

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
JFK HARTWYCK AT OAK TREE Provider CCN: 315251	Period: From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1



**SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
 COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

**Worksheet S
 Parts I, II & III**

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report. 3.01. <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date:	Time:
Contractor use only:	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No.: _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN
		8. <input type="checkbox"/> Last Cost Report for this Provider CCN	9. NPR Date: _____
		10. If line 4, column 1 is "4": Enter number of times reopened <u>0</u>	11. Contractor Vendor Code: <u>4</u>
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by JFK HARTWYCK AT OAK TREE, 315251 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.


	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	1	2		
1	<i>Richard Hand</i>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name: RICHARD HAND			2
3	Signatory Title: SVP FINANCE			3
4	Signature Date: (Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

	Cost Center Description	Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	-31,628	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	-31,628	0	0	100.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated 202 hours per response, including the time to review instructions, search existing data 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 this 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.

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

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

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:							
1.00	Street:	2048 OAKTREE ROAD	P.O. Box:				1.00
2.00	City:	EDISON	State:	NJ	ZIP Code:	08820	2.00
3.00	County:	MIDDLESEX	CBSA Code:	35154	Urban / Rural:	U	3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		0				3.01


SNF and SNF-Based Component Identification:								
Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
				V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	JFK HARTWYCK AT OAK TREE	315251	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:				
			1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)		01/01/2024		12/31/2024			14.00
15.00	Type of Control (See Instructions)	2 - Voluntary Nonprofit, Other						15.00
							Y/N	
							1.00	

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

Miscellaneous Cost Reporting Information				
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.		N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.		N	19.01

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.				
20.00	Straight Line		1	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	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	29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA		N	N	32.00
33.00	SNF-Based RHC				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)		N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)		N		38.00

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

Worksheet S-2
Part I
PPS

					Y/N			
					1.00	2.00		
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
					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	
					Provider CCN			
					1.00			
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	
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	Contractor Name:	NOVITAS SOLUTIONS	Contractor Number:	12401	45.00	
46.00	Street:	343 THORNALL STREET	P.O. Box:				46.00	
47.00	City:	EDISON	State:	NJ	ZIP Code:	08837	47.00	

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Provider CCN: 315251				

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

Worksheet S-2
Part II
PPS

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

		Y/N	Date	
		1.00	2.00	
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
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	Description	Part A		Part B	
		Y/N	Date	Y/N	Date
	0	1.00	2.00	3.00	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.)	Y	05/02/2025	Y	05/02/2025	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
		1.00	2.00	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.	VARIOUS	VARIOUS	STAFF	19.00
20.00	Enter the employer/company name of the cost report preparer.	HUBCO HEALTH CARE GROUP			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2154500303	AQUINTO@HUBCO.NET		21.00


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

Worksheet S-3
Part I
PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					Discharges					
				Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	120	43,920	0	5,590	15,711	13,316	34,617	0	261	101	372	734	1.00
2.00	NURSING FACILITY	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	ICF/IID													3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	60	21,960				715	715				1	1	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE													7.00
8.00	Total (Sum of lines 1-7)	180	65,880	0	5,590	15,711	14,031	35,332	0	261	101	373	735	8.00

	Component	Average Length of Stay				Admissions					Full Time Equivalent		
		Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	
1.00	SKILLED NURSING FACILITY	0.00	21.42	155.55	47.16	0	257	92	389	738	151.98	0.00	1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00	2.00
3.00	ICF/IID												3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00	4.00
5.00	Other Long Term Care				715.00				0	0	0.96	0.00	5.00
6.00	SNF-Based CMHC										0.00	0.00	6.00
7.00	HOSPICE												7.00
8.00	Total (Sum of lines 1-7)	0.00	21.42	155.55	48.07	0	257	92	389	738	152.94	0.00	8.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
PPS

PART II - DIRECT SALARIES							
		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	
SALARIES							
1.00	Total salaries (See Instructions)	11,844,502	0	11,844,502	318,126.00	37.23	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	11,844,502	0	11,844,502	318,126.00	37.23	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE						10.00
11.00	Other excluded areas	13,593	0	13,593	365.00	37.24	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	13,593	0	13,593	365.00	37.24	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	11,830,909	0	11,830,909	317,761.00	37.23	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	6,723,132	0	6,723,132	97,793.00	68.75	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	3,345,027	0	3,345,027			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	3,839	0	3,839			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	3,341,188	0	3,341,188			22.00


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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS


PART III - OVERHEAD COST - DIRECT SALARIES							
		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	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	824,912	0	824,912	21,059.00	39.17	2.00
3.00	Plant Operation, Maintenance & Repairs	419,121	0	419,121	14,151.00	29.62	3.00
4.00	Laundry & Linen Service	505,627	0	505,627	24,984.00	20.24	4.00
5.00	Housekeeping	0	0	0	0.00	0.00	5.00
6.00	Dietary	1,078,305	0	1,078,305	46,638.00	23.12	6.00
7.00	Nursing Administration	991,256	0	991,256	16,604.00	59.70	7.00
8.00	Central Services and Supply	39,473	0	39,473	2,061.00	19.15	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	664	0	664	25.00	26.56	10.00
11.00	Social Service	371,881	0	371,881	7,761.00	47.92	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	337,413	0	337,413	11,299.00	29.86	13.00
14.00	Total (sum lines 1 thru 13)	4,568,652	0	4,568,652	144,582.00	31.60	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS


PART IV - WAGE RELATED COSTS			Amount Reported	
			1.00	
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		425,611	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
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)		2,172,908	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		746,508	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)		3,345,027	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported 1.00	Fringe Benefits 2.00	Adjusted Salaries (col. 1 + col. 2) 3.00	Paid Hours Related to Salary in col. 3 4.00	Average Hourly Wage (col. 3 ÷ col. 4) 5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,631,193	460,668	2,091,861	28,227.00	74.11	1.00
2.00	Licensed Practical Nurses (LPNs)	1,532,827	432,888	1,965,715	38,254.00	51.39	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,015,816	286,878	1,302,694	39,066.00	33.35	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,179,836	1,180,434	5,360,270	105,547.00	50.79	4.00
5.00	Physical Therapists	765,076	216,066	981,142	14,309.00	68.57	5.00
6.00	Physical Therapy Assistants	84,623	23,899	108,522	2,231.00	48.64	6.00
7.00	Physical Therapy Aides	144,711	40,868	185,579	7,116.00	26.08	7.00
8.00	Occupational Therapists	804,774	227,278	1,032,052	16,879.00	61.14	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	95,056	26,845	121,901	4,979.00	24.48	10.00
11.00	Speech Therapists	385,719	108,932	494,651	8,093.00	61.12	11.00
12.00	Respiratory Therapists	785,506	221,836	1,007,342	14,390.00	70.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	1,062,217		1,062,217	11,612.00	91.48	14.00
15.00	Licensed Practical Nurses (LPNs)	1,959,440		1,959,440	26,557.00	73.78	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	3,543,874		3,543,874	58,010.00	61.09	16.00
17.00	Total Nursing (sum of lines 14 through 16)	6,565,531		6,565,531	96,179.00	68.26	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	157,601		157,601	1,614.00	97.65	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00


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Provider CCN: 315251	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	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

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA


Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
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
76.00	PA1		76.00
99.00	AAA		99.00
100.00			100.00
		Expenses	Percentage
		1.00	2.00
			Y/N
			3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing			101.00
102.00	Recruitment			102.00
103.00	Retention of employees			103.00
104.00	Training			104.00
105.00	OTHER (SPECIFY)			105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)			106.00


JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		2,940,011	2,940,011	0	2,940,011	-298,466	2,641,545	1.00
3.00	00300	EMPLOYEE BENEFITS	0	3,345,027	3,345,027	0	3,345,027	0	3,345,027	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	824,912	3,148,036	3,972,948	0	3,972,948	-631,509	3,341,439	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	419,121	846,711	1,265,832	0	1,265,832	-128,506	1,137,326	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	505,627	52,285	557,912	0	557,912	0	557,912	6.00
7.00	00700	HOUSEKEEPING	0	70,407	70,407	0	70,407	0	70,407	7.00
8.00	00800	DIETARY	1,078,305	956,993	2,035,298	0	2,035,298	0	2,035,298	8.00
9.00	00900	NURSING ADMINISTRATION	991,256	22,012	1,013,268	0	1,013,268	0	1,013,268	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	39,473	311,962	351,435	0	351,435	0	351,435	10.00
11.00	01100	PHARMACY	0	134,815	134,815	0	134,815	0	134,815	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	664	9,220	9,884	0	9,884	0	9,884	12.00
13.00	01300	SOCIAL SERVICE	371,881	0	371,881	0	371,881	0	371,881	13.00
15.00	01500	PATIENT ACTIVITIES	337,413	0	337,413	0	337,413	0	337,413	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	4,179,836	6,565,531	10,745,367	0	10,745,367	0	10,745,367	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	79,912	79,912	0	79,912	0	79,912	40.00
41.00	04100	LABORATORY	0	81,984	81,984	0	81,984	0	81,984	41.00
42.00	04200	INTRAVENOUS THERAPY	0	258,379	258,379	0	258,379	0	258,379	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	785,506	264,058	1,049,564	0	1,049,564	0	1,049,564	43.00
44.00	04400	PHYSICAL THERAPY	1,003,838	131,605	1,135,443	0	1,135,443	0	1,135,443	44.00
45.00	04500	OCCUPATIONAL THERAPY	905,845	0	905,845	0	905,845	0	905,845	45.00
46.00	04600	SPEECH PATHOLOGY	387,232	0	387,232	0	387,232	0	387,232	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	893,285	893,285	0	893,285	0	893,285	49.00
51.00	05100	SUPPORT SURFACES	0	74,374	74,374	0	74,374	0	74,374	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	06200	FQHC								62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00		SUBTOTALS (sum of lines 1-84)	11,830,909	20,186,607	32,017,516	0	32,017,516	-1,058,481	30,959,035	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	94.00
95.00	09500	ADULT DAY CARE/RESIDENTIAL	13,593	0	13,593	0	13,593	0	13,593	95.00
100.00		TOTAL	11,844,502	20,186,607	32,031,109	0	32,031,109	-1,058,481	30,972,628	100.00

JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm	
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RECLASSIFICATIONS

Worksheet A-6

PPS

	Increases				Decreases				
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))						0	0	100.00

- (1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
- (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.


JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm	
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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

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

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
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ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS


	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
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	353,788			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00	TAX PENALTY	A	-13,750	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	AMBULANCE	A	-1,264	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	BAD DEBTS	A	-970,283	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	RENTAL INCOME	B	-298,466	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.03
25.04	RENTAL INCOME	B	-128,506	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.04
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,058,481			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.

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1
Parts I & II
PPS

PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)		
1.00	2.00	3.00	4.00	5.00	6.00		
1.00	4.00	ADMINISTRATIVE & GENERAL	OTHER INSURANCE	48,442	48,442	0	1.00
2.00	3.00	EMPLOYEE BENEFITS	ALLOCATION EHW	1,721,796	1,721,796	0	2.00
3.00	3.00	EMPLOYEE BENEFITS	PENSION ANNUAL CORE ALLOCATION	172,456	172,456	0	3.00
4.00	3.00	EMPLOYEE BENEFITS	FRINGE BENEFIT REALLOCATION	451,112	451,112	0	4.00
5.00	4.00	ADMINISTRATIVE & GENERAL	DIRECTOR FEES	139,616	139,616	0	5.00
6.00	4.00	ADMINISTRATIVE & GENERAL	AMBULANCE SVS	0	14,640	-14,640	6.00
7.00	41.00	LABORATORY	LABORATORY SVS	19,723	19,723	0	7.00
8.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS PHARMACY LEGEND	863,774	863,774	0	8.00
9.00	42.00	INTRAVENOUS THERAPY	SOLUTIONS IV	254,504	254,504	0	9.00
9.01	4.00	ADMINISTRATIVE & GENERAL	HOSP CORP ALLOC CENTRAL SERV	1,164,459	796,031	368,428	9.01
9.02	4.00	ADMINISTRATIVE & GENERAL	HOSP CORP ALLOC ADMIN	468,253	468,253	0	9.02
9.03	11.00	PHARMACY	OTC NON LEGEND DRUGS	72,452	72,452	0	9.03
9.04	4.00	ADMINISTRATIVE & GENERAL	SALARY ALLOCATION	27,825	27,825	0	9.04
9.05	13.00	SOCIAL SERVICE	SALARY ALLOCATION	207,126	207,126	0	9.05
9.06	15.00	PATIENT ACTIVITIES	SALARY ALLOCATION	150,590	150,590	0	9.06
9.07	44.00	PHYSICAL THERAPY	SALARY ALLOCATION	515,636	515,636	0	9.07
9.08	45.00	OCCUPATIONAL THERAPY	SALARY ALLOCATION	594,396	594,396	0	9.08
9.09	46.00	SPEECH PATHOLOGY	SALARY ALLOCATION	308,875	308,875	0	9.09
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.			7,181,035	6,827,247	353,788	10.00

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 II 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Line No.	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership		Type of Business
1.00	B	2.00	3.00	4.00	5.00	6.00	
1.00	B		0.00	HMH NETWORK	0.00	HEALTHCARE	1.00
2.00	B		0.00	HMH NETWORK/PHYSICIAN DIVISION	0.00	HEALTHCARE	2.00
3.00	B		0.00	HM ABULATORY CARE, INC.	0.00	HEALTHCARE	3.00
4.00	B		0.00	MHM HOSPITAL CORP	0.00	HEALTHCARE	4.00
5.00			0.00		0.00		5.00
6.00			0.00		0.00		6.00
7.00			0.00		0.00		7.00
8.00			0.00		0.00		8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

(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 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.
- G. Other (financial or non-financial) specify:

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	2,641,545	2,641,545							1.00
3.00	EMPLOYEE BENEFITS	3,345,027	0	3,345,027						3.00
4.00	ADMINISTRATIVE & GENERAL	3,341,439	197,958	233,232	3,772,629	3,772,629				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,137,326	96,034	118,501	1,351,861	187,503	1,539,364			5.00
6.00	LAUNDRY & LINEN SERVICE	557,912	43,976	142,959	744,847	103,310	28,836	876,993		6.00
7.00	HOUSEKEEPING	70,407	30,459	0	100,866	13,990	19,973	0	134,829	7.00
8.00	DIETARY	2,035,298	207,776	304,876	2,547,950	353,401	136,245	0	12,324	8.00
9.00	NURSING ADMINISTRATION	1,013,268	25,846	280,264	1,319,378	182,998	16,948	0	1,533	9.00
10.00	CENTRAL SERVICES & SUPPLY	351,435	46,715	11,160	409,310	56,771	30,633	0	2,771	10.00
11.00	PHARMACY	134,815	0	0	134,815	18,699	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	9,884	8,768	188	18,840	2,613	5,749	0	520	12.00
13.00	SOCIAL SERVICE	371,881	10,594	105,144	487,619	67,633	6,947	0	628	13.00
15.00	PATIENT ACTIVITIES	337,413	210,105	95,399	642,917	89,173	137,773	0	12,462	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	10,745,367	846,587	1,181,793	12,773,747	1,771,706	555,133	876,993	50,216	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	79,912	0	0	79,912	11,084	0	0	0	40.00
41.00	LABORATORY	81,984	0	0	81,984	11,371	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	258,379	0	0	258,379	35,837	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,049,564	0	222,091	1,271,655	176,379	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,135,443	174,806	283,821	1,594,070	221,098	114,626	0	10,369	44.00
45.00	OCCUPATIONAL THERAPY	905,845	34,979	256,115	1,196,939	166,015	22,937	0	2,075	45.00
46.00	SPEECH PATHOLOGY	387,232	23,289	109,484	520,005	72,125	15,271	0	1,381	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,920	0	31,920	4,427	20,931	0	1,893	48.00
49.00	DRUGS CHARGED TO PATIENTS	893,285	0	0	893,285	123,899	0	0	0	49.00
51.00	SUPPORT SURFACES	74,374	0	0	74,374	10,316	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	30,959,035	1,989,812	3,345,027	30,307,302	3,680,348	1,112,002	876,993	96,172	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	ADULT DAY CARE/RESIDENTIAL	13,593	651,733	0	665,326	92,281	427,362	0	38,657	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	30,972,628	2,641,545	3,345,027	30,972,628	3,772,629	1,539,364	876,993	134,829	100.00

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	
		8.00	9.00	10.00	11.00	12.00	13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	3,049,920								8.00
9.00	NURSING ADMINISTRATION	0	1,520,857							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	499,485						10.00
11.00	PHARMACY	0	0	0	153,514					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	27,722				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	562,827			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	882,325		15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	2,988,200	1,520,857	499,485	153,514	27,722	562,827	882,325	22,662,725	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	90,996	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	93,355	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	294,216	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	1,448,034	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	1,940,163	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	1,387,966	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	608,782	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	59,171	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	1,017,184	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	84,690	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	2,988,200	1,520,857	499,485	153,514	27,722	562,827	882,325	29,687,282	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	ADULT DAY CARE/RESIDENTIAL	61,720	0	0	0	0	0	0	1,285,346	95.00
98.00	Cross Foot Adjustments	0	0	0				0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	3,049,920	1,520,857	499,485	153,514	27,722	562,827	882,325	30,972,628	100.00


JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm
Provider CCN: 315251	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS


	Cost Center Description	Post Stepdown Adjustments	Total	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
11.00	PHARMACY			11.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	0	22,662,725	30.00
31.00	NURSING FACILITY	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	0	90,996	40.00
41.00	LABORATORY	0	93,355	41.00
42.00	INTRAVENOUS THERAPY	0	294,216	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	1,448,034	43.00
44.00	PHYSICAL THERAPY	0	1,940,163	44.00
45.00	OCCUPATIONAL THERAPY	0	1,387,966	45.00
46.00	SPEECH PATHOLOGY	0	608,782	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	59,171	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	1,017,184	49.00
51.00	SUPPORT SURFACES	0	84,690	51.00
OUTPATIENT SERVICE COST CENTERS				
62.00	FQHC			62.00
OTHER REIMBURSABLE COST CENTERS				
70.00	HOME HEALTH AGENCY COST	0	0	70.00
71.00	AMBULANCE	0	0	71.00
73.00	CMHC	0	0	73.00
SPECIAL PURPOSE COST CENTERS				
89.00	SUBTOTALS (sum of lines 1-84)	0	29,687,282	89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	NONPAID WORKERS	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	94.00
95.00	ADULT DAY CARE/RESIDENTIAL	0	1,285,346	95.00
98.00	Cross Foot Adjustments	0	0	98.00
99.00	Negative Cost Centers	0	0	99.00
100.00	TOTAL	0	30,972,628	100.00

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	197,958	197,958	0	197,958				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	96,034	96,034	0	9,839	105,873			5.00
6.00	LAUNDRY & LINEN SERVICE	0	43,976	43,976	0	5,421	1,983	51,380		6.00
7.00	HOUSEKEEPING	0	30,459	30,459	0	734	1,374	0	32,567	7.00
8.00	DIETARY	0	207,776	207,776	0	18,544	9,371	0	2,977	8.00
9.00	NURSING ADMINISTRATION	0	25,846	25,846	0	9,602	1,166	0	370	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	46,715	46,715	0	2,979	2,107	0	669	10.00
11.00	PHARMACY	0	0	0	0	981	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	8,768	8,768	0	137	395	0	126	12.00
13.00	SOCIAL SERVICE	0	10,594	10,594	0	3,549	478	0	152	13.00
15.00	PATIENT ACTIVITIES	0	210,105	210,105	0	4,679	9,476	0	3,010	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	846,587	846,587	0	92,965	38,178	51,380	12,130	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	582	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	597	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	1,880	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	9,255	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	174,806	174,806	0	11,602	7,884	0	2,504	44.00
45.00	OCCUPATIONAL THERAPY	0	34,979	34,979	0	8,711	1,578	0	501	45.00
46.00	SPEECH PATHOLOGY	0	23,289	23,289	0	3,785	1,050	0	334	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,920	31,920	0	232	1,440	0	457	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,501	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	541	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	0	1,989,812	1,989,812	0	193,116	76,480	51,380	23,230	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	ADULT DAY CARE/RESIDENTIAL	0	651,733	651,733	0	4,842	29,393	0	9,337	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	2,641,545	2,641,545	0	197,958	105,873	51,380	32,567	100.00

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	
		8.00	9.00	10.00	11.00	12.00	13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	238,668								8.00
9.00	NURSING ADMINISTRATION	0	36,984							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	52,470						10.00
11.00	PHARMACY	0	0	0	981					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	9,426				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	14,773			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	227,270		15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	233,838	36,984	52,470	981	9,426	14,773	227,270	1,616,982	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	582	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	597	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	1,880	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	9,255	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	196,796	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	45,769	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	28,458	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	34,049	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	6,501	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	541	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	233,838	36,984	52,470	981	9,426	14,773	227,270	1,941,410	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	ADULT DAY CARE/RESIDENTIAL	4,830	0	0	0	0	0	0	700,135	95.00
98.00	Cross Foot Adjustments	0	0	0	0			0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	238,668	36,984	52,470	981	9,426	14,773	227,270	2,641,545	100.00


JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm
Provider CCN: 315251	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Post Step-Down Adjustments	Total	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
11.00	PHARMACY			11.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	0	1,616,982	30.00
31.00	NURSING FACILITY	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	0	582	40.00
41.00	LABORATORY	0	597	41.00
42.00	INTRAVENOUS THERAPY	0	1,880	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	9,255	43.00
44.00	PHYSICAL THERAPY	0	196,796	44.00
45.00	OCCUPATIONAL THERAPY	0	45,769	45.00
46.00	SPEECH PATHOLOGY	0	28,458	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,049	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	6,501	49.00
51.00	SUPPORT SURFACES	0	541	51.00
OUTPATIENT SERVICE COST CENTERS				
62.00	FQHC			62.00
OTHER REIMBURSABLE COST CENTERS				
70.00	HOME HEALTH AGENCY COST	0	0	70.00
71.00	AMBULANCE	0	0	71.00
73.00	CMHC	0	0	73.00
SPECIAL PURPOSE COST CENTERS				
89.00	SUBTOTALS (sum of lines 1-84)	0	1,941,410	89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	NONPAID WORKERS	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	94.00
95.00	ADULT DAY CARE/RESIDENTIAL	0	700,135	95.00
98.00	Cross Foot Adjustments	0	0	98.00
99.00	Negative Cost Centers	0	0	99.00
100.00	TOTAL	0	2,641,545	100.00


JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ. FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS EXC. RES.)	HOUSEKEEPING (SQ. FEET)	DIETARY (PATIENT DAYS)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	57,846								1.00
3.00	EMPLOYEE BENEFITS	0	11,830,909							3.00
4.00	ADMINISTRATIVE & GENERAL	4,335	824,912	-3,772,629	27,199,999					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	2,103	419,121	0	1,351,861	51,408				5.00
6.00	LAUNDRY & LINEN SERVICE	963	505,627	0	744,847		963	34,617		6.00
7.00	HOUSEKEEPING	667	0	0	100,866		667	0	49,778	7.00
8.00	DIETARY	4,550	1,078,305	0	2,547,950	4,550	0	4,550	35,332	8.00
9.00	NURSING ADMINISTRATION	566	991,256	0	1,319,378	566	0	566	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	1,023	39,473	0	409,310	1,023	0	1,023	0	10.00
11.00	PHARMACY	0	0	0	134,815	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	192	664	0	18,840	192	0	192	0	12.00
13.00	SOCIAL SERVICE	232	371,881	0	487,619	232	0	232	0	13.00
15.00	PATIENT ACTIVITIES	4,601	337,413	0	642,917	4,601	0	4,601	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	18,539	4,179,836	0	12,773,747	18,539	34,617	18,539	34,617	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	79,912	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	81,984	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	258,379	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	785,506	0	1,271,655	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	3,828	1,003,838	0	1,594,070	3,828	0	3,828	0	44.00
45.00	OCCUPATIONAL THERAPY	766	905,845	0	1,196,939	766	0	766	0	45.00
46.00	SPEECH PATHOLOGY	510	387,232	0	520,005	510	0	510	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	699	0	0	31,920	699	0	699	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	893,285	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	74,374	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	43,574	11,830,909	-3,772,629	26,534,673	37,136	34,617	35,506	34,617	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	ADULT DAY CARE/RESIDENTIAL	14,272	0	0	665,326	14,272	0	14,272	715	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,641,545	3,345,027		3,772,629	1,539,364	876,993	134,829	3,049,920	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	45.665128	0.282736		0.138700	29.944055	25.334171	2.708606	86.321748	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		197,958	105,873	51,380	32,567	238,668	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.007278	2.059465	1.484242	0.654245	6.755010	105.00


JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (PATIENT DAYS EXC. RES.)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS EXC. RES.)	PHARMACY (PATIENT DAYS EXC. RES.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS EXC. RES.)	SOCIAL SERVICE (PATIENT DAYS EXC. RES.)	PATIENT ACTIVITIES (PATIENT DAYS EXC. RES.)		
		9.00	10.00	11.00	12.00	13.00	15.00		
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS - BLDGS & FIXTURES								1.00
3.00	EMPLOYEE BENEFITS								3.00
4.00	ADMINISTRATIVE & GENERAL								4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS								5.00
6.00	LAUNDRY & LINEN SERVICE								6.00
7.00	HOUSEKEEPING								7.00
8.00	DIETARY								8.00
9.00	NURSING ADMINISTRATION	34,617							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	34,617						10.00
11.00	PHARMACY	0	0	34,617					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	34,617				12.00
13.00	SOCIAL SERVICE	0	0	0	0	34,617			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	34,617		15.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	34,617	34,617	34,617	34,617	34,617	34,617		30.00
31.00	NURSING FACILITY	0	0	0	0	0	0		31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0		46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0		49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0		51.00
OUTPATIENT SERVICE COST CENTERS									
62.00	FQHC								62.00
OTHER REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0		71.00
73.00	CMHC	0	0	0	0	0	0		73.00
SPECIAL PURPOSE COST CENTERS									
89.00	SUBTOTALS (sum of lines 1-84)	34,617	34,617	34,617	34,617	34,617	34,617		89.00
NONREIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0		90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0		91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0		93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0		94.00
95.00	ADULT DAY CARE/RESIDENTIAL	0	0	0	0	0	0		95.00
98.00	Cross Foot Adjustments								98.00
99.00	Negative Cost Centers								99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,520,857	499,485	153,514	27,722	562,827	882,325		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	43.933819	14.428893	4.434642	0.800820	16.258688	25.488199		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	36,984	52,470	981	9,426	14,773	227,270		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	1.068377	1.515729	0.028339	0.272294	0.426756	6.565271		105.00


JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm	
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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	90,996	79,912	1.138703	40.00
41.00	LABORATORY	93,355	81,984	1.138698	41.00
42.00	INTRAVENOUS THERAPY	294,216	258,379	1.138699	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,448,034	1,049,564	1.379653	43.00
44.00	PHYSICAL THERAPY	1,940,163	1,439,435	1.347864	44.00
45.00	OCCUPATIONAL THERAPY	1,387,966	1,394,065	0.995625	45.00
46.00	SPEECH PATHOLOGY	608,782	683,005	0.891329	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,171	131,605	0.449611	48.00
49.00	DRUGS CHARGED TO PATIENTS	1,017,184	963,153	1.056098	49.00
51.00	SUPPORT SURFACES	84,690	74,374	1.138704	51.00
OUTPATIENT SERVICE COST CENTERS					
62.00	FQHC				62.00
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	7,024,557	6,155,476		100.00

JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm	
Provider CCN: 315251	From: 01/01/2024	MCRIF32	2540-10	
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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
		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	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	1.138703	0	0	0	0	40.00
41.00	LABORATORY	1.138698	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	1.138699	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1.379653	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.347864	470,450	0	634,103	0	44.00
45.00	OCCUPATIONAL THERAPY	0.995625	468,080	0	466,032	0	45.00
46.00	SPEECH PATHOLOGY	0.891329	157,340	0	140,242	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.449611	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.056098	275,868	0	291,344	0	49.00
51.00	SUPPORT SURFACES	1.138704	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	FQHC						62.00
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		1,371,738	0	1,531,721	0	100.00

(1) For titles 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.

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS


Worksheet D
Parts II-III
PPS

Title XVIII Skilled Nursing Facility

PART II - APPORTIONMENT OF VACCINE COST		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.056098	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
	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	

ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	90,996	0	0.000000	0	0	40.00
41.00	LABORATORY	93,355	0	0.000000	0	0	41.00
42.00	INTRAVENOUS THERAPY	294,216	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,448,034	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	1,940,163	0	0.000000	634,103	0	44.00
45.00	OCCUPATIONAL THERAPY	1,387,966	0	0.000000	466,032	0	45.00
46.00	SPEECH PATHOLOGY	608,782	0	0.000000	140,242	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,171	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1,017,184	0	0.000000	291,344	0	49.00
51.00	SUPPORT SURFACES	84,690	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	7,024,557	0		1,531,721	0	100.00


JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS			1.00	
INPATIENT DAYS				
1.00	Inpatient days including private room days		34,617	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		5,590	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		22,662,725	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		24,884,690	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.910710	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		24,884,690	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		718.86	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)		22,662,725	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		654.67	16.00
17.00	Program routine service cost (Line 3 times line 16)		3,659,605	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)		3,659,605	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)		1,616,982	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		46.71	21.00
22.00	Program capital related cost (Line 3 times line 21)		261,109	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		3,398,496	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)		3,398,496	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
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			1.00	
1.00	Total SNF inpatient days		34,617	1.00
2.00	Program inpatient days (see instructions)		5,590	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)		0.161481	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00


JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I
PPS

Title XVIII Skilled Nursing Facility

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
		1.00
1.00	Inpatient PPS amount (See Instructions)	4,482,810
2.00	Nursing and Allied Health Education Activities (pass through payments)	0
3.00	Subtotal (Sum of lines 1 and 2)	4,482,810
4.00	Primary payor amounts	0
5.00	Coinsurance	541,824
6.00	Allowable bad debts (From your records)	80,148
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	50,928
8.00	Adjusted reimbursable bad debts. (See instructions)	52,096
9.00	Recovery of bad debts - for statistical records only	0
10.00	Utilization review	0
11.00	Subtotal (See instructions)	3,993,082
12.00	Interim payments (See instructions)	3,944,848
13.00	Tentative adjustment	0
14.00	OTHER adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (see instructions)	1,042
14.99	Sequestration amount (see instructions)	78,820
15.00	Balance due provider/program (see Instructions)	-31,628
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0
19.00	Total reasonable costs (Sum of lines 17 and 18)	0
20.00	Medicare Part B ancillary charges (See instructions)	0
21.00	Cost of covered services (Lesser of line 19 or line 20)	0
22.00	Primary payor amounts	0
23.00	Coinsurance and deductibles	0
24.00	Allowable bad debts (From your records)	0
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0
26.00	Interim payments (See instructions)	0
27.00	Tentative adjustment	0
28.00	Other Adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0
29.00	Balance due provider/program (see instructions)	0
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0

JFK HARTWYCK AT OAK TREE	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/21/2025 7:48 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315251			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
1.00	Total interim payments paid to provider	1.00	3,939,094	3.00	0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	06/07/2024	5,754		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		5,754		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		3,944,848		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		31,628		0	6.02
7.00	Total Medicare program liability (see instructions)		3,913,220		0	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

JFK HARTWYCK AT OAK TREE

Provider CCN: 315251

Period:
From: 01/01/2024
To: 12/31/2024

Run Date Time: 5/21/2025 7:48 pm
MCRIF32
Version: 11.1.179.1




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

Worksheet G

PPS

		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	109,269	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	4,308,671	0	0	0	4.00
5.00	Other receivables	7,993,946	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-1,285,036	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	11,756	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)	11,138,606	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	9,568,348	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	9,568,348	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	20,706,954	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,028,251	0	0	0	35.00
36.00	Salaries, wages, and fees payable	34,317	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	675,211	0	0	0	41.00
42.00	Other current liabilities	21,376,444	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	23,114,223	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	6,428,931	0	0	0	48.00
49.00	PATIENT FUND LIABILITY	28,669	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	6,457,600	0	0	0	50.00


JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm	
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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	29,571,823	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-8,864,869				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-8,864,869	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	20,706,954	0	0	0	60.00
() = contra amount						

JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm	
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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		2,215,936		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-11,080,805							2.00
3.00	Total (sum of line 1 and line 2)		-8,864,869		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-8,864,869		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-8,864,869		0		0		0	19.00


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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	24,884,690		24,884,690	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	110,825		110,825	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	24,995,515		24,995,515	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	4,479,658	0	4,479,658	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	29,475,173	0	29,475,173	14.00
PART II - OPERATING EXPENSES					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			32,031,109	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)			32,031,109	15.00

JFK HARTWYCK AT OAK TREE	Period:	Run Date Time:	5/21/2025 7:48 pm	
Provider CCN: 315251	From: 01/01/2024	MCRIF32	2540-10	
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	29,475,173	1.00
2.00	Less: contractual allowances and discounts on patients accounts	9,081,549	2.00
3.00	Net patient revenues (Line 1 minus line 2)	20,393,624	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	32,031,109	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-11,637,485	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	15,657	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	426,972	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHARITY EXP RELATED	114,036	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	556,665	25.00
26.00	Total (Line 5 plus line 25)	-11,080,820	26.00
27.00	ROUNDING	-15	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	-15	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-11,080,805	31.00