

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: 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/24/2022 2:53 pm
---	----------------------	---	--

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HACKENSACK MERIDIAN N&R AT BAYSHORE (315252) 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 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	-15,336	2,333	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	-15,336	2,333	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete and review the information collection is estimated 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 2:53 pm					
1.00		2.00		3.00					
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 715 NORTH BEERS STREET	PO Box:				1.00			
2.00	City: HOLMDEL	State: NJ	Zip Code: 07733			2.00			
3.00	County: MONMOUTH	CBSA Code: 35154	Urban/Rural: U			3.00			
3.01		CBSA Code:				3.01			
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
		1.00	2.00	3.00	V	XVIII	XIX		
					4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	HACKENSACK MERIDIAN N&R AT BAYSHORE	315252	01/01/1988	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based 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:				
14.00	Cost Reporting Period (mm/dd/yyyy)			1.00	2.00				
15.00	Type of Control (See Instructions)			01/01/2021	12/31/2021	2	LLC		
						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						1,015,137	20.00	
21.00	Declining Balance						0	21.00	
22.00	Sum of the Year's Digits						0	22.00	
23.00	Sum of line 20 through 22						1,015,137	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC						N		33.00
34.00	SNF-Based FQHC								34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00	2.00				
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y		37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00	
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:		0	0	0		41.00		

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

Provider No. : 315252

Period:
 From 01/01/2021
 To 12/31/2021

Worksheet S-2
 Part I
 Date/Time Prepared:
 5/24/2022 2:53 pm

		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?	Y	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.	H53670	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: HACKENSACK MERIDIAN HEALTH, INC.	Contractor's Name: NOVITAS	Contractor's Number: 12001
46.00	Street: 343 THORNALL STREET	PO Box:	
47.00	City: EDISON	State: NJ	Zip Code: 08837

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 2:53 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	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.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)		N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.		N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.		N		8.00
			Y/N		
			1.00		
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.			N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.			N	11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.			N	12.00
			Part A		Part B
			Description	Date	Y/N
			0	1.00	2.00
			1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	03/11/2022	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. : 315252

Period:
 From 01/01/2021
 To 12/31/2021

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2022 2:53 pm

		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.	KITTY	BLISSIT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	KITTY.BLISSIT@HCRNJ.NET	21.00

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

Provider No. : 315252

Period:
 From 01/01/2021
 To 12/31/2021

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2022 2:53 pm

		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.)	03/11/2022	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.	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

VOLUNTARY CONTACT INFORMATION

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-2
Part V
Date/Time Prepared:
5/24/2022 2:53 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	KITTY	1.00
2.00	Last Name	BLISSIT	2.00
3.00	Title		3.00
4.00	Employer	HEALTH CARE RESOURCES	4.00
5.00	Phone Number	6099871440	5.00
6.00	E-mail Address	KITTY.BLISSIT@HCRNJ.NET	6.00
7.00	Department		7.00
8.00	Mailing Address 1	12 ROSZEL ROAD	8.00
9.00	Mailing Address 2	C102	9.00
10.00	City	PRI NCETON	10.00
11.00	State		11.00
12.00	Zip	08540	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

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

Provider No. : 315252

Period:
 From 01/01/2021
 To 12/31/2021

Worksheet S-3
 Part I
 Date/Time Prepared:
 5/24/2022 2:53 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	232	84,680	0	7,855	36,436	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	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	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	232	84,680	0	7,855	36,436	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	10,989	55,280	0	321	86	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	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	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	10,989	55,280	0	321	86	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	323	730	0.00	24.47	423.67	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	323	730	0.00	24.47	423.67	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	75.73	0	348	63	309	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	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	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	75.73	0	348	63	309	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	720	234.70	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	720	234.70	0.00			8.00

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 2:53 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	12,899,882	0	12,899,882	488,340.00	26.42
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	12,899,882	0	12,899,882	488,340.00	26.42
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST					
9.00	CMHC					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	12,899,882	0	12,899,882	488,340.00	26.42
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	1,780,015	0	1,780,015	22,846.00	77.91
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	3,859,102	0	3,859,102		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	3,859,102	0	3,859,102		

SNF WAGE INDEX INFORMATION

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 2:53 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	885,054	0	885,054	34,797.00	2.00
3.00	Plant Operation, Maintenance & Repairs	91,603	0	91,603	3,695.00	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	4.00
5.00	Housekeeping	665,775	0	665,775	38,372.00	5.00
6.00	Dietary	1,341,664	0	1,341,664	69,495.00	6.00
7.00	Nursing Administration	1,323,364	0	1,323,364	31,667.00	7.00
8.00	Central Services and Supply	55,841	0	55,841	2,569.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	10.00
11.00	Social Service	159,736	0	159,736	5,830.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	280,655	0	280,655	16,983.00	13.00
14.00	Total (sum lines 1 thru 13)	4,803,692	0	4,803,692	203,408.00	14.00

SNF WAGE RELATED COSTS		Provider No. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 2:53 pm
				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	508,119		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)	2,375,191		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	975,792		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)		3,859,102	24.00
				Amount Reported
				1.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2022 2:53 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,295,974	387,701	1,683,675	31,709.00	53.10	1.00
2.00	Licensed Practical Nurses (LPNs)	2,214,551	662,501	2,877,052	70,243.00	40.96	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,668,052	798,169	3,466,221	139,853.00	24.78	3.00
4.00	Total Nursing (sum of lines 1 through 3)	6,178,577	1,848,371	8,026,948	241,805.00	33.20	4.00
5.00	Physical Therapists	715,768	214,128	929,896	14,876.00	62.51	5.00
6.00	Physical Therapy Assistants	76,850	22,990	99,840	2,098.00	47.59	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	525,238	157,129	682,367	12,935.00	52.75	8.00
9.00	Occupational Therapy Assistants	17,150	5,131	22,281	405.00	55.01	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	101,695	30,423	132,118	2,086.00	63.34	11.00
12.00	Respiratory Therapists	480,911	143,868	624,779	10,726.00	58.25	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)	357,914		357,914	3,709.00	96.50	14.00
15.00	Licensed Practical Nurses (LPNs)	809,027		809,027	9,814.00	82.44	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	439,153		439,153	7,973.00	55.08	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,606,094		1,606,094	21,496.00	74.72	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	173,921		173,921	1,350.00	128.83	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-7
Date/Time Prepared:
5/24/2022 2:53 pm

		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. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-7

Date/Time Prepared:
5/24/2022 2:53 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/24/2022 2:53 pm

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		1,067,846	1,067,846	12,558	1,080,404	1.00
3.00	00300						
		0	3,895,325	3,895,325	0	3,895,325	3.00
4.00	00400	885,054	-162,629	722,425	-12,558	709,867	4.00
5.00	00500	91,603	1,053,428	1,145,031	0	1,145,031	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	665,775	142,292	808,067	0	808,067	7.00
8.00	00800	1,341,664	973,864	2,315,528	0	2,315,528	8.00
9.00	00900	1,323,364	0	1,323,364	0	1,323,364	9.00
10.00	01000	55,841	0	55,841	0	55,841	10.00
12.00	01200	0	76,972	76,972	0	76,972	12.00
13.00	01300	159,736	12,272	172,008	0	172,008	13.00
15.00	01500	199,706	4,570	204,276	0	204,276	15.00
15.10	01510	80,949	0	80,949	0	80,949	15.10
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,178,578	2,605,138	8,783,716	0	8,783,716	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	75,194	75,194	0	75,194	40.00
41.00	04100	0	24,000	24,000	0	24,000	41.00
42.00	04200	0	204,735	204,735	0	204,735	42.00
43.00	04300	480,911	185,037	665,948	0	665,948	43.00
44.00	04400	792,618	7,183	799,801	0	799,801	44.00
45.00	04500	542,388	0	542,388	0	542,388	45.00
46.00	04600	101,695	0	101,695	0	101,695	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	106,061	106,061	0	106,061	48.00
49.00	04900	0	601,341	601,341	0	601,341	49.00
51.00	05100	0	47,992	47,992	0	47,992	51.00
OTHER REIMBURSABLE COST CENTERS							
71.00	07100	0	29,148	29,148	0	29,148	71.00
SPECIAL PURPOSE COST CENTERS							
81.00	08100	0	0	0	0	0	81.00
82.00	08200	0	0	0	0	0	82.00
83.00	08300	0	0	0	0	0	83.00
89.00		12,899,882	10,949,769	23,849,651	0	23,849,651	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	12,268	12,268	0	12,268	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
100.00		12,899,882	10,962,037	23,861,919	0	23,861,919	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/24/2022 2:53 pm

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	-3,554	1,076,850	1.00
3.00	00300	EMPLOYEE BENEFITS	0	3,895,325	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,279,468	1,989,335	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	1,145,031	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	6.00
7.00	00700	HOUSEKEEPING	0	808,067	7.00
8.00	00800	DIETARY	0	2,315,528	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,323,364	9.00
10.00	01000	CENTRAL SERVICE & SUPPLY	0	55,841	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	76,972	12.00
13.00	01300	SOCIAL SERVICE	0	172,008	13.00
15.00	01500	PATIENT ACTIVITIES	0	204,276	15.00
15.10	01510	REHAB TECH	0	80,949	15.10
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	15,771	8,799,487	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	75,194	40.00
41.00	04100	LABORATORY	-178	23,822	41.00
42.00	04200	INTRAVENOUS THERAPY	19,971	224,706	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	665,948	43.00
44.00	04400	PHYSICAL THERAPY	-818	798,983	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	542,388	45.00
46.00	04600	SPEECH PATHOLOGY	0	101,695	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	245	106,306	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	71,560	672,901	49.00
51.00	05100	SUPPORT SURFACES	0	47,992	51.00
OTHER REIMBURSABLE COST CENTERS					
71.00	07100	AMBULANCE	2,061	31,209	71.00
SPECIAL PURPOSE COST CENTERS					
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	1,384,526	25,234,177	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	12,268	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	ASSISTED LIVING	0	0	95.00
100.00		TOTAL	1,384,526	25,246,445	100.00

RECLASSIFICATIONS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/24/2022 2:53 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) A - LIABILITY INSURANCE					
		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	12,558	1.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	12,558	100.00

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

Provider No. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet A-6 Date/Time Prepared: 5/24/2022 2:53 pm
-----------------------	---	---

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
	(1) A - LIABILITY INSURANCE	6.00	7.00	8.00	9.00	
1.00		ADMINISTRATIVE & GENERAL	4.00	0	12,558	1.00
100.00	TOTALS			0	12,558	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. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7

Date/Time Prepared:
5/24/2022 2:53 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	1,454,216	0	0	0	0	1.00
2.00 Land Improvements	969,310	38,903	0	38,903	0	2.00
3.00 Buildings and Fixtures	10,789,189	0	0	0	1,379	3.00
4.00 Building Improvements	0	0	0	0	0	4.00
5.00 Fixed Equipment	1,403,984	0	0	0	0	5.00
6.00 Movable Equipment	2,841,540	22,829	0	22,829	0	6.00
7.00 Subtotal (sum of lines 1-6)	17,458,239	61,732	0	61,732	1,379	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	17,458,239	61,732	0	61,732	1,379	9.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	1,454,216	0				
2.00 Land Improvements	1,008,213	0				
3.00 Buildings and Fixtures	10,787,810	0				
4.00 Building Improvements	0	0				
5.00 Fixed Equipment	1,403,984	0				
6.00 Movable Equipment	2,864,369	0				
7.00 Subtotal (sum of lines 1-6)	17,518,592	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	17,518,592	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/24/2022 2:53 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line No.	
			1.00	2.00	3.00	4.00
1.00 Investment income on restricted funds (chapter 2)		0			0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00 Television and radio service (chapter 21)		0			0.00	6.00
7.00 Parking lot (chapter 21)		0			0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0				8.00
9.00 Home office cost (chapter 21)		0			0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	1,475,536				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	B	-2,226	ADMINISTRATIVE & GENERAL		4.00	18.00
19.00 Vending machines		0			0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW - SNF		82.00	22.00
23.00 Depreciation--buildings and fixtures			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 DEPRECIATION BUILDING	A	-3,554	CAP REL COSTS - BLDGS & FIXTURES		1.00	25.01
25.02 MARKETING	A	-65,531	ADMINISTRATIVE & GENERAL		4.00	25.02
25.03 REBATE REVENUE	B	-500	ADMINISTRATIVE & GENERAL		4.00	25.03
25.04 PHYSICIAN SERVICES	A	-132	SKILLED NURSING FACILITY		30.00	25.04
25.05 COMMUNITY RELATIONS	A	-980	ADMINISTRATIVE & GENERAL		4.00	25.05
25.07 BAD DEBTS	A	-18,087	ADMINISTRATIVE & GENERAL		4.00	25.07
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		1,384,526				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. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1
Parts I-11
Date/Time Prepared:
5/24/2022 2:53 pm

		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	HOME OFFICE & CHARITY CARE	1.00
2.00		4.00	ADMINISTRATIVE & GENERAL	FACILITY MANAGEMENT	2.00
3.00		3.00	EMPLOYEE BENEFITS	EMPLOYEE HEALTH & WELFARE	3.00
4.00		41.00	LABORATORY	LAB	4.00
5.00		71.00	AMBULANCE	AMBULANCE	5.00
6.00		30.00	SKILLED NURSING FACILITY	CONTRACT NURSING	6.00
7.00		44.00	PHYSICAL THERAPY	MINOR EQUIPMENT	7.00
8.00		30.00	SKILLED NURSING FACILITY	OTC (NON-LEGEND DRUGS)	8.00
9.00		49.00	DRUGS CHARGED TO PATIENTS	PHARMACY EXP (LEGEND DRUGS)	9.00
9.01		42.00	INTRAVENOUS THERAPY	SOLUTIONS I V	9.01
9.02		48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	MEDICAL SUPPLIES	9.02
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		1,008,194	-473,842	1,482,036	1.00
2.00		587,056	702,300	-115,244	2.00
3.00		2,375,191	2,375,191	0	3.00
4.00		23,822	24,000	-178	4.00
5.00		21,852	19,791	2,061	5.00
6.00		93,065	86,693	6,372	6.00
7.00		3,755	4,573	-818	7.00
8.00		89,623	80,092	9,531	8.00
9.00		672,901	601,341	71,560	9.00
9.01		187,798	167,827	19,971	9.01
9.02		2,311	2,066	245	9.02
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	5,065,568	3,590,032	1,475,536	10.00

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

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1
Parts I-III
Date/Time Prepared:
5/24/2022 2:53 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

1.00	B	HACKENSACK MERIDIAN HEALTH, INC.	100.00	1.00
2.00			0.00	2.00
3.00	B	HACKENSACK MERIDIAN HEALTH, INC.	100.00	3.00
4.00	B	PINELES GROUP	25.00	4.00
5.00	B	HACKENSACK MERIDIAN HEALTH VENTURES	50.00	5.00
6.00	B	BAKER GROUP	25.00	6.00
7.00	B	HACKENSACK MERIDIAN HEALTH, INC.	100.00	7.00
8.00	B	HACKENSACK MERIDIAN HEALTH, INC.	100.00	8.00
9.00	B	HMH RESIDENTIAL CARE INC.	100.00	9.00
10.00	B	HACKENSACK MERIDIAN HEALTH, INC.	100.00	10.00
10.05	B	HACKENSACK MERIDIAN HEALTH, INC.	100.00	10.05
10.06	B	HACKENSACK MERIDIAN HEALTH, INC.	100.00	10.06
100.00	G. Other (financial or non-financial) specify:		0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

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

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

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

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

1.00		HMH HOSPITAL CORP	0.00	HEALTHCARE	1.00
2.00			0.00		2.00
3.00		HACKENSACK MERIDIAN HEALTH VENTURES	0.00	MANAGEMENT	3.00
4.00		OCM	0.00	MANAGEMENT	4.00
5.00		OCM	0.00	MANAGEMENT	5.00
6.00		OCM	0.00	MANAGEMENT	6.00
7.00		JFK EMS	0.00	AMBULANCE	7.00
8.00		HMH RESIDENTIAL CARE INC.	0.00	HOME CARE	8.00
9.00		HEALTH INNOVATIONS UNLIMITED	0.00	SUPPLIES	9.00
10.00		POST ACUTE PHARMACY	0.00	OTC, IV, PRESCRIPTION DRUGS	10.00
10.05		BAYSHORE HEALTH CARE CENTER	0.00	NURSING FACILITY	10.05
10.06		JSUMC	0.00	HEALTHCARE	10.06
100.00	G. Other (financial or non-financial) specify:		0.00		100.00

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

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1
Parts I-II
Date/Time Prepared:
5/24/2022 2:53 pm

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

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	3.00	3A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	1,076,850	1,076,850			1.00
3.00 00300	EMPLOYEE BENEFITS	3,895,325	0	3,895,325		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	1,989,335	58,413	267,256	2,315,004	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,145,031	18,010	27,661	1,190,702	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	24,848	0	24,848	6.00
7.00 00700	HOUSEKEEPING	808,067	5,385	201,041	1,014,493	7.00
8.00 00800	DIETARY	2,315,528	76,045	405,137	2,796,710	8.00
9.00 00900	NURSING ADMINISTRATION	1,323,364	40,977	399,611	1,763,952	9.00
10.00 01000	CENTRAL SERVICE & SUPPLY	55,841	0	16,862	72,703	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	76,972	0	0	76,972	12.00
13.00 01300	SOCIAL SERVICE	172,008	3,529	48,235	223,772	13.00
15.00 01500	PATIENT ACTIVITIES	204,276	50,892	84,748	339,916	15.00
15.10 01510	REHAB TECH	80,949	0	0	80,949	15.10
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	8,799,487	784,392	1,865,720	11,449,599	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	75,194	0	0	75,194	40.00
41.00 04100	LABORATORY	23,822	0	0	23,822	41.00
42.00 04200	INTRAVENOUS THERAPY	224,706	0	0	224,706	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	665,948	0	145,219	811,167	43.00
44.00 04400	PHYSICAL THERAPY	798,983	6,154	239,344	1,044,481	44.00
45.00 04500	OCCUPATIONAL THERAPY	542,388	6,154	163,783	712,325	45.00
46.00 04600	SPEECH PATHOLOGY	101,695	0	30,708	132,403	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	106,306	0	0	106,306	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	672,901	0	0	672,901	49.00
51.00 05100	SUPPORT SURFACES	47,992	0	0	47,992	51.00
OTHER REIMBURSABLE COST CENTERS						
71.00 07100	AMBULANCE	31,209	0	0	31,209	71.00
SPECIAL PURPOSE COST CENTERS						
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	25,234,177	1,074,799	3,895,325	25,232,126	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	12,268	2,051	0	14,319	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	ASSISTED LIVING	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	25,246,445	1,076,850	3,895,325	25,246,445	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 2:53 pm

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	1,310,907				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	32,559	59,915			6.00
7.00	00700	HOUSEKEEPING	7,056	0	1,123,965		7.00
8.00	00800	DIETARY	99,645	0	88,098	3,266,789	8.00
9.00	00900	NURSING ADMINISTRATION	53,694	0	47,472	0	2,043,194
10.00	01000	CENTRAL SERVICE & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	4,624	0	4,088	0	13.00
15.00	01500	PATIENT ACTIVITIES	66,686	0	58,958	0	15.00
15.10	01510	REHAB TECH	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,027,827	59,915	908,715	3,266,789	2,043,194
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	8,064	0	7,129	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	8,064	0	7,129	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS							
71.00	07100	AMBULANCE	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS							
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	1,308,219	59,915	1,121,589	3,266,789	2,043,194
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	2,688	0	2,376	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	ASSISTED LIVING	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	1,310,907	59,915	1,123,965	3,266,789	2,043,194

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				PATIENT ACTIVITIES	REHAB TECH	
				10.00	12.00	
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 SERVICE & SUPPLY	80,043				10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	84,743			12.00
13.00 01300	SOCIAL SERVICE	0	0	255,074		13.00
15.00 01500	PATIENT ACTIVITIES	0	0	0	499,876	15.00
15.10 01510	REHAB TECH	0	0	0	0	89,121 15.10
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	25,623	84,743	255,074	160,019	0 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	0 40.00
41.00 04100	LABORATORY	0	0	0	0	0 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0 43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	0	49,366 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	33,478 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	6,277 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,159	0	0	50,955	0 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	46,261	0	0	288,902	0 49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00
OTHER REIMBURSABLE COST CENTERS						
71.00 07100	AMBULANCE	0	0	0	0	0 71.00
SPECIAL PURPOSE COST CENTERS						
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
89.00	SUBTOTALS (sum of lines 1-84)	80,043	84,743	255,074	499,876	89,121 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0 94.00
95.00 09500	ASSISTED LIVING	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	80,043	84,743	255,074	499,876	89,121 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description		Subtotal	Post Stepdown Adjustments	Total	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
3.00	00300				3.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
12.00	01200				12.00
13.00	01300				13.00
15.00	01500				15.00
15.10	01510				15.10
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	20,437,376	0	20,437,376	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	82,785	0	82,785	40.00
41.00	04100	26,227	0	26,227	41.00
42.00	04200	247,391	0	247,391	42.00
43.00	04300	893,057	0	893,057	43.00
44.00	04400	1,214,483	0	1,214,483	44.00
45.00	04500	832,907	0	832,907	45.00
46.00	04600	152,046	0	152,046	46.00
47.00	04700	0	0	0	47.00
48.00	04800	176,152	0	176,152	48.00
49.00	04900	1,075,995	0	1,075,995	49.00
51.00	05100	52,837	0	52,837	51.00
OTHER REIMBURSABLE COST CENTERS					
71.00	07100	34,360	0	34,360	71.00
SPECIAL PURPOSE COST CENTERS					
81.00	08100				81.00
82.00	08200				82.00
83.00	08300	0	0	0	83.00
89.00		25,225,616	0	25,225,616	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	0	0	0	90.00
91.00	09100	20,829	0	20,829	91.00
92.00	09200	0	0	0	92.00
93.00	09300	0	0	0	93.00
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00
98.00		0	0	0	98.00
99.00		0	0	0	99.00
100.00		25,246,445	0	25,246,445	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		0	BLDGS & FIXTURES				
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	58,413	58,413	0	58,413	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	18,010	18,010	0	3,033	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	24,848	24,848	0	63	6.00
7.00 00700	HOUSEKEEPING	0	5,385	5,385	0	2,584	7.00
8.00 00800	DIETARY	0	76,045	76,045	0	7,123	8.00
9.00 00900	NURSING ADMINISTRATION	0	40,977	40,977	0	4,493	9.00
10.00 01000	CENTRAL SERVICE & SUPPLY	0	0	0	0	185	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	196	12.00
13.00 01300	SOCIAL SERVICE	0	3,529	3,529	0	570	13.00
15.00 01500	PATIENT ACTIVITIES	0	50,892	50,892	0	866	15.00
15.10 01510	REHAB TECH	0	0	0	0	206	15.10
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	SKILLED NURSING FACILITY	0	784,392	784,392	0	29,170	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00 04000	RADIOLOGY	0	0	0	0	192	40.00
41.00 04100	LABORATORY	0	0	0	0	61	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	572	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	2,066	43.00
44.00 04400	PHYSICAL THERAPY	0	6,154	6,154	0	2,660	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	6,154	6,154	0	1,814	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	337	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	271	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,714	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	122	51.00
OTHER REIMBURSABLE COST CENTERS							
71.00 07100	AMBULANCE	0	0	0	0	79	71.00
SPECIAL PURPOSE COST CENTERS							
81.00 08100	INTEREST EXPENSE						81.00
82.00 08200	UTILIZATION REVIEW - SNF						82.00
83.00 08300	HOSPICE	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,074,799	1,074,799	0	58,377	89.00
NONREIMBURSABLE COST CENTERS							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	2,051	2,051	0	36	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	ASSISTED LIVING	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments			0			98.00
99.00	Negative Cost Centers			0			99.00
100.00	TOTAL	0	1,076,850	1,076,850	0	58,413	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 2:53 pm

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	21,043				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	523	25,434			6.00
7.00	00700	HOUSEKEEPING	113	0	8,082		7.00
8.00	00800	DIETARY	1,600	0	633	85,401	8.00
9.00	00900	NURSING ADMINISTRATION	862	0	341	0	46,673
10.00	01000	CENTRAL SERVICE & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	74	0	29	0	13.00
15.00	01500	PATIENT ACTIVITIES	1,070	0	424	0	15.00
15.10	01510	REHAB TECH	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	16,500	25,434	6,536	85,401	46,673
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	129	0	51	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	129	0	51	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS							
71.00	07100	AMBULANCE	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS							
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	21,000	25,434	8,065	85,401	46,673
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	43	0	17	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	ASSISTED LIVING	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	21,043	25,434	8,082	85,401	46,673

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				PATIENT ACTIVITIES	REHAB TECH	
				10.00	12.00	
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 SERVICE & SUPPLY	185				10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	196			12.00
13.00 01300	SOCIAL SERVICE	0	0	4,202		13.00
15.00 01500	PATIENT ACTIVITIES	0	0	0	53,252	15.00
15.10 01510	REHAB TECH	0	0	0	0	206 15.10
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	59	196	4,202	17,047	0 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	0 40.00
41.00 04100	LABORATORY	0	0	0	0	0 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0 43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	0	113 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	78 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	15 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	19	0	0	5,428	0 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	107	0	0	30,777	0 49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00
OTHER REIMBURSABLE COST CENTERS						
71.00 07100	AMBULANCE	0	0	0	0	0 71.00
SPECIAL PURPOSE COST CENTERS						
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
89.00	SUBTOTALS (sum of lines 1-84)	185	196	4,202	53,252	206 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0 94.00
95.00 09500	ASSISTED LIVING	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	185	196	4,202	53,252	206 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description		Subtotal	Post Step-Down Adjustments	Total	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
3.00	00300				3.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
12.00	01200				12.00
13.00	01300				13.00
15.00	01500				15.00
15.10	01510				15.10
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,015,610	0	1,015,610	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	192	0	192	40.00
41.00	04100	61	0	61	41.00
42.00	04200	572	0	572	42.00
43.00	04300	2,066	0	2,066	43.00
44.00	04400	9,107	0	9,107	44.00
45.00	04500	8,226	0	8,226	45.00
46.00	04600	352	0	352	46.00
47.00	04700	0	0	0	47.00
48.00	04800	5,718	0	5,718	48.00
49.00	04900	32,598	0	32,598	49.00
51.00	05100	122	0	122	51.00
OTHER REIMBURSABLE COST CENTERS					
71.00	07100	79	0	79	71.00
SPECIAL PURPOSE COST CENTERS					
81.00	08100				81.00
82.00	08200				82.00
83.00	08300	0	0	0	83.00
89.00		1,074,703	0	1,074,703	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	0	0	0	90.00
91.00	09100	2,147	0	2,147	91.00
92.00	09200	0	0	0	92.00
93.00	09300	0	0	0	93.00
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00
98.00		0	0	0	98.00
99.00		0	0	0	99.00
100.00		1,076,850	0	1,076,850	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
	BLDGS & FIXTURES (SQUARE FEET)					
	1.00	3.00	4A	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	88,193				1.00
3.00 00300	EMPLOYEE BENEFITS	0	12,899,882			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	4,784	885,054	-2,315,004	22,931,441	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,475	91,603	0	1,190,702	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	2,035	0	0	24,848	6.00
7.00 00700	HOUSEKEEPING	441	665,775	0	1,014,493	7.00
8.00 00800	DIETARY	6,228	1,341,664	0	2,796,710	8.00
9.00 00900	NURSING ADMINISTRATION	3,356	1,323,364	0	1,763,952	9.00
10.00 01000	CENTRAL SERVICE & SUPPLY	0	55,841	0	72,703	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	76,972	12.00
13.00 01300	SOCIAL SERVICE	289	159,736	0	223,772	13.00
15.00 01500	PATIENT ACTIVITIES	4,168	280,655	0	339,916	15.00
15.10 01510	REHAB TECH	0	0	0	80,949	15.10
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	64,241	6,178,578	0	11,449,599	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	75,194	40.00
41.00 04100	LABORATORY	0	0	0	23,822	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	224,706	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	480,911	0	811,167	43.00
44.00 04400	PHYSICAL THERAPY	504	792,618	0	1,044,481	44.00
45.00 04500	OCCUPATIONAL THERAPY	504	542,388	0	712,325	45.00
46.00 04600	SPEECH PATHOLOGY	0	101,695	0	132,403	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	106,306	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	672,901	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	47,992	51.00
OTHER REIMBURSABLE COST CENTERS						
71.00 07100	AMBULANCE	0	0	0	31,209	71.00
SPECIAL PURPOSE COST CENTERS						
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	88,025	12,899,882	-2,315,004	22,917,122	81,766
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	168	0	0	14,319	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	ASSISTED LIVING	0	0	0	0	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,076,850	3,895,325		2,315,004	1,310,907
103.00	Unit cost multiplier (Wkst. B, Part I)	12.210153	0.301966		0.100953	15.999548
104.00	Cost to be allocated (per Wkst. B, Part II)		0		58,413	21,043
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.002547	0.256829

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	
		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	55,280				6.00
7.00	00700	HOUSEKEEPING	0	79,458			7.00
8.00	00800	DIETARY	0	6,228	165,840		8.00
9.00	00900	NURSING ADMINISTRATION	0	3,356	0	263,301	9.00
10.00	01000	CENTRAL SERVICE & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	1,040,476	12.00
13.00	01300	SOCIAL SERVICE	0	289	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	4,168	0	0	15.00
15.10	01510	REHAB TECH	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	55,280	64,241	165,840	263,301	333,074
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	504	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	504	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	106,061	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	601,341	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS							
71.00	07100	AMBULANCE	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS							
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	55,280	79,290	165,840	263,301	1,040,476
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	168	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	ASSISTED LIVING	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)	59,915	1,123,965	3,266,789	2,043,194	80,043
103.00		Unit cost multiplier (Wkst. B, Part I)	1.083846	14.145398	19.698438	7.759917	0.076929
104.00		Cost to be allocated (per Wkst. B, Part II)	25,434	8,082	85,401	46,673	185
105.00		Unit cost multiplier (Wkst. B, Part II)	0.460094	0.101714	0.514960	0.177261	0.000178

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	OTHER GENERAL SERVICE			
			PATIENT ACTIVITIES (PATIENT DAYS)	REHAB TECH (DIRECT COST)		
			12.00	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 SERVICE & SUPPLY					10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	55,280				12.00
13.00 01300	SOCIAL SERVICE	0	55,280			13.00
15.00 01500	PATIENT ACTIVITIES	0	0	1,040,476		15.00
15.10 01510	REHAB TECH	0	0	0	1,443,884	15.10
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	55,280	55,280	333,074	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	799,801	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	542,388	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	101,695	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	106,061	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	601,341	0	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS						
71.00 07100	AMBULANCE	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS						
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	55,280	55,280	1,040,476	1,443,884	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	ASSISTED LIVING	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)	84,743	255,074	499,876	89,121	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	1.532978	4.614219	0.480430	0.061723	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	196	4,202	53,252	206	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.003546	0.076013	0.051180	0.000143	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet C

Date/Time Prepared:
5/24/2022 2:53 pm

Cost Center Description			Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	82,785	72,303	1.144973	40.00
41.00	04100	LABORATORY	26,227	0	0.000000	41.00
42.00	04200	INTRAVENOUS THERAPY	247,391	277,510	0.891467	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	893,057	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	1,214,483	1,513,095	0.802648	44.00
45.00	04500	OCCUPATIONAL THERAPY	832,907	1,462,478	0.569518	45.00
46.00	04600	SPEECH PATHOLOGY	152,046	218,994	0.694293	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,152	106,061	1.660856	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1,075,995	556,922	1.932039	49.00
51.00	05100	SUPPORT SURFACES	52,837	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS						
71.00	07100	AMBULANCE	34,360	0	0.000000	71.00
100.00		Total	4,788,240	4,207,363		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part I
Date/Time Prepared:
5/24/2022 2:53 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST						
ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADIOLOGY	1.144973	23,889	0	27,352	0 40.00
41.00	04100 LABORATORY	0.000000	0	0	0	0 41.00
42.00	04200 INTRAVENOUS THERAPY	0.891467	89,455	0	79,746	0 42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0 43.00
44.00	04400 PHYSICAL THERAPY	0.802648	720,391	0	578,220	0 44.00
45.00	04500 OCCUPATIONAL THERAPY	0.569518	722,635	0	411,554	0 45.00
46.00	04600 SPEECH PATHOLOGY	0.694293	99,390	0	69,006	0 46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.660856	0	0	0	0 48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.932039	142,811	0	275,916	0 49.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0 51.00
OUTPATIENT SERVICE COST CENTERS						
71.00	07100 AMBULANCE (2)	0.000000		0		0 71.00
100.00	Total (Sum of lines 40 - 71)		1,798,571	0	1,441,794	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. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/24/2022 2:53 pm
		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)		1.932039	1.00
2.00		Program vaccine charges (From your records, or the PS&R)		4,242	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)		8,196	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	82,785	0	0.000000	27,352	0	40.00
41.00	04100	LABORATORY	26,227	0	0.000000	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	247,391	0	0.000000	79,746	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	893,057	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,214,483	0	0.000000	578,220	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	832,907	0	0.000000	411,554	0	45.00
46.00	04600	SPEECH PATHOLOGY	152,046	0	0.000000	69,006	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,152	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1,075,995	0	0.000000	275,916	0	49.00
51.00	05100	SUPPORT SURFACES	52,837	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	4,753,880	0		1,441,794	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-III Date/Time Prepared: 5/24/2022 2:53 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		55,280	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		7,855	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		20,437,376	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		23,818,465	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.858048	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)		20,437,376	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		369.71	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,904,072	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)		2,904,072	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		1,015,610	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		18.37	21.00
22.00	Program capital related cost (Line 3 times line 21)		144,296	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,759,776	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)		2,759,776	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		55,280	1.00
2.00	Program inpatient days (see instructions)		7,855	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)		0.142095	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. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 5/24/2022 2:53 pm
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		5,896,404	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)		5,896,404	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		0	5.00
6.00	Allowable bad debts (From your records)		647,395	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		278,213	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		133,460	8.00
9.00	Recovery of bad debts - for statistical records only		180,838	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		0	11.00
12.00	Interim payments (See instructions)		5,429,847	12.00
13.00	Tentative adjustment		5,445,183	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)		0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		-15,336	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)		8,196	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		8,196	19.00
20.00	Medicare Part B ancillary charges (See instructions)		4,242	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		4,242	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)		4,242	25.00
26.00	Interim payments (See instructions)		1,909	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)		2,333	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. : 315252	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 5/24/2022 2:53 pm	
		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				
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		5,392,077		1,909
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/10/2021	53,106		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		53,106		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		5,445,183		1,909
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	PROGRAM TO PROVIDER		0		2,333
6.02	PROVIDER TO PROGRAM		15,336		0
7.00	Total Medicare program liability (see instructions)		5,429,847		4,242
			Contractor Name		Contractor Number
			1.00	2.00	
8.00	Name of Contractor				

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

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

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/24/2022 2:53 pm

		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	0	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	0	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	0	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Less: Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	0	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)	0	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	0	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	0	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	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	0	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	0	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	0	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	0	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/24/2022 2:53 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-126,197		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		126,197			2.00
3.00	Total (sum of line 1 and line 2)		0		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		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	ROUNDING	0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		0		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments)					4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00	ROUNDING		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. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-2
Parts I-III
Date/Time Prepared:
5/24/2022 2:53 pm

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	23,818,465		23,818,465	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)	23,818,465		23,818,465	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	4,207,361	0	4,207,361	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	ROUTINE CHARGES / BED HOLD	294,683	0	294,683	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	28,320,509	0	28,320,509	14.00
Cost Center Description					
			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			23,861,919	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)			23,861,919	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315252

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/24/2022 2:53 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	28,320,509	1.00
2.00	Less: contractual allowances and discounts on patients accounts	7,348,638	2.00
3.00	Net patient revenues (Line 1 minus line 2)	20,971,871	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	23,861,919	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,890,048	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	23,826	6.00
7.00	Income from investments	2,767	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	500	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	0	24.00
24.01	PRIOR YEAR	-8,981	24.01
24.02	NON PATIENT REVENUE	787,382	24.02
24.03	BARBER BEAUTY	13,068	24.03
24.50	COVID-19 PHE Funding	2,197,683	24.50
25.00	Total other income (Sum of lines 6 - 24)	3,016,245	25.00
26.00	Total (Line 5 plus line 25)	126,197	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)	126,197	31.00