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: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/19/2022 8:20 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
3.01 [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only

4. [1] 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. [N] First Cost Report for this Provider CCN
8. [N] Last Cost Report for this Provider CCN
9. NPR Date: _____
10. [0] If line 4, column 1 is "4": Enter number of times reopened
11. Contractor Vendor Code _____4
12. [F] 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 JFK HARTWYCK AT CEDAR BROOK (315101) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1				I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name				2
3	Signatory Title				3
4	Date				4

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	Title XIX	
		1.00	2.00	3.00	4.00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	-4,929	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	-4,929	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/19/2022 8:20 am

	1.00	2.00	3.00	
	Skilled Nursing Facility and Skilled Nursing Facility Complex Address:			
1.00	Street: 1340 PARK AVE.	PO Box:		1.00
2.00	City: PLAINFIELD	State: NJ	Zip Code: 07060	2.00
3.00	County: UNION	CBSA Code: 35084	Urban/Rural: U	3.00
3.01		CBSA Code:		3.01

		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
					V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
	SNF and SNF-Based Component Identification:							
4.00	SNF	JFK HARTWYCK AT CEDAR BROOK	315101	01/01/1973	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00

		From:	To:	
		1.00	2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2021	12/31/2021	14.00
15.00	Type of Control (See Instructions)	2		15.00

		Y/N	
		1.00	
	Type of Freestanding Skilled Nursing Facility		
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	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	305,822	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	305,822	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)	Y	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	N		29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA	N	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				36.00

		Y/N		
		1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.			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 INDENTIFICATION DATA	Provider No.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/19/2022 8:20 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.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part II | Date/Time Prepared: 5/19/2022 8:20 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 Facilites			
	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	A		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.	Y			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	04/21/2022	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N	18.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE	Provider No.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/19/2022 8:20 am

		1.00	2.00	
	Cost Report Preparer Contact Information			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VARIOUS	VARIOUS	19.00
20.00	Enter the employer/company name of the cost report preparer.	HUBCO HEALTH CARE GROUP		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-730-1980	COSTREPORTS@HUBCO.NET	21.00

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

Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part II | Date/Time Prepared: 5/19/2022 8:20 am

		Part B Date 4.00			
	PS&R Data				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	04/21/2022			13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.				14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.				15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.				16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:				17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.				18.00
			3.00		
	Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		STAFF		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.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part I | Date/Time Prepared: 5/19/2022 8:20 am

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits Title V	Inpatient Days/Visits Title XVIII	Inpatient Days/Visits Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	106	38,690	0	1,350	28,041	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	106	38,690	0	1,350	28,041	8.00

	Component	Inpatient Days/Visits Other	Inpatient Days/Visits Total	Discharges Title V	Discharges Title XVIII	Discharges Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	5,025	34,416	0	64	63	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	5,025	34,416	0	64	63	8.00

	Component	Discharges Other	Discharges Total	Average Length of Stay Title V	Average Length of Stay Title XVIII	Average Length of Stay Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	113	240	0.00	21.09	445.10	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	113	240	0.00	21.09	445.10	8.00

	Component	Average Length of Stay Total	Admissions Title V	Admissions Title XVIII	Admissions Title XIX	Admissions Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	143.40	0	64	59	127	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	143.40	0	64	59	127	8.00

	Component	Admissions Total	Full Time Equivalent Employees on Payroll	Full Time Equivalent Nonpaid Workers		
		21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	250	96.63	0.00		1.00
2.00	NURSING FACILITY	0	0.00	0.00		2.00
3.00	ICF/IID					3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00		4.00
5.00	Other Long Term Care	0	0.00	0.00		5.00
6.00	SNF-Based CMHC		0.00	0.00		6.00
7.00	HOSPICE					7.00
8.00	Total (Sum of lines 1-7)	250	96.63	0.00		8.00

SNF WAGE INDEX INFORMATION | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part II Date/Time Prepared: 5/19/2022 8:20 am

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	PART II - DIRECT SALARIES						
	SALARIES						
1.00	Total salaries (See Instructions)	5,708,094	0	5,708,094	200,996.57	28.40	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)	5,708,094	0	5,708,094	200,996.57	28.40	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						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)	5,708,094	0	5,708,094	200,996.57	28.40	13.00
	OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	716,753	0	716,753	13,848.00	51.76	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
	WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,460,756	0	1,460,756			17.00
18.00	Wage-related costs other (See Part IV)	57,323	0	57,323			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,518,079	0	1,518,079			22.00

SNF WAGE INDEX INFORMATION | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part III Date/Time Prepared: 5/19/2022 8:20 am

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	333,314	0	333,314	10,888.11	30.61	2.00
3.00	Plant Operation, Maintenance & Repairs	141,927	0	141,927	6,863.66	20.68	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	0	0	0	0.00	0.00	5.00
6.00	Dietary	571,243	0	571,243	30,932.58	18.47	6.00
7.00	Nursing Administration	351,630	0	351,630	7,446.29	47.22	7.00
8.00	Central Services and Supply	33,046	0	33,046	2,067.00	15.99	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	124,950	0	124,950	3,576.00	34.94	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	154,992	0	154,992	7,271.11	21.32	13.00
14.00	Total (sum lines 1 thru 13)	1,711,102	0	1,711,102	69,044.75	24.78	14.00

SNF WAGE RELATED COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part IV | Date/Time Prepared: 5/19/2022 8:20 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	167,971	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	896,048	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	396,737	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	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,460,756	24.00

		Amount Reported	
		1.00	
	Part B - Other than Core Related Cost		
25.00	FRINGE BENEFITS OTHER	57,323	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part V | Date/Time Prepared: 5/19/2022 8:20 am

	Occupational Category	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	Direct Salaries						
	Nursing Occupations						
1.00	Registered Nurses (RNs)	1,623,951	431,893	2,055,844	33,323.40	61.69	1.00
2.00	Licensed Practical Nurses (LPNs)	694,849	184,796	879,645	21,659.00	40.61	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,380,333	367,102	1,747,435	69,349.34	25.20	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,699,133	983,791	4,682,924	124,331.74	37.66	4.00
5.00	Physical Therapists	148,816	39,578	188,394	3,749.43	50.25	5.00
6.00	Physical Therapy Assistants	5,705	1,517	7,222	168.00	42.99	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	98,856	26,291	125,147	2,790.47	44.85	8.00
9.00	Occupational Therapy Assistants	6,379	1,696	8,075	211.00	38.27	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	38,103	10,134	48,237	702.00	68.71	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
	Contract Labor						
	Nursing Occupations						
14.00	Registered Nurses (RNs)	134,750		134,750	975.00	138.21	14.00
15.00	Licensed Practical Nurses (LPNs)	46,589		46,589	672.00	69.33	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	535,414		535,414	12,201.00	43.88	16.00
17.00	Total Nursing (sum of lines 14 through 16)	716,753		716,753	13,848.00	51.76	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-7 | Date/Time Prepared: 5/19/2022 8:20 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.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet S-7 Date/Time Prepared: 5/19/2022 8:20 am

		Group	Days	
		1.00	2.00	
76.00		PA1		76.00
99.00		AAA		99.00
100.00	TOTAL			100.00

		Expenses	Percentage	Y/N	
		1.00	2.00	3.00	
	A notice published in the Federal Register 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.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		305,822	305,822	0	305,822	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,518,079	1,518,079	0	1,518,079	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	333,314	1,858,932	2,192,246	0	2,192,246	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	141,927	452,999	594,926	0	594,926	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	583,306	583,306	0	583,306	6.00
7.00	00700	HOUSEKEEPING	0	84,377	84,377	0	84,377	7.00
8.00	00800	DIETARY	571,243	382,739	953,982	0	953,982	8.00
9.00	00900	NURSING ADMINISTRATION	351,630	24,747	376,377	0	376,377	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	33,046	325,111	358,157	0	358,157	10.00
11.00	01100	PHARMACY	0	36,622	36,622	0	36,622	11.00
13.00	01300	SOCIAL SERVICE	124,950	1,987	126,937	0	126,937	13.00
15.00	01500	PATIENT ACTIVITIES	154,992	15,648	170,640	0	170,640	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	3,699,133	374,942	4,074,075	0	4,074,075	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	29,920	29,920	0	29,920	40.00
41.00	04100	LABORATORY	0	5,885	5,885	0	5,885	41.00
42.00	04200	INTRAVENOUS THERAPY	0	49,873	49,873	0	49,873	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	89,501	89,501	0	89,501	43.00
44.00	04400	PHYSICAL THERAPY	154,521	0	154,521	0	154,521	44.00
45.00	04500	OCCUPATIONAL THERAPY	105,235	0	105,235	0	105,235	45.00
46.00	04600	SPEECH PATHOLOGY	38,103	0	38,103	0	38,103	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,729	99,729	0	99,729	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	211,968	211,968	0	211,968	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	5,708,094	6,452,187	12,160,281	0	12,160,281	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	2,099	2,099	0	2,099	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
100.00		TOTAL	5,708,094	6,454,286	12,162,380	0	12,162,380	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	305,822		1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,518,079		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-349,011	1,843,235		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	594,926		5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	583,306		6.00
7.00	00700	HOUSEKEEPING	0	84,377		7.00
8.00	00800	DIETARY	0	953,982		8.00
9.00	00900	NURSING ADMINISTRATION	0	376,377		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	358,157		10.00
11.00	01100	PHARMACY	0	36,622		11.00
13.00	01300	SOCIAL SERVICE	0	126,937		13.00
15.00	01500	PATIENT ACTIVITIES	0	170,640		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	4,074,075		30.00
31.00	03100	NURSING FACILITY	0	0		31.00
33.00	03300	OTHER LONG TERM CARE	0	0		33.00
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	29,920		40.00
41.00	04100	LABORATORY	0	5,885		41.00
42.00	04200	INTRAVENOUS THERAPY	0	49,873		42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	89,501		43.00
44.00	04400	PHYSICAL THERAPY	0	154,521		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	105,235		45.00
46.00	04600	SPEECH PATHOLOGY	0	38,103		46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,729		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	211,968		49.00
51.00	05100	SUPPORT SURFACES	0	0		51.00
		OUTPATIENT SERVICE COST CENTERS				
62.00	06200	FQHC				62.00
		OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0		70.00
71.00	07100	AMBULANCE	0	0		71.00
73.00	07300	CMHC	0	0		73.00
		SPECIAL PURPOSE COST CENTERS				
89.00		SUBTOTALS (sum of lines 1-84)	-349,011	11,811,270		89.00
		NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
91.00	09100	BARBER & BEAUTY SHOP	-176	1,923		91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0		92.00
93.00	09300	NONPAID WORKERS	0	0		93.00
94.00	09400	PATIENTS' LAUNDRY	0	0		94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0		95.00
100.00		TOTAL	-349,187	11,813,193		100.00

RECLASSIFICATIONS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/19/2022 8:20 am

			Increases			
			Cost Center	Line #	Salary	Non Salary	
			2.00	3.00	4.00	5.00	
	TOTALS						
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)			0	0	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.

RECLASSIFICATIONS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/19/2022 8:20 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	TOTALS					
100.00				0	0	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.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-7 | Date/Time Prepared: 5/19/2022 8:20 am

	Description	Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,580,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,761,006	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	90,630	0	0	0	0	5.00
6.00	Movable Equipment	156,111	0	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	3,587,747	0	0	0	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	3,587,747	0	0	0	0	9.00

	Description	Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,580,000	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	1,761,006	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	90,630	0	5.00
6.00	Movable Equipment	156,111	0	6.00
7.00	Subtotal (sum of lines 1-6)	3,587,747	0	7.00
8.00	Reconciling Items	0	0	8.00
9.00	Total (line 7 minus line 8)	3,587,747	0	9.00

ADJUSTMENTS TO EXPENSES | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8 | Date/Time Prepared: 5/19/2022 8:20 am

	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-2,409	ADMINISTRATIVE & GENERAL	4.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	337,073			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00			0		0.00	25.00
25.01	AMBULANCE	A	-9,278	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	ADVERTISING	A	-3,600	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	COLLECTION FEES	A	-11,146	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	BAD DEBTS	A	-659,651	ADMINISTRATIVE & GENERAL	4.00	25.04
25.05	BARBER AND BEAUTY	B	-176	BARBER & BEAUTY SHOP	91.00	25.05
25.06			0		0.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-349,187			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.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8-1 Parts I-II | Date/Time Prepared: 5/19/2022 8:20 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		4.00	ADMINISTRATIVE & GENERAL	BUS OFFICE - SALARIES TRANSFER	1.00
2.00		4.00	ADMINISTRATIVE & GENERAL	BUS OFFICE - ALLOCATION OF EXP	2.00
3.00		44.00	PHYSICAL THERAPY	REHAB - SHARED STAFF SALARY	3.00
4.00		46.00	SPEECH PATHOLOGY	REHAB - SALARIES ALLOCATION	4.00
5.00		3.00	EMPLOYEE BENEFITS	REHAB - FRINGE BENEFIT ALLOCATION	5.00
6.00		11.00	PHARMACY	NURISNG - OTC (NON-LEGEND DRUGS)	6.00
7.00		4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	7.00
8.00		49.00	DRUGS CHARGED TO PATIENTS	PHARMACY EXP (LEGEND DRUGS)	8.00
9.00		42.00	INTRAVENOUS THERAPY	PHARMACY - SOLUTIONS IV	9.00
9.01		42.00	INTRAVENOUS THERAPY	IV SOLUTIONS	9.01
9.02		4.00	ADMINISTRATIVE & GENERAL	AMBULANCE	9.02
9.03		41.00	LABORATORY	LABORATORY	9.03
9.04		3.00	EMPLOYEE BENEFITS	FRINGE BENEFIT ALLOCATION	9.04
9.05		3.00	EMPLOYEE BENEFITS	HOSPITALIZATION PREMIUMS	9.05
9.06		4.00	ADMINISTRATIVE & GENERAL	HOSP CORP ALLOC - INS	9.06
9.07		4.00	ADMINISTRATIVE & GENERAL	MEDICAL DIRECTOR	9.07
9.08		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	9.08
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		34,049	34,049	0		1.00
2.00		30,986	30,986	0		2.00
3.00		51,218	51,218	0		3.00
4.00		38,103	38,103	0		4.00
5.00		3,655	3,655	0		5.00
6.00		36,322	36,322	0		6.00
7.00		321,027	321,027	0		7.00
8.00		201,447	201,447	0		8.00
9.00		17,308	17,308	0		9.00
9.01		32,565	32,565	0		9.01
9.02		0	389	-389		9.02
9.03		4,526	4,526	0		9.03
9.04		18,872	18,872	0		9.04
9.05		896,048	896,048	0		9.05
9.06		231,705	231,705	0		9.06
9.07		18,000	18,000	0		9.07
9.08		337,462	0	337,462		9.08
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	2,273,293	1,936,220	337,073		10.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider No.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8-1 Parts I-II Date/Time Prepared: 5/19/2022 8:20 am

		Symbol (1)	Name	Percentage of Ownership		
		1.00	2.00	3.00		
	PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
1.00		B		0.00		1.00
2.00		B		0.00		2.00
3.00		B		0.00		3.00
4.00		B		0.00		4.00
5.00		B		0.00		5.00
6.00				0.00		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

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) 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:					
1.00		COMMUNITY HOSPITAL GROUP	0.00	HEALTHCARE		1.00
2.00		HARTWYCK AT OAKTREE	0.00	HEALTHCARE		2.00
3.00		HMH NETWORK, INC.	0.00	HEALTHCARE		3.00
4.00		HMH/QMC	0.00	HEALTHCARE		4.00
5.00		HMH RESIDENTIAL CARE, INC.	0.00	HEALTHCARE		5.00
6.00			0.00			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

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) 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.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
			0	1.00	3.00	3A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	305,822	305,822				1.00
3.00	00300	EMPLOYEE BENEFITS	1,518,079	0	1,518,079			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,843,235	39,758	88,646	1,971,639	1,971,639	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	594,926	21,647	37,746	654,319	131,085	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	583,306	4,984	0	588,290	117,857	6.00
7.00	00700	HOUSEKEEPING	84,377	4,996	0	89,373	17,905	7.00
8.00	00800	DIETARY	953,982	25,217	151,923	1,131,122	226,607	8.00
9.00	00900	NURSING ADMINISTRATION	376,377	2,156	93,517	472,050	94,570	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	358,157	0	8,789	366,946	73,513	10.00
11.00	01100	PHARMACY	36,622	0	0	36,622	7,337	11.00
13.00	01300	SOCIAL SERVICE	126,937	2,156	33,231	162,324	32,520	13.00
15.00	01500	PATIENT ACTIVITIES	170,640	8,508	41,220	220,368	44,148	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,074,075	173,222	983,791	5,231,088	1,047,987	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	29,920	0	0	29,920	5,994	40.00
41.00	04100	LABORATORY	5,885	0	0	5,885	1,179	41.00
42.00	04200	INTRAVENOUS THERAPY	49,873	0	0	49,873	9,991	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	89,501	0	0	89,501	17,930	43.00
44.00	04400	PHYSICAL THERAPY	154,521	17,204	41,095	212,820	42,636	44.00
45.00	04500	OCCUPATIONAL THERAPY	105,235	0	27,987	133,222	26,689	45.00
46.00	04600	SPEECH PATHOLOGY	38,103	0	10,134	48,237	9,664	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,729	4,902	0	104,631	20,962	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	211,968	1,072	0	213,040	42,680	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	11,811,270	305,822	1,518,079	11,811,270	1,971,254	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	1,923	0	0	1,923	385	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	11,813,193	305,822	1,518,079	11,813,193	1,971,639	100.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	785,404					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	16,017	722,164				6.00
7.00	00700	HOUSEKEEPING	16,055	0	123,333			7.00
8.00	00800	DIETARY	81,032	0	13,266	1,452,027		8.00
9.00	00900	NURSING ADMINISTRATION	6,929	0	1,134	0	574,683	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
13.00	01300	SOCIAL SERVICE	6,929	0	1,134	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	27,339	0	4,476	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	556,622	722,164	91,129	1,452,027	574,683	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	55,283	0	9,051	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,752	0	2,579	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	3,446	0	564	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	785,404	722,164	123,333	1,452,027	574,683	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	785,404	722,164	123,333	1,452,027	574,683	100.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	
			10.00	11.00	13.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	440,459					10.00
11.00	01100	PHARMACY	0	43,959				11.00
13.00	01300	SOCIAL SERVICE	0	0	202,907			13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	296,331		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	440,459	43,959	202,907	296,331	10,659,356	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	35,914	40.00
41.00	04100	LABORATORY	0	0	0	0	7,064	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	59,864	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	107,431	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	319,790	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	159,911	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	57,901	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	143,924	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	259,730	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	440,459	43,959	202,907	296,331	11,810,885	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	2,308	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0			0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	440,459	43,959	202,907	296,331	11,813,193	100.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	Post Stepdown Adjustments	Total		
			17.00	18.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS				3.00
4.00	00400	ADMINISTRATIVE & GENERAL				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	00600	LAUNDRY & LINEN SERVICE				6.00
7.00	00700	HOUSEKEEPING				7.00
8.00	00800	DIETARY				8.00
9.00	00900	NURSING ADMINISTRATION				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY				10.00
11.00	01100	PHARMACY				11.00
13.00	01300	SOCIAL SERVICE				13.00
15.00	01500	PATIENT ACTIVITIES				15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	10,659,356		30.00
31.00	03100	NURSING FACILITY	0	0		31.00
33.00	03300	OTHER LONG TERM CARE	0	0		33.00
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	35,914		40.00
41.00	04100	LABORATORY	0	7,064		41.00
42.00	04200	INTRAVENOUS THERAPY	0	59,864		42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	107,431		43.00
44.00	04400	PHYSICAL THERAPY	0	319,790		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	159,911		45.00
46.00	04600	SPEECH PATHOLOGY	0	57,901		46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	143,924		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	259,730		49.00
51.00	05100	SUPPORT SURFACES	0	0		51.00
		OUTPATIENT SERVICE COST CENTERS				
62.00	06200	FQHC				62.00
		OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0		70.00
71.00	07100	AMBULANCE	0	0		71.00
73.00	07300	CMHC	0	0		73.00
		SPECIAL PURPOSE COST CENTERS				
89.00		SUBTOTALS (sum of lines 1-84)	0	11,810,885		89.00
		NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
91.00	09100	BARBER & BEAUTY SHOP	0	2,308		91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0		92.00
93.00	09300	NONPAID WORKERS	0	0		93.00
94.00	09400	PATIENTS' LAUNDRY	0	0		94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0		95.00
98.00		Cross Foot Adjustments	0	0		98.00
99.00		Negative Cost Centers	0	0		99.00
100.00		TOTAL	0	11,813,193		100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
			0	1.00	2A	3.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	39,758	39,758	0	39,758	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	21,647	21,647	0	2,643	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	4,984	4,984	0	2,377	6.00
7.00	00700	HOUSEKEEPING	0	4,996	4,996	0	361	7.00
8.00	00800	DIETARY	0	25,217	25,217	0	4,570	8.00
9.00	00900	NURSING ADMINISTRATION	0	2,156	2,156	0	1,907	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,482	10.00
11.00	01100	PHARMACY	0	0	0	0	148	11.00
13.00	01300	SOCIAL SERVICE	0	2,156	2,156	0	656	13.00
15.00	01500	PATIENT ACTIVITIES	0	8,508	8,508	0	890	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	0	173,222	173,222	0	21,131	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	121	40.00
41.00	04100	LABORATORY	0	0	0	0	24	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	201	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	362	43.00
44.00	04400	PHYSICAL THERAPY	0	17,204	17,204	0	860	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	538	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	195	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,902	4,902	0	423	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	1,072	1,072	0	861	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	0	305,822	305,822	0	39,750	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	8	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments			0			98.00
99.00		Negative Cost Centers		0	0	0	0	99.00
100.00		TOTAL	0	305,822	305,822	0	39,758	100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	24,290					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	495	7,856				6.00
7.00	00700	HOUSEKEEPING	497	0	5,854			7.00
8.00	00800	DIETARY	2,506	0	630	32,923		8.00
9.00	00900	NURSING ADMINISTRATION	214	0	54	0	4,331	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
13.00	01300	SOCIAL SERVICE	214	0	54	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	846	0	212	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	17,214	7,856	4,325	32,923	4,331	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,710	0	430	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	487	0	122	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	107	0	27	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	24,290	7,856	5,854	32,923	4,331	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	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	0	99.00
100.00		TOTAL	24,290	7,856	5,854	32,923	4,331	100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	
			10.00	11.00	13.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	1,482					10.00
11.00	01100	PHARMACY	0	148				11.00
13.00	01300	SOCIAL SERVICE	0	0	3,080			13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	10,456		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	1,482	148	3,080	10,456	276,168	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	121	40.00
41.00	04100	LABORATORY	0	0	0	0	24	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	201	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	362	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	20,204	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	538	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	195	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,934	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,067	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	1,482	148	3,080	10,456	305,814	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	8	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	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	0	99.00
100.00		TOTAL	1,482	148	3,080	10,456	305,822	100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	Post Step-Down Adjustments	Total		
			17.00	18.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS				3.00
4.00	00400	ADMINISTRATIVE & GENERAL				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	00600	LAUNDRY & LINEN SERVICE				6.00
7.00	00700	HOUSEKEEPING				7.00
8.00	00800	DIETARY				8.00
9.00	00900	NURSING ADMINISTRATION				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY				10.00
11.00	01100	PHARMACY				11.00
13.00	01300	SOCIAL SERVICE				13.00
15.00	01500	PATIENT ACTIVITIES				15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	276,168		30.00
31.00	03100	NURSING FACILITY	0	0		31.00
33.00	03300	OTHER LONG TERM CARE	0	0		33.00
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	121		40.00
41.00	04100	LABORATORY	0	24		41.00
42.00	04200	INTRAVENOUS THERAPY	0	201		42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	362		43.00
44.00	04400	PHYSICAL THERAPY	0	20,204		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	538		45.00
46.00	04600	SPEECH PATHOLOGY	0	195		46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,934		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	2,067		49.00
51.00	05100	SUPPORT SURFACES	0	0		51.00
		OUTPATIENT SERVICE COST CENTERS				
62.00	06200	FQHC				62.00
		OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0		70.00
71.00	07100	AMBULANCE	0	0		71.00
73.00	07300	CMHC	0	0		73.00
		SPECIAL PURPOSE COST CENTERS				
89.00		SUBTOTALS (sum of lines 1-84)	0	305,814		89.00
		NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
91.00	09100	BARBER & BEAUTY SHOP	0	8		91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0		92.00
93.00	09300	NONPAID WORKERS	0	0		93.00
94.00	09400	PATIENTS' LAUNDRY	0	0		94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0		95.00
98.00		Cross Foot Adjustments	0	0		98.00
99.00		Negative Cost Centers	0	0		99.00
100.00		TOTAL	0	305,822		100.00

COST ALLOCATION - STATISTICAL BASIS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	CAPITAL RELATED COSTS BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
			1.00	3.00	4A	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	25,953					1.00
3.00	00300	EMPLOYEE BENEFITS	0	5,708,094				3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,374	333,314	-1,971,639	9,841,554		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,837	141,927	0	654,319	20,742	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	423	0	0	588,290	423	6.00
7.00	00700	HOUSEKEEPING	424	0	0	89,373	424	7.00
8.00	00800	DIETARY	2,140	571,243	0	1,131,122	2,140	8.00
9.00	00900	NURSING ADMINISTRATION	183	351,630	0	472,050	183	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	33,046	0	366,946	0	10.00
11.00	01100	PHARMACY	0	0	0	36,622	0	11.00
13.00	01300	SOCIAL SERVICE	183	124,950	0	162,324	183	13.00
15.00	01500	PATIENT ACTIVITIES	722	154,992	0	220,368	722	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	14,700	3,699,133	0	5,231,088	14,700	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	29,920	0	40.00
41.00	04100	LABORATORY	0	0	0	5,885	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	49,873	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	89,501	0	43.00
44.00	04400	PHYSICAL THERAPY	1,460	154,521	0	212,820	1,460	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	105,235	0	133,222	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	38,103	0	48,237	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	416	0	0	104,631	416	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	91	0	0	213,040	91	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	25,953	5,708,094	-1,971,639	9,839,631	20,742	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	1,923	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	305,822	1,518,079		1,971,639	785,404	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	11.783686	0.265952		0.200338	37.865394	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)		0		39,758	24,290	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)		0.000000		0.004040	1.171054	105.00

COST ALLOCATION - STATISTICAL BASIS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE	34,416					6.00
7.00	00700	HOUSEKEEPING	0	19,895				7.00
8.00	00800	DIETARY	0	2,140	34,416			8.00
9.00	00900	NURSING ADMINISTRATION	0	183	0	34,416		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	34,416	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
13.00	01300	SOCIAL SERVICE	0	183	0	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	722	0	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	34,416	14,700	34,416	34,416	34,416	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	1,460	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	416	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	91	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
		OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
		SPECIAL PURPOSE COST CENTERS						
89.00		SUBTOTALS (sum of lines 1-84)	34,416	19,895	34,416	34,416	34,416	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	722,164	123,333	1,452,027	574,683	440,459	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	20.983380	6.199196	42.190464	16.698135	12.798088	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	7,856	5,854	32,923	4,331	1,482	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.228266	0.294245	0.956619	0.125843	0.043061	105.00

COST ALLOCATION - STATISTICAL BASIS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	PHARMACY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT DAYS)		
			11.00	13.00	15.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY					10.00
11.00	01100	PHARMACY	34,416				11.00
13.00	01300	SOCIAL SERVICE	0	34,416			13.00
15.00	01500	PATIENT ACTIVITIES	0	0	34,416		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	34,416	34,416	34,416		30.00
31.00	03100	NURSING FACILITY	0	0	0		31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0		33.00
		ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	0	0		40.00
41.00	04100	LABORATORY	0	0	0		41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0		42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0		43.00
44.00	04400	PHYSICAL THERAPY	0	0	0		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0		45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0		46.00
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
51.00	05100	SUPPORT SURFACES	0	0	0		51.00
		OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FQHC					62.00
		OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	0		70.00
71.00	07100	AMBULANCE	0	0	0		71.00
73.00	07300	CMHC	0	0	0		73.00
		SPECIAL PURPOSE COST CENTERS					
89.00		SUBTOTALS (sum of lines 1-84)	34,416	34,416	34,416		89.00
		NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0		90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0		91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0		92.00
93.00	09300	NONPAID WORKERS	0	0	0		93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0		94.00
95.00	09500	OTHER NONREIMBURSABLE COST	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)	43,959	202,907	296,331		102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.277284	5.895717	8.610268		103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	148	3,080	10,456		104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.004300	0.089493	0.303812		105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C | Date/Time Prepared: 5/19/2022 8:20 am

		Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2	
			1.00	2.00	3.00	
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	35,914	29,920	1.200334	40.00
41.00	04100	LABORATORY	7,064	6,976	1.012615	41.00
42.00	04200	INTRAVENOUS THERAPY	59,864	49,873	1.200329	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	107,431	89,501	1.200333	43.00
44.00	04400	PHYSICAL THERAPY	319,790	318,610	1.003704	44.00
45.00	04500	OCCUPATIONAL THERAPY	159,911	341,750	0.467918	45.00
46.00	04600	SPEECH PATHOLOGY	57,901	110,175	0.525537	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	143,924	99,729	1.443151	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	259,730	211,968	1.225326	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
		OUTPATIENT SERVICE COST CENTERS				
62.00	06200	FQHC				62.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	1,151,529	1,258,502		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part I Date/Time Prepared: 5/19/2022 8:20 am

Title XVIII (1) | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges Part A	Health Care Program Charges Part B	Health Care Program Cost Part A (col. 1 x col. 2)	Health Care Program Cost Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
		PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST						
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	1.200334	0	0	0	0	40.00
41.00	04100	LABORATORY	1.012615	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	1.200329	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.200333	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1.003704	94,630	0	94,981	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.467918	95,290	0	44,588	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.525537	11,890	0	6,249	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.443151	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.225326	61,270	0	75,076	0	49.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
		OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FQHC						62.00
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00
100.00		Total (Sum of lines 40 - 71)		263,080	0	220,894	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.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/19/2022 8:20 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)	1.225326	1.00
2.00		Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

		Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH						
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	35,914	0	0.000000	0	0	40.00
41.00	04100	LABORATORY	7,064	0	0.000000	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	59,864	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	107,431	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	319,790	0	0.000000	94,981	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	159,911	0	0.000000	44,588	0	45.00
46.00	04600	SPEECH PATHOLOGY	57,901	0	0.000000	6,249	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	143,924	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	259,730	0	0.000000	75,076	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	1,151,529	0		220,894	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 5/19/2022 8:20 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS		
	INPATIENT DAYS		
1.00	Inpatient days including private room days	34,416	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	1,350	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	10,659,356	5.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	14,041,715	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.759121	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)	10,659,356	15.00
	PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	309.72	16.00
17.00	Program routine service cost (Line 3 times line 16)	418,122	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)	418,122	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)	276,168	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	8.02	21.00
22.00	Program capital related cost (Line 3 times line 21)	10,827	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	407,295	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)	407,295	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

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

		1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	34,416	1.00
2.00	Program inpatient days (see instructions)	1,350	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)	0.039226	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.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 5/19/2022 8:20 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
1.00	Inpatient PPS amount (See Instructions)	868,177	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)	868,177	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	137,456	5.00
6.00	Allowable bad debts (From your records)	39,964	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	15,863	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	25,977	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)	756,698	11.00
12.00	Interim payments (See instructions)	761,627	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	-4,929	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider No.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 5/19/2022 8:20 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		730,721		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/26/2021	30,906		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		30,906		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		761,627		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		4,929		0	6.02
7.00	Total Medicare program liability (see instructions)		756,698		0	7.00

		Contractor Name	Contractor Number	
		1.00	2.00	
8.00	Name of Contractor			8.00

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

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

Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G | Date/Time Prepared: 5/19/2022 8:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	Assets					
	CURRENT ASSETS					
1.00	Cash on hand and in banks	178,930	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	2,692,598	0	0	0	4.00
5.00	Other receivables	-28,288	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-1,117,458	0	0	0	6.00
7.00	Inventory	10,455	0	0	0	7.00
8.00	Prepaid expenses	8,972	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,745,209	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,580,000	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	1,761,006	0	0	0	15.00
16.00	Less Accumulated depreciation	-1,150,206	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	90,630	0	0	0	19.00
20.00	Less: Accumulated depreciation	-9,441	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	156,111	0	0	0	23.00
24.00	Less: Accumulated depreciation	-78,042	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	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	2,350,058	0	0	0	28.00
	OTHER ASSETS					
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	4,095,267	0	0	0	34.00
	Liabilities and Fund Balances					
	CURRENT LIABILITIES					
35.00	Accounts payable	520,774	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	752,690	0	0	0	41.00
42.00	Other current liabilities	340,472	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,613,936	0	0	0	43.00
	LONG TERM LIABILITIES					
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	RESIDENT PNA	178,930	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	178,930	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	1,792,866	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	2,302,401				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	2,302,401	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	4,095,267	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G-1 | Date/Time Prepared: 5/19/2022 8:20 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		2,773,787		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-471,386				2.00
3.00	Total (sum of line 1 and line 2)		2,302,401		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,302,401		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		2,302,401		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider No.: 315101 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G-2 Parts I-II | Date/Time Prepared: 5/19/2022 8:20 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Care Services				
1.00	SKILLED NURSING FACILITY	14,041,715		14,041,715	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)	14,041,715		14,041,715	5.00
	All Other Care Services				
6.00	ANCILLARY SERVICES	967,061	0	967,061	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)	15,008,776	0	15,008,776	14.00

	Cost Center Description				
			1.00	2.00	
	PART II - OPERATING EXPENSES				
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			12,162,380	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)			12,162,380	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider No.: 315101	Period: From 01/01/2021 To 12/31/2021	Worksheet G-3 Date/Time Prepared: 5/19/2022 8:20 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	15,008,776	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,355,203	2.00
3.00	Net patient revenues (Line 1 minus line 2)	10,653,573	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	12,162,380	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-1,508,807	5.00
	Other income:		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,409	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 REVENUE	133,000	24.00
24.50	COVID-19 PHE Funding	902,012	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,037,421	25.00
26.00	Total (Line 5 plus line 25)	-471,386	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)	-471,386	31.00