00 18.00 16.00 17.00 18.00 17.00 18.00 18.00 18.00 19			0			0	1	
9.00 10.00 Total additions (sum of line 5 - 9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) 13.00 DIST 1,952,688 0 0 13.00 15.00 16.00 17.00 18.00 17.00 18.00 17.00 19.0			0			0	l .	
10.00 Total additions (sum of line 5 - 9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) 13.00 DIST 1,952,688 0 0 0 14.00 15.00 16.00 17.00 18.00 Total deductions (sum of lines 13 - 17) 19.00 Fund balance at end of period per balance sheet (Line 11 - line 18) Endowment Fund Fund balances at beginning of period 2.00 Net income (loss) (from Wkst. G-3, line 31) 3.00 Total (sum of line 1 and line 2) 4.00 Additions (credit adjustments) 5.00 CAPITAL CONTRIBUTED 1,000,000			0			0	1	
11.00 Subtotal (line 3 plus line 10) 12.00 12.00 12.00 13.00 Deductions (debit adjustments) 1,952,688 0 0 13.00 14.00 15.00 0 0 0 0 0 0 0 14.00 15.00 0 0 0 0 0 0 0 0 0			0			0	0	
12.00 Deductions (debit adjustments) 1,952,688 0 0 13.00 14.00 15.00 0 0 0 15.00 0 0 0 16.00 0 0 0 17.00 18.00 Total deductions (sum of lines 13 - 17) 1,952,688 0 0 19.00 Fund balance at end of period per balance sheet (Line 11 - line 18) Endowment Fund Plant Fund 1.00 Fund balances at beginning of period 0 0 2.00 Net income (loss) (from Wkst. G-3, line 31) 3.00 Total (sum of line 1 and line 2) 0 0 4.00 Additions (credit adjustments) 0 0 5.00 CAPITAL CONTRIBUTED 0 0 6.00 0 0 0 7.00 0						(
13.00		, , ,		4, 547, 667		(
14. 00 15. 00 16. 00 17. 00 18. 00 Total deductions (sum of lines 13 - 17) 19. 00 Fund balance at end of period per balance sheet (Line 11 - line 18) Endowment Fund Plant Fund 1. 00 2. 00 Net income (loss) (from Wkst. G-3, line 31) 3. 00 Total (sum of line 1 and line 2) 4. 00 4. 00 Additions (credit adjustments) 5. 00 CAPITAL CONTRIBUTED 0 0 0 0 0 15. 00 0 0 16. 00 0 0 17. 00 0 18. 00 0 19. 00 0 19. 00 0 19. 00 0 10. 0		, , ,						
15.00 16.00 16.00 16.00 16.00 16.00 17.00 18.00 17.00 18.00 17.00 18.00 19.0		DIST	1, 952, 688			0		
16.00 17.00 18.00 Total deductions (sum of lines 13 - 17) 1,952,688 0 17.00 18.00 19			0			0		
17. 00 18. 00 Total deductions (sum of lines 13 - 17) 19. 00 Fund balance at end of period per balance sheet (Line 11 - line 18) Endowment Fund Plant Fund 1. 00 2. 00 Net income (loss) (from Wkst. G-3, line 31) 3. 00 Total (sum of line 1 and line 2) 4. 00 Additions (credit adjustments) 5. 00 CAPITAL CONTRIBUTED 0 17. 00 18. 00 19. 00 19. 00 11. 00 11. 00 12. 00 13. 00 14. 00 15. 00 15. 00 16. 00			0			0		
18.00 Total deductions (sum of lines 13 - 17) 1,952,688 2,594,979 0 18.00 19.00	16. 00		0			0	1	
19.00 Fund balance at end of period per balance 2,594,979 0 19.00			0			0	0	
Sheet (Line 11 - line 18)	18. 00					(
Endowment Fund	19. 00			2, 594, 979		(19. 00
1.00 Fund balances at beginning of period 0 0 0 1.00		sheet (Line 11 - line 18)						
1.00			Endowment Fund	PI ant	Fund			
1.00			4.00	7.00	0.00			
2.00	1 00	Fund halanasa at haginning of pariod		7.00	8.00	0		1 00
3.00 Total (sum of line 1 and line 2)			U U			U		
4.00 Additions (credit adjustments) 5.00 CAPITAL CONTRIBUTED 0 5.00 6.00								
5. 00 CAPITAL CONTRIBUTED 0 5. 00 6. 00			٩			U		
6.00				0				
		CAPITAL CONTRIBUTED		0				
7.00				0				
8.00				0				
9.00				0				
10.00 Total additions (sum of line 5 - 9) 0 10.00		Total additions (sum of line E 0)		U				
11. 00 Subtotal (line 3 plus line 10) 0 11. 00			0			0		
12. 00 Deductions (debit adjustments)			٩			U		
13. 00 DIST 0 13. 00				0				
14. 00		0131	1	0				
15.00				0				
16.00				0				
17.00				0				
17.00 18.00 Total deductions (sum of lines 13 - 17) 0 18.00		Total doductions (sum of lines 12 17)		U		0		
19.00 Fund balance at end of period per balance 0 0 19.00								
sheet (Line 11 - Line 18)	17.00	· · ·	١			٥		17.00
Shock (Ellio 11 1110 to)		parison (Errio II Tillo 10)	1 1		ı	T.		I

	Financial Systems ALARIS HEALTH AT THE				eu of Form CMS-2	
STATEM	MENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der	No.: 315494	Peri od: From 01/01/2022 To 12/31/2022		pared:
	Cost Center Description		Inpatient	Outpati ent	Total	
			1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES					
	General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY		34, 547, 79	96	34, 547, 796	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)		34, 547, 79	96	34, 547, 796	5. 00
	All Other Care Services					
6.00	ANCI LLARY SERVI CES		5, 301, 3	10 0	-,,	1
7.00	CLINIC			0	0	
8.00	HOME HEALTH AGENCY COST			0	0	
9.00	AMBULANCE			0	0	9. 00
10. 00	RURAL HEALTH CLINIC			0	0	10. 00
10. 10	FQHC			0	0	10. 10
11. 00	CMHC			0	0	11. 00
12.00	HOSPI CE			0	0	12. 00
13. 00	OTHER (SPECIFY)			0	0	13. 00
14. 00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 Worksheet G-3, Line 1)	to	39, 849, 10	06 0	39, 849, 106	14. 00
	Cost Center Description					
	555 C 5511 C 55551 F F F 511			1. 00	2. 00	
	PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)				35, 981, 824	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						11 00

11.00 12. 00 13. 00 14. 00

0 35, 981, 824 15. 00

10.00 11.00

12.00

13.00 13.00 14.00 Total Deductions (Sum of lines 9 - 13) 15.00 Total Operating Expenses (Sum of lines 1 and 8, minus line 14)

STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider No.: 315494	Peri od:	Worksheet G-3	
			From 01/01/2022 To 12/31/2022	Date/Time Prep 5/30/2023 11::	
				7 007 2020 1111	20 4
				1. 00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 1	4)		39, 849, 106	1. 00
2.00	Less: contractual allowances and discounts on patients accounts	;		4, 395, 007	2. 00
3.00	Net patient revenues (Line 1 minus line 2)			35, 454, 099	3. 00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, Ii	ne 15)		35, 981, 824	4.00
5.00	Net income from service to patients (Line 3 minus 4)			-527, 725	5. 00
	Other income:				
6.00	Contributions, donations, bequests, etc			0	6. 00
7.00	Income from investments			29, 275	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 di scounts			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	n 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 REV MI SC			0	24. 00
24. 01	FORGI VENESS OF DEBT			0	24. 01
24. 50	COVI D-19 PHE Fundi ng			8, 500	1
25. 00	Total other income (Sum of lines 6 - 24)			37, 775	25. 00
26. 00	Total (Line 5 plus line 25)			-489, 950	26. 00
27. 00	Other expenses (specify)			0	
28. 00				0	28. 00
29. 00				0	

26. 00 27. 00 28. 00 0 0 0 29.00 0 30.00

-489, 950 31.00

29. 00

30.00 Total other expenses (Sum of lines 27 - 29)
31.00 Net income (or loss) for the period (Line 26 minus line 30)

ST. CLOUD ROCHELLE PARK, LLC D/B/A ALARIS HEALTH AT THE CHATEAU

(a limited liability company) BALANCE SHEET AT DECEMBER 31, 2022

ASSETS		
Current assets		
Cash and cash equivalents	\$	5,295,783
Cash - restricted		81,230
Accounts receivable- net		4,096,788
Due from prior owner		86,756
Escrow deposits		1,478,645
Prepaid expenses and other		3,485,387
		_
Total current assets		14,524,589
Property and equipment - net		2,635,140
Escrow deposits		739,456
Security deposits		21,300
TOTAL ASSETS	\$	17,920,485
LIABILITIES AND MEMBERS' EQUITY		
Current liabilities		
Note payable	\$	27,688
Accounts payable		5,832,353
Accrued expenses		314,441
Accrued and withheld taxes		10,472
Due to third party payers		3,284,153
Due to related party		5,221,426
Patients' funds payable		85,539
Deposits payable		788,230
Total current liabilities		15,564,302
Note payable		35,409
Total liabilities		15,599,711
Manufacina and a second		
Members' equity		2,320,774
TOTAL LIABILITIES	_	2,320,774

ST. CLOUD ROCHELLE PARK, LLC

D/B/A ALARIS HEALTH AT THE CHATEAU

(a limited liability company)

STATEMENTS OF OPERATIONS AND MEMBERS' EQUITY YEAR ENDED DECEMBER 31, 2022

Revenues	\$	35,231,745
Operating expenses		35,890,025
Loss from operations		(658,280)
Non-operating revenue (expenses)		
Interest income		29,275
Stimulus funds		8,500
Interest expense		(6,547)
NET LOSS		(627,052)
Members' equity - beginning of year		4,037,620
Prior period adjustment		(137,105)
Adjusted members' equity - beginning of year		3,900,515
y	_	2,200,010
Net members' equity distributed		(952,689)
MEMBERS' EQUITY - END OF YEAR	\$	2,320,774

ST. CLOUD ROCHELLE PARK, LLC D/B/A ALARIS HEALTH AT THE CHATEAU (a limited liability company) YEAR ENDED DECEMBER 31, 2022

Cash flows from operating activities Net loss	\$	(627.052)
Adjustments to reconcile net loss	Φ	(627,052)
to net cash provided by operating activities		
Depreciation and amortization		311,114
(Increase) decrease in assets		311,114
Accounts receivable		(620,517)
Prepaid expenses		(1,594,164)
Increase (decrease) in liabilities		(1,3)4,104)
Accounts payable		1,192,967
Accrued expenses and withheld taxes		(46,876)
Due to third party payers		2,122,783
Due to prior owner		(91,633)
Patients' funds payable		395,868
Deposits payable		(47,291)
	_	
Net cash provided by operating activities	-	995,199
Cash flows from investing activities		
Purchase of equipment	_	(1,904,487)
Net cash used in investing activities	-	(1,904,487)
Cash flows from financing activities		
Members' equity contributed		1,000,000
Members' equity distributed		(1,952,689)
Loans from related party		1,954,064
Medicare advance - loan payable		(1,643,810)
Repayment of notes payable		(155,375)
	_	· · · · · ·
Net cash used in financing activities	-	(797,810)
Net decrease in cash, restricted cash		
and cash equivalents		(1,707,098)
Cash, restricted cash and cash equivalents - beginning of year	-	9,302,212
CASH, RESTRICTED CASH AND		
CASH EQUIVALENTS - END OF YEAR	\$ _	7,595,114

ST. CLOUD ROCHELLE PARK, LLC D/B/A ALARIS HEALTH AT THE CHATEAU

CHATEAU DIVISION

(a limited liability company) SUPPLEMENTARY INFORMATION STATEMENTS OF OPERATIONS YEAR ENDED DECEMBER 31, 2022

NET LOSS	\$	(1,320,532)
Interest expense	_	(6,547)
Stimulus funds		8,500
Settlement of debt		-
Interest income		29,275
Non-operating revenue (expenses)		
Loss from operations		(1,351,760)
Operating expenses	_	14,291,696
Revenues	\$	12,939,936

ST. CLOUD ROCHELLE PARK, LLC D/B/A ALARIS HEALTH AT THE CHATEAU

CHATEAU DIVISION

(a limited liability company)

SUPPLEMENTARY INFORMATION REVENUES

YEAR ENDED DECEMBER 31, 2022

				Per
				Patient
SNF				Day
Private	\$	702,738	\$	543.91
Medicare - Part A	Ψ	6,519,248	Ψ	810.85
Medicare - Part A bad debts		(185,511)		(23.07)
Medicaid		125,471		338.20
Medicaid - Managed Care		570,039		339.51
НМО		1,866,793		544.57
Hospice		80,725		483.38
	-	_		
Total current year		9,679,503	\$	646.29
Vent unit			_	
Medicaid		166,411	\$	807.82
Medicaid - Managed Care		1,628,305		834.60
Medicare - Part A		1,236,842		1,255.68
Private		3,200		1,600.00
НМО		143,985		682.39
Total current year	-	3,178,743	\$	947.46
Prior years - SNF and Vent Unit				
Private		55,546		
НМО		13,220		
Hospice		1,662		
Medicaid		(60,642)		
Medicare		(35,131)		
Total prior years		(25,345)		
Ancillary and other revenue		107,035		
TOTAL REVENUES	\$	12,939,936		

ST. CLOUD ROCHELLE PARK, LLC D/B/A ALARIS HEALTH AT THE CHATEAU **BRISTOL DIVISION**

(a limited liability company) SUPPLEMENTARY INFORMATION STATEMENTS OF OPERATIONS YEAR ENDED DECEMBER 31, 2022

NET EARNINGS (LOSS)	\$ 693,480
Interest expense	 -
Interest income	-
Non-operating revenue (expenses)	
Earnings (loss) from operations	693,480
Operating expenses	 21,598,329
Revenues	\$ 22,291,809

ST. CLOUD ROCHELLE PARK, LLC D/B/A ALARIS HEALTH AT THE CHATEAU

BRISTOL DIVISION

(a limited liability company)

SUPPLEMENTARY INFORMATION REVENUES

YEAR ENDED DECEMBER 31, 2022

				Per Patient Day
SNF				
Private	\$	311,290	\$	456.44
Medicare - Part A		4,590,298		850.84
Medicare - Part A bad debts		(36,843)		(6.83)
Medicaid		944,546		328.88
Medicaid - Managed Care		14,955,022		336.95
НМО		150,331		501.10
Hospice	_	551,330		319.06
Total current year	_	21,465,974	\$_	387.75
Prior years				
Private		_		
HMO		(1,470)		
Hospice		(2,991)		
Medicaid		19,635		
Medicaid - Managed Care		(19,303)		
Medicare		(12,306)		
Total prior years	_	(16,435)		
Ancillary revenue	_	842,270		
TOTAL REVENUES	\$_	22,291,809		