

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0463 Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/30/2023 11:25 am
---	----------------------	---	---

PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by 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 FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	1  <b>Sam Stern</b>	2  Y	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	CFO		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	388,646	10,439	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID	0			0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	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.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 11:25 am				
1.00		2.00		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	Zip Code: 07622			2.00		
3.00	County: BERGEN	CBSA Code: 35614	Urban/Rural: U			3.00		
3.01		CBSA Code:				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)			
		1.00	2.00	3.00	V	XVIII	XIX	
SNF and SNF-Based Component Identification:								
4.00	SNF	ALARIS HEALTH AT THE CHATEAU	315494	08/18/2006	N	P	0	
5.00	Nursing Facility							
6.00	ICF/IID							
7.00	SNF-Based HHA							
8.00	SNF-Based RHC							
9.00	SNF-Based FQHC							
10.00	SNF-Based CMHC							
11.00	SNF-Based OLTC							
12.00	SNF-Based HOSPICE							
13.00	SNF-Based CORF							
				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)			5			15.00	
				Y/N				
				1.00				
Type of Freestanding Skilled Nursing Facility								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00
Miscellaneous Cost Reporting Information								
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.								
20.00	Straight Line					174,009		20.00
21.00	Declining Balance					0		21.00
22.00	Sum of the Year's Digits					0		22.00
23.00	Sum of line 20 through 22					174,009		23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00
				Part A	Part B	Other		
				1.00	2.00	3.00		
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					N		29.00
30.00	Nursing Facility					N		30.00
31.00	ICF/IID					N		31.00
32.00	SNF-Based HHA					N		32.00
33.00	SNF-Based RHC					N		33.00
34.00	SNF-Based FQHC					N		34.00
35.00	SNF-Based CMHC					N		35.00
36.00	SNF-Based OLTC					N		36.00
				Y/N				
				1.00		2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00
			Premiums	Paid Losses	Self Insurance			
			1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:		0	0	0		41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 11:25 am
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
	1.00	2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 11:25 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	06/30/2023	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N		N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.			N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.			N	11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.			N	12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	03/17/2023	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N	18.00

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

Provider No. : 315494

Period:  
 From 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/30/2023 11:25 am

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHARLES	REED	19.00
20.00	Enter the employer/company name of the cost report preparer.	EXECUCARE ASSOCIATES		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(609)738-3200	CRWASSC@NETSCAPE.NET	21.00

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

Provider No. : 315494

Period:  
 From 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/30/2023 11:25 am

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	03/17/2023	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VICE-PRESIDENT	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

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

Provider No. : 315494

Period:  
 From 01/01/2022  
 To 12/31/2022

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 5/30/2023 11:25 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	251	91,615	0	14,082	51,525	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	251	91,615	0	14,082	51,525	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	7,975	73,582	0	314	187	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	7,975	73,582	0	314	187	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	235	736	0.00	44.85	275.53	1.00
2.00	NURSING FACILITY	0	0	0.00	0	0	2.00
3.00	ICF/IID	0	0	0.00	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0	0	4.00
5.00	Other Long Term Care	0	0	0.00	0	0	5.00
6.00	SNF-Based CMHC	0	0	0.00	0	0	6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	235	736	0.00	44.85	275.53	8.00
Component		Average Length of Stay	Admissions				
		Total	Title V	Title XVIII	Title XIX		Other
		16.00	17.00	18.00	19.00		20.00
1.00	SKILLED NURSING FACILITY	99.98	0	390	138	224	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	99.98	0	390	138	224	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid 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	0.00	2.00		
3.00	ICF/IID	0	0.00	0.00	3.00		
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00	4.00		
5.00	Other Long Term Care	0	0.00	0.00	5.00		
6.00	SNF-Based CMHC	0	0.00	0.00	6.00		
7.00	HOSPICE	0	0.00	0.00	7.00		
8.00	Total (Sum of lines 1-7)	752	57.01	0.00	8.00		

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2023 11:25 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	2,340,472	0	2,340,472	118,585.00	19.74 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	2,340,472	0	2,340,472	118,585.00	19.74 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC	0	0	0	0.00	0.00 9.00
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	2,340,472	0	2,340,472	118,585.00	19.74 13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	13,912,832	0	13,912,832	378,147.00	36.79 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00 16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	490,078	0	490,078		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	490,078	0	490,078		



Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2023 11:25 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	823,858	0	823,858	28,102.00	2.00
3.00	Plant Operation, Maintenance & Repairs	48,003	0	48,003	1,200.00	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	4.00
5.00	Housekeeping	12,265	0	12,265	4,820.00	5.00
6.00	Dietary	1,228,583	0	1,228,583	78,047.00	6.00
7.00	Nursing Administration	0	0	0	0.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	10.00
11.00	Social Service	227,763	0	227,763	6,417.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	0	0	0	0.00	13.00
14.00	Total (sum lines 1 thru 13)	2,340,472	0	2,340,472	118,586.00	14.00

SNF WAGE RELATED COSTS		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2023 11:25 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		10,752	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		191,319	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		4,106	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		436	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		85,242	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		175,033	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		23,190	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		490,078	24.00
				Amount Reported
				1.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST		0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2023 11:25 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	0	0	0	0.00	0.00	1.00
2.00	Licensed Practical Nurses (LPNs)	0	0	0	0.00	0.00	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	0	0	0	0.00	0.00	3.00
4.00	Total Nursing (sum of lines 1 through 3)	0	0	0	0.00	0.00	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	3,906,681		3,906,681	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
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	5,421,573		5,421,573	186,768.00	29.03	16.00
17.00	Total Nursing (sum of lines 14 through 16)	11,315,896		11,315,896	331,514.00	34.13	17.00
18.00	Physical Therapists	915,309		915,309	17,115.00	53.48	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	832,529		832,529	17,177.00	48.47	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	171,298		171,298	3,102.00	55.22	24.00
25.00	Respiratory Therapists	677,800		677,800	9,239.00	73.36	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-7

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

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-7

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

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		5,127,728	5,127,728	91,049	5,218,777	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		214,444	214,444	-91,049	123,395	2.00
3.00	00300	EMPLOYEE BENEFITS	0	527,410	527,410	0	527,410	3.00
4.01	00401	ADMIN & GENERAL - DIRECT	0	1,569,150	1,569,150	0	1,569,150	4.01
4.02	00402	ADMIN & GENERAL - ACCUM	823,858	2,755,492	3,579,350	0	3,579,350	4.02
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	48,003	1,303,239	1,351,242	0	1,351,242	5.00
5.01	00501	PLANT OP, MAINT & REPAIR - DIRECT	0	653,640	653,640	0	653,640	5.01
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
6.01	00601	LAUNDRY & LINEN - DIRECT	0	565,733	565,733	0	565,733	6.01
7.00	00700	HOUSEKEEPING	12,265	630,575	642,840	0	642,840	7.00
7.01	00701	HOUSEKEEPING - DIRECT	0	410,174	410,174	0	410,174	7.01
8.00	00800	DIETARY	1,228,583	96,500	1,325,083	0	1,325,083	8.00
8.01	00801	DIETARY - DIRECT	0	1,041,799	1,041,799	0	1,041,799	8.01
9.00	00900	NURSING ADMINISTRATION	0	704,201	704,201	0	704,201	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	410,607	410,607	0	410,607	10.00
10.01	01001	CENTRAL SERVICE & SUPPLY - DIRECT	0	760,696	760,696	0	760,696	10.01
11.00	01100	PHARMACY	0	43,105	43,105	0	43,105	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	227,763	0	227,763	0	227,763	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	ACTIVITIES	0	523,568	523,568	0	523,568	15.00
15.01	01501	ACTIVITIES - DIRECT	0	210,000	210,000	0	210,000	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	0	12,113,696	12,113,696	0	12,113,696	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	20,241	20,241	0	20,241	40.00
41.00	04100	LABORATORY	0	83,332	83,332	0	83,332	41.00
42.00	04200	INTRAVENOUS THERAPY	0	395,118	395,118	0	395,118	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	9,100	9,100	0	9,100	43.00
44.00	04400	PHYSICAL THERAPY	0	2,451,958	2,451,958	0	2,451,958	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	156,801	156,801	0	156,801	45.00
46.00	04600	SPEECH PATHOLOGY	0	38,724	38,724	0	38,724	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	682,605	682,605	0	682,605	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	134,497	134,497	0	134,497	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	7,219	7,219	0	7,219	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	2,340,472	33,641,352	35,981,824	0	35,981,824	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	LTACH	0	0	0	0	0	95.00
100.00		TOTAL	2,340,472	33,641,352	35,981,824	0	35,981,824	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + - col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-2,959,252	2,259,525	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	123,395	2.00
3.00	00300	EMPLOYEE BENEFITS	0	527,410	3.00
4.01	00401	ADMIN & GENERAL - DIRECT	0	1,569,150	4.01
4.02	00402	ADMIN & GENERAL - ACCUM	-201,183	3,378,167	4.02
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-18,521	1,332,721	5.00
5.01	00501	PLANT OP, MAINT & REPAIR - DIRECT	0	653,640	5.01
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	6.00
6.01	00601	LAUNDRY & LINEN - DIRECT	0	565,733	6.01
7.00	00700	HOUSEKEEPING	0	642,840	7.00
7.01	00701	HOUSEKEEPING - DIRECT	0	410,174	7.01
8.00	00800	DIETARY	0	1,325,083	8.00
8.01	00801	DIETARY - DIRECT	0	1,041,799	8.01
9.00	00900	NURSING ADMINISTRATION	0	704,201	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	410,607	10.00
10.01	01001	CENTRAL SERVICE & SUPPLY - DIRECT	0	760,696	10.01
11.00	01100	PHARMACY	0	43,105	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	227,763	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	ACTIVITIES	0	523,568	15.00
15.01	01501	ACTIVITIES - DIRECT	0	210,000	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	-41,770	12,071,926	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	20,241	40.00
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	9,100	43.00
44.00	04400	PHYSICAL 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	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	682,605	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	134,497	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	7,219	71.00
73.00	07300	CMHC	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	-3,949,073	32,032,751	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	LTACH	0	0	95.00
100.00		TOTAL	-3,949,073	32,032,751	100.00

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) A - RECLASS LHI DEPRE					
		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	91,049	1.00
	TOTALS					
100.00		Total Recl assifi cations (Sum of col umns 4 and 5 must equal sum of col umns 8 and 9)		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.



		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
1.00	(1) A - RECLASS LHI DEPRE					
		CAP REL COSTS - MOVABLE EQUIPMENT	2.00	0	91,049	1.00
100.00	TOTALS			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.

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-7

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

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	0	0	0	0	0	1.00
2.00 Land Improvements	0	0	0	0	0	2.00
3.00 Buildings and Fixtures	0	0	0	0	0	3.00
4.00 Building Improvements	1,321,928	234,137	0	234,137	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	1,245,622	0	0	0	21,876	6.00
7.00 Subtotal (sum of lines 1-6)	2,567,550	234,137	0	234,137	21,876	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	2,567,550	234,137	0	234,137	21,876	9.00
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	0	0				
2.00 Land Improvements	0	0				
3.00 Buildings and Fixtures	0	0				
4.00 Building Improvements	1,556,065	0				
5.00 Fixed Equipment	0	0				
6.00 Movable Equipment	1,223,746	0				
7.00 Subtotal (sum of lines 1-6)	2,779,811	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	2,779,811	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8

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

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line No.	
			Cost Center			
			1.00	2.00		
1.00 Investment income on restricted funds (chapter 2)	B	-29,275	ADMIN & GENERAL - ACCUM	4.02	1.00	
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00	
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00	
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00	
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00	
6.00 Television and radio service (chapter 21)		0		0.00	6.00	
7.00 Parking lot (chapter 21)		0		0.00	7.00	
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00	
9.00 Home office cost (chapter 21)		0		0.00	9.00	
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00	
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00	
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-3,075,805			12.00	
13.00 Laundry and linen service		0		0.00	13.00	
14.00 Revenue - Employee meals		0		0.00	14.00	
15.00 Cost of meals - Guests		0		0.00	15.00	
16.00 Sale of medical supplies to other than patients		0		0.00	16.00	
17.00 Sale of drugs to other than patients		0		0.00	17.00	
18.00 Sale of medical records and abstracts		0		0.00	18.00	
19.00 Vending machines		0		0.00	19.00	
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00	
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00	
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW - SNF	82.00	22.00	
23.00 Depreciation--buildings and fixtures			OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00	
24.00 Depreciation--movable equipment			OCAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00	
25.00		0		0.00	25.00	
25.01		0		0.00	25.01	
25.02 PENALTIES	A	-20	ADMIN & GENERAL - ACCUM	4.02	25.02	
25.03 PRIVATE BAD DEBTS 30%	A	-185,511	ADMIN & GENERAL - ACCUM	4.02	25.03	
25.04 PART A BAD DEBTS - NORTH	A	-36,843	ADMIN & GENERAL - ACCUM	4.02	25.04	
25.05 BAD DEBTS	A	-124,963	ADMIN & GENERAL - ACCUM	4.02	25.05	
25.06 BAD DEBTS - NORTH	A	-240,000	ADMIN & GENERAL - ACCUM	4.02	25.06	
25.07 RESIDENT PD CLAIMS (CB)	A	-656	ADMIN & GENERAL - ACCUM	4.02	25.07	
25.08 VALET PARKING	A	-16,000	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.08	
25.09 VALET PARKING - NORTH DIVISION	A	-240,000	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.09	
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-3,949,073			100.00	

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-1  
Parts 1-11  
Date/Time Prepared:  
5/30/2023 11:25 am

	Line No.	Cost Center	Expense Items		
	1.00	2.00	3.00		
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	REAL ESTATE TAXES	1.00	
2.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	REAL ESTATE TAXES - NORTH	2.00	
3.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT	3.00	
4.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT NORTH	4.00	
5.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	INSURANCE-PROPERTY	5.00	
6.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	PROPERTY INSURANCE - NORTH	6.00	
7.00	4.02	ADMIN & GENERAL - ACCUM	ADVANTAGE ADMIN COSTS	7.00	
8.00	4.02	ADMIN & GENERAL - ACCUM	REALTY ADMIN	8.00	
9.00	4.02	ADMIN & GENERAL - ACCUM	REALTY NORTH ADMIN	9.00	
9.01	5.00	PLANT OPERATION, MAINT. & REPAIRS	REALTY PURCHASED SERVICES	9.01	
9.02	30.00	SKILLED NURSING FACILITY	VENT THERAPY	9.02	
9.03	30.00	SKILLED NURSING FACILITY	TRANSPORTERS	9.03	
9.04	44.00	PHYSICAL THERAPY	PHYSICAL THERAPY	9.04	
9.05	44.00	PHYSICAL THERAPY	PHYSICAL THERAPY NORTH	9.05	
9.06	44.00	PHYSICAL THERAPY	PHYSICAL THERAPY VENT	9.06	
9.07	44.00	PHYSICAL THERAPY	MCARE PART A SRVC-THRPY	9.07	
9.08	44.00	PHYSICAL THERAPY	MCARE PART A SRVC-THRPY	9.08	
9.09	44.00	PHYSICAL THERAPY	MCARE PART A SRVC-THRPY	9.09	
9.10	44.00	PHYSICAL THERAPY	THRPY SRVCES - MCAID	9.10	
9.11	44.00	PHYSICAL THERAPY	THRPY SRVCES - MCAID NOR	9.11	
9.12	45.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	9.12	
9.13	45.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY NORT	9.13	
9.14	45.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY VENT	9.14	
9.15	46.00	SPEECH PATHOLOGY	SPEECH THERAPY	9.15	
9.16	46.00	SPEECH PATHOLOGY	SPEECH THERAPY NORTH	9.16	
9.17	46.00	SPEECH PATHOLOGY	SPEECH THERAPY VENT	9.17	
9.18	0.00			9.18	
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.			10.00	
	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)		
	4.00	5.00	6.00		
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	221,222	234,252	-13,030	1.00	
2.00	439,200	439,200	0	2.00	
3.00	531,405	1,100,000	-568,595	3.00	
4.00	931,326	3,300,000	-2,368,674	4.00	
5.00	15,737	29,029	-13,292	5.00	
6.00	29,586	25,247	4,339	6.00	
7.00	241,865	0	241,865	7.00	
8.00	169,160	0	169,160	8.00	
9.00	5,060	0	5,060	9.00	
9.01	237,479	0	237,479	9.01	
9.02	511,342	677,800	-166,458	9.02	
9.03	124,688	0	124,688	9.03	
9.04	446,024	23,050	422,974	9.04	
9.05	469,285	168,394	300,891	9.05	
9.06	0	6,602	-6,602	9.06	
9.07	0	1,438,003	-1,438,003	9.07	
9.08	0	660,468	-660,468	9.08	
9.09	0	133,287	-133,287	9.09	
9.10	0	3,768	-3,768	9.10	
9.11	0	18,386	-18,386	9.11	
9.12	498,254	10,648	487,606	9.12	
9.13	334,275	140,993	193,282	9.13	
9.14	0	5,160	-5,160	9.14	
9.15	84,358	9,058	75,300	9.15	
9.16	86,940	28,814	58,126	9.16	
9.17	0	852	-852	9.17	
9.18	0	0	0	9.18	
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	5,377,206	8,453,011	-3,075,805	10.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8-1 Parts I-III Date/Time Prepared: 5/30/2023 11:25 am
---	-----------------------	---	---

Symbol (1)	Name	Percentage of Ownership
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 EISENREICH	99.00	1.00
2.00	A	RIVKA JACOBWITZ	0.00	2.00
3.00	A	AVERY EISENREICH	99.00	3.00
4.00	A	SAC PROPERTIES	1.00	4.00
5.00	A	AVERY EISENREICH	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) specify:		0.00	100.00

(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.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

	Related Organization(s) and/or Home Office		
	Name	Percentage of Ownership	Type of Business
	4.00	5.00	6.00

**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		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) specify:		0.00		100.00

(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.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMIN & GENERAL - DIRECT	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
	0	1.00	2.00	3.00	4.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	2,259,525	2,259,525			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	123,395		123,395		2.00
3.00 00300	EMPLOYEE BENEFITS	527,410	0	0	527,410	3.00
4.01 00401	ADMIN & GENERAL - DIRECT	1,569,150	0	0	0	4.01
4.02 00402	ADMIN & GENERAL - ACCUM	3,378,167	53,972	2,947	185,651	4.02
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,332,721	68,081	3,718	10,817	5.00
5.01 00501	PLANT OP, MAINT & REPAIR - DIRECT	653,640	0	0	0	5.01
6.00 00600	LAUNDRY & LINEN SERVICE	0	17,832	974	0	6.00
6.01 00601	LAUNDRY & LINEN - DIRECT	565,733	0	0	0	6.01
7.00 00700	HOUSEKEEPING	642,840	21,674	1,184	2,764	7.00
7.01 00701	HOUSEKEEPING - DIRECT	410,174	0	0	0	7.01
8.00 00800	DIETARY	1,325,083	154,113	8,416	276,853	8.00
8.01 00801	DIETARY - DIRECT	1,041,799	0	0	0	8.01
9.00 00900	NURSING ADMINISTRATION	704,201	40,218	2,196	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	410,607	0	0	0	10.00
10.01 01001	CENTRAL SERVICE & SUPPLY - DIRECT	760,696	0	0	0	10.01
11.00 01100	PHARMACY	43,105	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	7,233	395	0	12.00
13.00 01300	SOCIAL SERVICE	227,763	6,023	329	51,325	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	ACTIVITIES	523,568	38,510	2,103	0	15.00
15.01 01501	ACTIVITIES - DIRECT	210,000	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	12,071,926	1,709,376	93,352	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	20,241	0	0	0	40.00
41.00 04100	LABORATORY	83,332	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	395,118	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	9,100	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	915,309	89,897	4,909	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	832,529	19,611	1,071	0	45.00
46.00 04600	SPEECH PATHOLOGY	171,298	19,611	1,071	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,667	637	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	682,605	1,707	93	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	134,497	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	7,219	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	32,032,751	2,259,525	123,395	527,410	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	LTACH	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	32,032,751	2,259,525	123,395	527,410	100.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider No. : 315494		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 11:25 am	
Cost Center Description		Subtotal	ADMIN & GENERAL - ACCUM	PLANT OPERATION, MAINT. & REPAIRS	PLANT OP, MAINT & REPAIR - DIRECT	LAUNDRY & LINEN SERVICE	
		4A.01	4.02	5.00	5.01	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.01	00401	ADMIN & GENERAL - DIRECT					4.01
4.02	00402	ADMIN & GENERAL - ACCUM	3,620,737	3,620,737			4.02
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,415,337	180,366	1,595,703		5.00
5.01	00501	PLANT OP, MAINT & REPAIR - DIRECT	653,640	83,298	0	736,938	5.01
6.00	00600	LAUNDRY & LINEN SERVICE	18,806	2,397	0	0	6.00
6.01	00601	LAUNDRY & LINEN - DIRECT	565,733	72,095	0	0	6.01
7.00	00700	HOUSEKEEPING	668,462	85,187	8,909	0	7.00
7.01	00701	HOUSEKEEPING - DIRECT	410,174	52,271	0	0	7.01
8.00	00800	DIETARY	1,764,465	224,858	47,800	0	8.00
8.01	00801	DIETARY - DIRECT	1,041,799	132,764	0	0	8.01
9.00	00900	NURSING ADMINISTRATION	746,615	95,146	5,539	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	410,607	52,327	0	0	10.00
10.01	01001	CENTRAL SERVICE & SUPPLY - DIRECT	760,696	96,941	0	0	10.01
11.00	01100	PHARMACY	43,105	5,493	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	7,628	972	2,031	0	12.00
13.00	01300	SOCIAL SERVICE	285,440	36,376	2,539	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	ACTIVITIES	564,181	71,898	0	0	15.00
15.01	01501	ACTIVITIES - DIRECT	210,000	26,762	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	15,443,804	1,968,105	788,135	736,938	21,203
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	20,241	2,579	0	0	0
41.00	04100	LABORATORY	83,332	10,620	0	0	0
42.00	04200	INTRAVENOUS THERAPY	395,118	50,353	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	9,100	1,160	0	0	0
44.00	04400	PHYSICAL THERAPY	1,010,115	128,726	68,411	0	0
45.00	04500	OCCUPATIONAL THERAPY	853,211	108,731	0	0	0
46.00	04600	SPEECH PATHOLOGY	191,980	24,465	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,304	1,568	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	684,405	87,219	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	134,497	17,140	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	7,219	920	0	0	0
73.00	07300	CMHC	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	32,032,751	3,620,737	923,364	736,938	21,203
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	LTACH	0	0	672,339	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	32,032,751	3,620,737	1,595,703	736,938	21,203

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		LAUNDRY & LINEN - DIRECT	HOUSEKEEPING	HOUSEKEEPING - DIRECT	DIETARY	DIETARY - DIRECT	
		6.01	7.00	7.01	8.00	8.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401						4.01
4.02	00402						4.02
5.00	00500						5.00
5.01	00501						5.01
6.00	00600						6.00
6.01	00601	637,828					6.01
7.00	00700	0	762,558				7.00
7.01	00701	0	0	462,445			7.01
8.00	00800	0	56,016	0	2,093,139		8.00
8.01	00801	0	0	0	0	1,174,563	8.01
9.00	00900	0	14,618	0	0	0	9.00
10.00	01000	0	0	0	0	0	10.00
10.01	01001	0	0	0	0	0	10.01
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	2,629	0	0	0	12.00
13.00	01300	0	2,189	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	13,998	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	637,828	621,315	462,445	2,093,139	1,174,563	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	32,675	0	0	0	44.00
45.00	04500	0	7,128	0	0	0	45.00
46.00	04600	0	7,128	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	4,241	0	0	0	48.00
49.00	04900	0	621	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		637,828	762,558	462,445	2,093,139	1,174,563	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		637,828	762,558	462,445	2,093,139	1,174,563	100.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY - DIRECT	PHARMACY	MEDICAL RECORDS & LIBRARY	
		9.00	10.00	10.01	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401						4.01
4.02	00402						4.02
5.00	00500						5.00
5.01	00501						5.01
6.00	00600						6.00
6.01	00601						6.01
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
8.01	00801						8.01
9.00	00900	861,918					9.00
10.00	01000	0	462,934				10.00
10.01	01001	0	0	857,637			10.01
11.00	01100	0	0	0	48,598		11.00
12.00	01200	0	0	0	0	13,260	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	861,918	462,934	857,637	48,598	13,260	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		861,918	462,934	857,637	48,598	13,260	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		861,918	462,934	857,637	48,598	13,260	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE		Subtotal	
			ACTIVITIES	ACTIVITIES - DIRECT		
			13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
3.00 00300						3.00
4.01 00401						4.01
4.02 00402						4.02
5.00 00500						5.00
5.01 00501						5.01
6.00 00600						6.00
6.01 00601						6.01
7.00 00700						7.00
7.01 00701						7.01
8.00 00800						8.00
8.01 00801						8.01
9.00 00900						9.00
10.00 01000						10.00
10.01 01001						10.01
11.00 01100						11.00
12.00 01200						12.00
13.00 01300	326,544					13.00
14.00 01400	0	0				14.00
15.00 01500	0	0	650,077			15.00
15.01 01501	0	0	0	236,762		15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	326,544	0	650,077	236,762	27,405,205	30.00
31.00 03100	0	0	0	0	0	31.00
32.00 03200	0	0	0	0	0	32.00
33.00 03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	0	0	0	0	22,820	40.00
41.00 04100	0	0	0	0	93,952	41.00
42.00 04200	0	0	0	0	445,471	42.00
43.00 04300	0	0	0	0	10,260	43.00
44.00 04400	0	0	0	0	1,239,927	44.00
45.00 04500	0	0	0	0	969,070	45.00
46.00 04600	0	0	0	0	223,573	46.00
47.00 04700	0	0	0	0	0	47.00
48.00 04800	0	0	0	0	18,113	48.00
49.00 04900	0	0	0	0	772,245	49.00
50.00 05000	0	0	0	0	0	50.00
51.00 05100	0	0	0	0	151,637	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	0	0	0	0	0	60.00
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	0	0	0	0	0	70.00
71.00 07100	0	0	0	0	8,139	71.00
73.00 07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000						80.00
81.00 08100						81.00
82.00 08200						82.00
83.00 08300	0	0	0	0	0	83.00
89.00	326,544	0	650,077	236,762	31,360,412	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	0	0	0	0	0	90.00
91.00 09100	0	0	0	0	0	91.00
92.00 09200	0	0	0	0	0	92.00
93.00 09300	0	0	0	0	0	93.00
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	672,339	95.00
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00
100.00	326,544	0	650,077	236,762	32,032,751	100.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/30/2023 11:25 am
---	--	-----------------------	---	--

Cost Center Description		Post Stepdown Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.01	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	DIETARY		8.00
8.01	00801	DIETARY - DIRECT		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		12.00
13.00	01300	SOCIAL SERVICE		13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION		14.00
15.00	01500	ACTIVITIES		15.00
15.01	01501	ACTIVITIES - DIRECT		15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	27,405,205	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	22,820	40.00
41.00	04100	LABORATORY	93,952	41.00
42.00	04200	INTRAVENOUS THERAPY	445,471	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	10,260	43.00
44.00	04400	PHYSICAL THERAPY	1,239,927	44.00
45.00	04500	OCCUPATIONAL THERAPY	969,070	45.00
46.00	04600	SPEECH PATHOLOGY	223,573	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,113	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	772,245	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	151,637	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	8,139	71.00
73.00	07300	CMHC	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW - SNF		82.00
83.00	08300	HOSPICE	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	31,360,412	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	LTACH	672,339	95.00
98.00		Cross Foot Adjustments	0	98.00
99.00		Negative Cost Centers	0	99.00
100.00		TOTAL	32,032,751	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.01 00401	ADMIN & GENERAL - DIRECT	0	0	0	0	4.01
4.02 00402	ADMIN & GENERAL - ACCUM	0	53,972	2,947	56,919	4.02
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	68,081	3,718	71,799	5.00
5.01 00501	PLANT OP, MAINT & REPAIR - DIRECT	0	0	0	0	5.01
6.00 00600	LAUNDRY & LINEN SERVICE	0	17,832	974	18,806	6.00
6.01 00601	LAUNDRY & LINEN - DIRECT	0	0	0	0	6.01
7.00 00700	HOUSEKEEPING	0	21,674	1,184	22,858	7.00
7.01 00701	HOUSEKEEPING - DIRECT	0	0	0	0	7.01
8.00 00800	DIETARY	0	154,113	8,416	162,529	8.00
8.01 00801	DIETARY - DIRECT	0	0	0	0	8.01
9.00 00900	NURSING ADMINISTRATION	0	40,218	2,196	42,414	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
10.01 01001	CENTRAL SERVICE & SUPPLY - DIRECT	0	0	0	0	10.01
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	7,233	395	7,628	12.00
13.00 01300	SOCIAL SERVICE	0	6,023	329	6,352	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	ACTIVITIES	0	38,510	2,103	40,613	15.00
15.01 01501	ACTIVITIES - DIRECT	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	1,709,376	93,352	1,802,728	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	89,897	4,909	94,806	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	19,611	1,071	20,682	45.00
46.00 04600	SPEECH PATHOLOGY	0	19,611	1,071	20,682	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,667	637	12,304	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	1,707	93	1,800	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	2,259,525	123,395	2,382,920	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	LTACH	0	0	0	0	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	2,259,525	123,395	2,382,920	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		ADMIN & GENERAL - DIRECT	ADMIN & GENERAL - ACCUM	PLANT OPERATION, MAINT. & REPAIRS	PLANT OP, MAINT & REPAIR - DIRECT	LAUNDRY & LINEN SERVICE	
		4.01	4.02	5.00	5.01	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401	0					4.01
4.02	00402	0	56,919				4.02
5.00	00500	0	2,835	74,634			5.00
5.01	00501	0	1,309	0	1,309		5.01
6.00	00600	0	38	0	0	18,844	6.00
6.01	00601	0	1,133	0	0	0	6.01
7.00	00700	0	1,339	417	0	0	7.00
7.01	00701	0	822	0	0	0	7.01
8.00	00800	0	3,534	2,236	0	0	8.00
8.01	00801	0	2,087	0	0	0	8.01
9.00	00900	0	1,495	259	0	0	9.00
10.00	01000	0	822	0	0	0	10.00
10.01	01001	0	1,524	0	0	0	10.01
11.00	01100	0	86	0	0	0	11.00
12.00	01200	0	15	95	0	0	12.00
13.00	01300	0	572	119	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	1,130	0	0	0	15.00
15.01	01501	0	421	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	30,944	36,861	1,309	18,844	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	41	0	0	0	40.00
41.00	04100	0	167	0	0	0	41.00
42.00	04200	0	791	0	0	0	42.00
43.00	04300	0	18	0	0	0	43.00
44.00	04400	0	2,023	3,200	0	0	44.00
45.00	04500	0	1,709	0	0	0	45.00
46.00	04600	0	385	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	25	0	0	0	48.00
49.00	04900	0	1,371	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	269	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	14	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		0	56,919	43,187	1,309	18,844	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	31,447	0	0	95.00
98.00							98.00
99.00		0	0	0	0	0	99.00
100.00		0	56,919	74,634	1,309	18,844	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		LAUNDRY & LINEN - DIRECT	HOUSEKEEPING	HOUSEKEEPING - DIRECT	DIETARY	DIETARY - DIRECT	
		6.01	7.00	7.01	8.00	8.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401						4.01
4.02	00402						4.02
5.00	00500						5.00
5.01	00501						5.01
6.00	00600						6.00
6.01	00601	1,133					6.01
7.00	00700	0	24,614				7.00
7.01	00701	0	0	822			7.01
8.00	00800	0	1,808	0	170,107		8.00
8.01	00801	0	0	0	0	2,087	8.01
9.00	00900	0	472	0	0	0	9.00
10.00	01000	0	0	0	0	0	10.00
10.01	01001	0	0	0	0	0	10.01
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	85	0	0	0	12.00
13.00	01300	0	71	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	452	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,133	20,054	822	170,107	2,087	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	1,055	0	0	0	44.00
45.00	04500	0	230	0	0	0	45.00
46.00	04600	0	230	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	137	0	0	0	48.00
49.00	04900	0	20	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		1,133	24,614	822	170,107	2,087	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		1,133	24,614	822	170,107	2,087	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY - DIRECT	PHARMACY	MEDICAL RECORDS & LIBRARY	
		9.00	10.00	10.01	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401						4.01
4.02	00402						4.02
5.00	00500						5.00
5.01	00501						5.01
6.00	00600						6.00
6.01	00601						6.01
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
8.01	00801						8.01
9.00	00900	44,640					9.00
10.00	01000	0	822				10.00
10.01	01001	0	0	1,524			10.01
11.00	01100	0	0	0	86		11.00
12.00	01200	0	0	0	0	7,823	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	44,640	822	1,524	86	7,823	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		44,640	822	1,524	86	7,823	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		44,640	822	1,524	86	7,823	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE		Subtotal	
			ACTIVITIES	ACTIVITIES - DIRECT		
			13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
3.00 00300						3.00
4.01 00401						4.01
4.02 00402						4.02
5.00 00500						5.00
5.01 00501						5.01
6.00 00600						6.00
6.01 00601						6.01
7.00 00700						7.00
7.01 00701						7.01
8.00 00800						8.00
8.01 00801						8.01
9.00 00900						9.00
10.00 01000						10.00
10.01 01001						10.01
11.00 01100						11.00
12.00 01200						12.00
13.00 01300	7,114					13.00
14.00 01400	0	0				14.00
15.00 01500	0	0	42,195			15.00
15.01 01501	0	0	0	421		15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	7,114	0	42,195	421	2,189,514	30.00
31.00 03100	0	0	0	0	0	31.00
32.00 03200	0	0	0	0	0	32.00
33.00 03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	0	0	0	0	41	40.00
41.00 04100	0	0	0	0	167	41.00
42.00 04200	0	0	0	0	791	42.00
43.00 04300	0	0	0	0	18	43.00
44.00 04400	0	0	0	0	101,084	44.00
45.00 04500	0	0	0	0	22,621	45.00
46.00 04600	0	0	0	0	21,297	46.00
47.00 04700	0	0	0	0	0	47.00
48.00 04800	0	0	0	0	12,466	48.00
49.00 04900	0	0	0	0	3,191	49.00
50.00 05000	0	0	0	0	0	50.00
51.00 05100	0	0	0	0	269	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	0	0	0	0	0	60.00
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	0	0	0	0	0	70.00
71.00 07100	0	0	0	0	14	71.00
73.00 07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000						80.00
81.00 08100						81.00
82.00 08200						82.00
83.00 08300	0	0	0	0	0	83.00
89.00	7,114	0	42,195	421	2,351,473	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	0	0	0	0	0	90.00
91.00 09100	0	0	0	0	0	91.00
92.00 09200	0	0	0	0	0	92.00
93.00 09300	0	0	0	0	0	93.00
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	31,447	95.00
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00
100.00	7,114	0	42,195	421	2,382,920	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		Post Step-Down Adjustments	Total		
		17.00	18.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00	
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		2.00	
3.00	00300	EMPLOYEE BENEFITS		3.00	
4.01	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	DIETARY		8.00	
8.01	00801	DIETARY - DIRECT		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		12.00	
13.00	01300	SOCIAL SERVICE		13.00	
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION		14.00	
15.00	01500	ACTIVITIES		15.00	
15.01	01501	ACTIVITIES - DIRECT		15.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	2,189,514	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	41	40.00
41.00	04100	LABORATORY	0	167	41.00
42.00	04200	INTRAVENOUS THERAPY	0	791	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	18	43.00
44.00	04400	PHYSICAL THERAPY	0	101,084	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	22,621	45.00
46.00	04600	SPEECH PATHOLOGY	0	21,297	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,466	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	3,191	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	269	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC			62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES			80.00
81.00	08100	INTEREST EXPENSE			81.00
82.00	08200	UTILIZATION REVIEW - SNF			82.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	0	2,351,473	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	ADMIN & GENERAL - DIRECT (DIRECT COST)	Reconciliation	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)						
	1.00	2.00	3.00	4.01				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	95,285						1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		95,285					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	2,340,472				3.00
4.01 00401	ADMIN & GENERAL - DIRECT	0	0	0	1,569,150			4.01
4.02 00402	ADMIN & GENERAL - ACCUM	2,276	2,276	823,858	0	-3,620,737		4.02
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	2,871	2,871	48,003	0	0		5.00
5.01 00501	PLANT OP, MAINT & REPAIR - DIRECT	0	0	0	0	0		5.01
6.00 00600	LAUNDRY & LINEN SERVICE	752	752	0	0	0		6.00
6.01 00601	LAUNDRY & LINEN - DIRECT	0	0	0	0	0		6.01
7.00 00700	HOUSEKEEPING	914	914	12,265	0	0		7.00
7.01 00701	HOUSEKEEPING - DIRECT	0	0	0	0	0		7.01
8.00 00800	DIETARY	6,499	6,499	1,228,583	0	0		8.00
8.01 00801	DIETARY - DIRECT	0	0	0	0	0		8.01
9.00 00900	NURSING ADMINISTRATION	1,696	1,696	0	0	0		9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	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	305	0	0	0		12.00
13.00 01300	SOCIAL SERVICE	254	254	227,763	0	0		13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0		14.00
15.00 01500	ACTIVITIES	1,624	1,624	0	0	0		15.00
15.01 01501	ACTIVITIES - DIRECT	0	0	0	0	0		15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	SKILLED NURSING FACILITY	72,085	72,085	0	1,569,150	0		30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0		31.00
32.00 03200	ICF/IID	0	0	0	0	0		32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0		33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00 04000	RADIOLOGY	0	0	0	0	0		40.00
41.00 04100	LABORATORY	0	0	0	0	0		41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0		42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0		43.00
44.00 04400	PHYSICAL THERAPY	3,791	3,791	0	0	0		44.00
45.00 04500	OCCUPATIONAL THERAPY	827	827	0	0	0		45.00
46.00 04600	SPEECH PATHOLOGY	827	827	0	0	0		46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0		47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	492	492	0	0	0		48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	72	72	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00 06000	CLINIC	0	0	0	0	0		60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0		61.00
62.00 06200	FOHC	0	0	0	0	0		62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0		70.00
71.00 07100	AMBULANCE	0	0	0	0	0		71.00
73.00 07300	CMHC	0	0	0	0	0		73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES							80.00
81.00 08100	INTEREST EXPENSE							81.00
82.00 08200	UTILIZATION REVIEW - SNF							82.00
83.00 08300	HOSPICE	0	0	0	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	95,285	95,285	2,340,472	1,569,150	-3,620,737		89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0		90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0		91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0		92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0		93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0		94.00
95.00 09500	LTACH	0	0	0	0	0		95.00
98.00	Cross Foot Adjustments							98.00
99.00	Negative Cost Centers							99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,259,525	123,395	527,410	1,569,150			102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	23.713334	1.295010	0.225343	1.000000			103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0	0			104.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

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

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMIN & GENERAL - DIRECT (DIRECT COST)	Reconciliation	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)				
	1.00	2.00				
105.00   Unit cost multiplier (Wkst. B, Part 11)			0.000000	0.000000	4A.02	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

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

Cost Center Description		ADMIN & GENERAL - ACCUM (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	PLANT OP, MAINT & REPAIR - DIRECT (DIRECT COST)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	LAUNDRY & LINEN - DIRECT (DIRECT COST)	
		4.02	5.00	5.01	6.00	6.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401						4.01
4.02	00402						4.02
5.00	00500	28,412,014					5.00
5.01	00501	1,415,337	69,136				5.01
6.00	00600	653,640	0	653,640			6.00
6.01	00601	18,806	0	0	73,582		6.01
7.00	00700	565,733	0	0	0	565,733	7.00
7.01	00701	668,462	386	0	0	0	7.01
8.00	00800	410,174	0	0	0	0	8.00
8.01	00801	1,764,465	2,071	0	0	0	8.01
8.01	00801	1,041,799	0	0	0	0	8.01
9.00	00900	746,615	240	0	0	0	9.00
10.00	01000	410,607	0	0	0	0	10.00
10.01	01001	760,696	0	0	0	0	10.01
11.00	01100	43,105	0	0	0	0	11.00
12.00	01200	7,628	88	0	0	0	12.00
13.00	01300	285,440	110	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	564,181	0	0	0	0	15.00
15.01	01501	210,000	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	15,443,804	34,147	653,640	73,582	565,733	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	20,241	0	0	0	0	40.00
41.00	04100	83,332	0	0	0	0	41.00
42.00	04200	395,118	0	0	0	0	42.00
43.00	04300	9,100	0	0	0	0	43.00
44.00	04400	1,010,115	2,964	0	0	0	44.00
45.00	04500	853,211	0	0	0	0	45.00
46.00	04600	191,980	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	12,304	0	0	0	0	48.00
49.00	04900	684,405	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	134,497	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	7,219	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		28,412,014	40,006	653,640	73,582	565,733	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	29,130	0	0	0	95.00
98.00							98.00
99.00							99.00
102.00		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	1,309	18,844	1,133	104.00
105.00		0.002003	1.079524	0.002003	0.256095	0.002003	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - DIRECT (DIRECT COST)	DIETARY (MEALS SERVED)	DIETARY - DIRECT (DIRECT COST)	NURSING ADMINISTRATION (PATIENT DAYS)	
		7.00	7.01	8.00	8.01	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401						4.01
4.02	00402						4.02
5.00	00500						5.00
5.01	00501						5.01
6.00	00600						6.00
6.01	00601						6.01
7.00	00700	88,472					7.00
7.01	00701	0	410,174				7.01
8.00	00800	6,499	0	220,746			8.00
8.01	00801	0	0	0	1,041,799		8.01
9.00	00900	1,696	0	0	0	73,582	9.00
10.00	01000	0	0	0	0	0	10.00
10.01	01001	0	0	0	0	0	10.01
11.00	01100	0	0	0	0	0	11.00
12.00	01200	305	0	0	0	0	12.00
13.00	01300	254	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	1,624	0	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	72,085	410,174	220,746	1,041,799	73,582	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	3,791	0	0	0	0	44.00
45.00	04500	827	0	0	0	0	45.00
46.00	04600	827	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	492	0	0	0	0	48.00
49.00	04900	72	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		88,472	410,174	220,746	1,041,799	73,582	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00							98.00
99.00							99.00
102.00		762,558	462,445	2,093,139	1,174,563	861,918	102.00
103.00		8.619202	1.127436	9.482115	1.127437	11.713707	103.00
104.00		24,614	822	170,107	2,087	44,640	104.00
105.00		0.278212	0.002004	0.770601	0.002003	0.606670	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

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

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	CENTRAL SERVICE & SUPPLY - DIRECT (DIRECT COST)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	
		10.00	10.01	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.01	00401						4.01
4.02	00402						4.02
5.00	00500						5.00
5.01	00501						5.01
6.00	00600						6.00
6.01	00601						6.01
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
10.00	01000	73,582					10.00
10.01	01001	0	760,696				10.01
11.00	01100	0	0	73,582			11.00
12.00	01200	0	0	0	73,582		12.00
13.00	01300	0	0	0	0	73,582	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	73,582	760,696	73,582	73,582	73,582	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		73,582	760,696	73,582	73,582	73,582	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00							98.00
99.00							99.00
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 II)	0.011171	0.002003	0.001169	0.106317	0.096681	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	OTHER GENERAL SERVICE			
		ACTIVITIES (PATIENT DAYS)	ACTIVITIES - DIRECT (DIRECT COST)		
		14.00	15.00		15.01
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT				2.00
3.00 00300	EMPLOYEE BENEFITS				3.00
4.01 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	DIETARY				8.00
8.01 00801	DIETARY - DIRECT				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				12.00
13.00 01300	SOCIAL SERVICE				13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0			14.00
15.00 01500	ACTIVITIES	0	73,582		15.00
15.01 01501	ACTIVITIES - DIRECT	0	0	210,000	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	SKILLED NURSING FACILITY	0	73,582	210,000	30.00
31.00 03100	NURSING FACILITY	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00 04000	RADIOLOGY	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00 06000	CLINIC	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00 06200	FOHC				62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	71.00
73.00 07300	CMHC	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW - SNF				82.00
83.00 08300	HOSPICE	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	73,582	210,000	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00 09500	LTACH	0	0	0	95.00
98.00	Cross Foot Adjustments				98.00
99.00	Negative Cost Centers				99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	0	650,077	236,762	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	8.834729	1.127438	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	0	42,195	421	104.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	OTHER GENERAL SERVICE			
		ACTIVITIES (PATIENT DAYS)	ACTIVITIES - DIRECT (DIRECT COST)		
		14.00	15.01		
105.00   Unit cost multiplier (Wkst. B, Part II)	0.000000	0.573442	0.002005		105.00



RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet C Date/Time Prepared: 5/30/2023 11:25 am		
Cost Center Description		Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)		
		1.00	2.00	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	22,820	20,241	1.127415	40.00
41.00	04100	LABORATORY	93,952	83,332	1.127442	41.00
42.00	04200	INTRAVENOUS THERAPY	445,471	395,118	1.127438	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	10,260	5,900	1.738983	43.00
44.00	04400	PHYSICAL THERAPY	1,239,927	2,451,958	0.505689	44.00
45.00	04500	OCCUPATIONAL THERAPY	969,070	828,286	1.169970	45.00
46.00	04600	SPEECH PATHOLOGY	223,573	467,971	0.477750	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,113	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	772,245	906,788	0.851627	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	151,637	134,497	1.127438	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
71.00	07100	AMBULANCE	8,139	7,219	1.127441	71.00
100.00		Total	3,955,207	5,301,310		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315494		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part I Date/Time Prepared: 5/30/2023 11:25 am	
		Title XVIII (1)		Skilled Nursing Facility		PPS	
		Health Care Program Charges		Health Care Program Cost			
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>							
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	1.127415	0	0	0	0 40.00
41.00	04100	LABORATORY	1.127442	0	0	0	0 41.00
42.00	04200	INTRAVENOUS THERAPY	1.127438	0	0	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.738983	0	0	0	0 43.00
44.00	04400	PHYSICAL THERAPY	0.505689	811,662	0	410,449	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	1.169970	828,286	0	969,070	0 45.00
46.00	04600	SPEECH PATHOLOGY	0.477750	244,378	0	116,752	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.851627	0	0	0	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00
51.00	05100	SUPPORT SURFACES	1.127438	0	0	0	0 51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 71.00
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.

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Prepared: 5/30/2023 11:25 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description				1.00
-------------------------	--	--	--	------

PART II - APPORTIONMENT OF VACCINE COST					
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)		0.851627	1.00
2.00		Program vaccine charges (From your records, or the PS&R)		16,227	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)		13,819	3.00

Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
		1.00	2.00	3.00	4.00	5.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	22,820	0	0.000000	0	0	40.00
41.00	04100	LABORATORY	93,952	0	0.000000	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	445,471	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	10,260	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,239,927	0	0.000000	410,449	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	969,070	0	0.000000	969,070	0	45.00
46.00	04600	SPEECH PATHOLOGY	223,573	0	0.000000	116,752	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,113	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	772,245	0	0.000000	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES	151,637	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	3,947,068	0		1,496,271	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 5/30/2023 11:25 am
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		73,582	1.00
2.00	Private room days		0	2.00
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 Program		0	4.00
5.00	Total general inpatient routine service cost		27,405,205	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		34,547,796	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.793255	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		27,405,205	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		372.44	16.00
17.00	Program routine service cost (Line 3 times line 16)		5,244,700	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		5,244,700	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		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	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		4,825,620	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		4,825,620	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		73,582	1.00
2.00	Program inpatient days (see instructions)		14,082	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.191378	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-III Date/Time Prepared: 5/30/2023 11:25 am
	Title XIX	Skilled Nursing Facility	Cost

			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		73,582	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		51,525	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		27,405,205	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		34,547,796	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.793255	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		27,405,205	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		372.44	16.00
17.00	Program routine service cost (Line 3 times line 16)		19,189,971	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		19,189,971	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		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)		1,533,384	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		17,656,587	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		17,656,587	25.00
26.00	Enter the per diem limitation (1)		0.00	26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		0	27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		19,189,971	28.00

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

			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		73,582	1.00
2.00	Program inpatient days (see instructions)		51,525	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.700239	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/30/2023 11:25 am
		Title XVIII	Skilled Nursing Facility	PPS

		1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>			
1.00	Inpatient PPS amount (See Instructions)	12,242,176	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	12,242,176	3.00
4.00	Primary payor amounts	980	4.00
5.00	Coinurance	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 instructions)	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	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	10,442	14.75
14.99	Sequestration amount (see instructions)	121,162	14.99
15.00	Balance due provider/program (see Instructions)	388,646	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	13,819	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	13,819	19.00
20.00	Medicare Part B ancillary charges (See instructions)	16,227	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	13,819	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	13,819	25.00
26.00	Interim payments (See instructions)	3,205	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	175	28.99
29.00	Balance due provider/program (see instructions)	10,439	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part II Date/Time Prepared: 5/30/2023 11:25 am
		Title XIX	Skilled Nursing Facility	Cost
				1.00
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
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	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		19,189,971	4.00
5.00	Utilization review--physicians' compensation (from provider records)		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 semi private accommodations and less than semi private 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
<b>REASONABLE CHARGES</b>				
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
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
<b>CUSTOMARY CHARGES</b>				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	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 overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 315494	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Date/Time Prepared: 5/30/2023 11:25 am	
		Title XVIII	Skilled Nursing Facility	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		10,237,080		3,205
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		454,730		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	06/30/2022	25,146		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		-25,146		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		10,666,664		3,205
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	PROGRAM TO PROVIDER		388,646		10,439
6.02	PROVIDER TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		11,055,310		13,644
			Contractor Name		Contractor Number
			1.00	2.00	
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.



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

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	5,026,969	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	4,831,799	0	0	0	4.00
5.00	Other receivables	-13	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-735,000	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	3,471,035	0	0	0	8.00
9.00	Other current assets	33,652	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	<b>12,628,442</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,556,065	0	0	0	17.00
18.00	Less: Accumulated Amortization	-645,614	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,223,746	0	0	0	23.00
24.00	Less: Accumulated depreciation	-1,047,008	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>1,087,189</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28.00</b>
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	2,220,101	0	0	0	32.00
33.00	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	<b>2,220,101</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33.00</b>
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	<b>15,935,732</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34.00</b>
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	5,832,356	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	19,320	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	7,489,077	0	0	0	42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>13,340,753</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	<b>13,340,753</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	2,594,979	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	<b>2,594,979</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59.00</b>
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	<b>15,935,732</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-1

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

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		4,037,617		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-489,950			2.00
3.00	Total (sum of line 1 and line 2)		3,547,667		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00	CAPITAL CONTRIBUTED	1,000,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		1,000,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		4,547,667		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00	DIST	1,952,688		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		1,952,688		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		2,594,979		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments)					4.00
5.00	CAPITAL CONTRIBUTED		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00	DIST		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
5/30/2023 11:25 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	34,547,796		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)	34,547,796		34,547,796	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	5,301,310	0	5,301,310	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	39,849,106	0	39,849,106	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
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			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			35,981,824	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315494

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-3

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

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	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, line 15)	35,981,824	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-527,725	5.00
<b>Other income:</b>			
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 discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REV MISC	0	24.00
24.01	FORGIVENESS OF DEBT	0	24.01
24.50	COVID-19 PHE Funding	8,500	24.50
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	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-489,950	31.00

**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	<u>3,485,387</u>

**Total current assets** 14,524,589

Property and equipment - net	2,635,140
Escrow deposits	739,456
Security deposits	<u>21,300</u>

**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	<u>788,230</u>

**Total current liabilities** 15,564,302

Note payable 35,409

**Total liabilities** 15,599,711

**Members' equity** 2,320,774

**TOTAL LIABILITIES  
AND MEMBERS' EQUITY** \$ 17,920,485

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

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

<b>Cash flows from operating activities</b>	
Net loss	\$ (627,052)
Adjustments to reconcile net loss to net cash provided by operating activities	
Depreciation and amortization	311,114
<b>(Increase) decrease in assets</b>	
Accounts receivable	(620,517)
Prepaid expenses	(1,594,164)
<b>Increase (decrease) in liabilities</b>	
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	<u>(47,291)</u>
<b>Net cash provided by operating activities</b>	<u>995,199</u>
<b>Cash flows from investing activities</b>	
Purchase of equipment	<u>(1,904,487)</u>
<b>Net cash used in investing activities</b>	<u>(1,904,487)</u>
<b>Cash flows from financing activities</b>	
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	<u>(155,375)</u>
<b>Net cash used in financing activities</b>	<u>(797,810)</u>
<b>Net decrease in cash, restricted cash and cash equivalents</b>	(1,707,098)
Cash, restricted cash and cash equivalents - beginning of year	<u>9,302,212</u>
<b>CASH, RESTRICTED CASH AND CASH EQUIVALENTS - END OF YEAR</b>	<u><u>\$ 7,595,114</u></u>

**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**

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



**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**

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

**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**

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

**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**

		<b>Per Patient Day</b>
<b>SNF</b>		
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
HMO	150,331	501.10
Hospice	<u>551,330</u>	319.06
<b>Total current year</b>	<u>21,465,974</u>	<u>\$ 387.75</u>
<b>Prior years</b>		
Private	-	
HMO	(1,470)	
Hospice	(2,991)	
Medicaid	19,635	
Medicaid - Managed Care	(19,303)	
Medicare	<u>(12,306)</u>	
<b>Total prior years</b>	<u>(16,435)</u>	
<b>Ancillary revenue</b>	<u>842,270</u>	
<b>TOTAL REVENUES</b>	<u>\$ 22,291,809</u>	