

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: 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/12/2023 11:04 am
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by JFK HARTWYCK AT OAK TREE (315251) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Richard Hand	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	Date		(Dated when report is electronic)	4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	73,058	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID	0			0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	73,058	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 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. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/12/2023 11:04 am				
1.00		2.00		3.00				
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 2048 OAKTREE ROAD	PO 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 Code: 0				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, 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	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)			01/01/2022	12/31/2022		14.00	
15.00	Type of Control (See Instructions)				2		15.00	
				Y/N				
				1.00				
Type of Freestanding Skilled Nursing Facility								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00
Miscellaneous Cost Reporting Information								
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.								
20.00	Straight Line					630,098		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					630,098		23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					Y		25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00
				Part A	Part B	Other		
				1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.								
29.00	Skilled Nursing Facility					N		29.00
30.00	Nursing Facility					N		30.00
31.00	ICF/IID					N		31.00
32.00	SNF-Based HHA					N		32.00
33.00	SNF-Based RHC					N		33.00
34.00	SNF-Based FQHC					N		34.00
35.00	SNF-Based CMHC					N		35.00
36.00	SNF-Based OLTC					N		36.00
				Y/N				
				1.00		2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00
			Premiums	Paid Losses	Self Insurance			
			1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:		0	0	0		41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/12/2023 11:04 am
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			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	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 12401	45.00
46.00	Street: 343 THORNALL STREET	PO Box:		46.00
47.00	City: EDISON	State: NJ	Zip Code: 08837	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/12/2023 11:04 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	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	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	04/13/2023	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N	18.00

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

Provider No. : 315251

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/12/2023 11:04 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VARIOUS	VARIOUS	19.00
20.00	Enter the employer/company name of the cost report preparer.	HUBCO HEALTH CARE GROUP		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6097301980	COSTREPORTS@HUBCO.NET	21.00

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

Provider No. : 315251

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/12/2023 11:04 am

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	04/13/2023	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
Cost Report Preparer Contact Information			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STAFF	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

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

Provider No. : 315251

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

Worksheet S-3
 Part I
 Date/Time Prepared:
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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	120	43,800	0	4,025	20,625	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	60	21,900				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	180	65,700	0	4,025	20,625	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	11,834	36,484	0	161	129	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	730	730				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	12,564	37,214	0	161	129	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	236	526	0.00	25.00	159.88	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	1	1				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	237	527	0.00	25.00	159.88	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	69.36	0	153	131	240	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	730.00				1	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	70.61	0	153	131	241	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	524	160.67	0.00		1.00	
2.00	NURSING FACILITY	0	0.00	0.00		2.00	
3.00	ICF/IID					3.00	
4.00	HOME HEALTH AGENCY COST		0.00	0.00		4.00	
5.00	Other Long Term Care	1	0.94	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)	525	161.61	0.00		8.00	

Provider No. : 315251

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

Worksheet S-3
Part II
Date/Time Prepared:
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	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)	11,078,709	0	11,078,709	336,155.00	32.96
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)	11,078,709	0	11,078,709	336,155.00	32.96
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
10.00	HOSPICE					
11.00	Other excluded areas	12,666	0	12,666	365.00	34.70
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	12,666	0	12,666	365.00	34.70
13.00	Total Adjusted Salaries (line 6 minus line 12)	11,066,043	0	11,066,043	335,790.00	32.96
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	3,691,604	0	3,691,604	53,092.00	69.53
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)	3,001,178	0	3,001,178		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	3,431	0	3,431		
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)	2,997,747	0	2,997,747		

Provider No. : 315251

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

Worksheet S-3
Part III
Date/Time Prepared:
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	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	925,253	0	925,253	24,265.00	2.00
3.00	Plant Operation, Maintenance & Repairs	311,624	0	311,624	11,691.00	3.00
4.00	Laundry & Linen Service	386,461	0	386,461	20,209.00	4.00
5.00	Housekeeping	0	0	0.00	0.00	5.00
6.00	Dietary	993,544	0	993,544	45,363.00	6.00
7.00	Nursing Administration	415,936	0	415,936	8,956.00	7.00
8.00	Central Services and Supply	47,782	0	47,782	2,828.00	8.00
9.00	Pharmacy	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0.00	0.00	10.00
11.00	Social Service	273,339	0	273,339	7,269.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	288,614	0	288,614	11,377.00	13.00
14.00	Total (sum lines 1 thru 13)	3,642,553	0	3,642,553	131,958.00	14.00

SNF WAGE RELATED COSTS	Provider No. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/12/2023 11:04 am
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		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	420,429	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)	1,485,969	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	700,368	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)	2,606,766	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER	394,412	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315251

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

Worksheet S-3
Part V
Date/Time Prepared:
5/12/2023 11:04 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	2,299,835	623,213	2,923,048	46,501.00	62.86	1.00
2.00	Licensed Practical Nurses (LPNs)	1,241,496	336,423	1,577,919	34,427.00	45.83	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,220,817	330,819	1,551,636	60,024.00	25.85	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,762,148	1,290,455	6,052,603	140,952.00	42.94	4.00
5.00	Physical Therapists	540,759	146,536	687,295	11,339.00	60.61	5.00
6.00	Physical Therapy Assistants	71,925	19,490	91,415	2,037.00	44.88	6.00
7.00	Physical Therapy Aides	101,478	27,499	128,977	5,626.00	22.93	7.00
8.00	Occupational Therapists	624,124	169,126	793,250	13,010.00	60.97	8.00
9.00	Occupational Therapy Assistants	28,242	7,653	35,895	887.00	40.47	9.00
10.00	Occupational Therapy Aides	101,478	27,499	128,977	5,626.00	22.93	10.00
11.00	Speech Therapists	390,175	105,730	495,905	8,976.00	55.25	11.00
12.00	Respiratory Therapists	815,826	221,074	1,036,900	15,745.00	65.86	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)	317,931		317,931	3,387.00	93.87	14.00
15.00	Licensed Practical Nurses (LPNs)	1,239,625		1,239,625	17,191.00	72.11	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,119,705		2,119,705	32,401.00	65.42	16.00
17.00	Total Nursing (sum of lines 14 through 16)	3,677,261		3,677,261	52,979.00	69.41	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	14,343		14,343	113.00	126.93	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315251

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

Worksheet S-7

Date/Time Prepared:
5/12/2023 11:04 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315251

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

Worksheet S-7

Date/Time Prepared:
5/12/2023 11:04 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315251

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

Worksheet A
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		921,427	921,427	0	921,427	1.00
3.00	00300				0		3.00
4.00	00400	925,253	3,001,178	3,001,178	0	3,001,178	4.00
5.00	00500		1,274,959	2,200,212	0	2,200,212	5.00
6.00	00600	311,624	697,299	1,008,923	0	1,008,923	6.00
7.00	00700	386,461	46,002	432,463	0	432,463	7.00
8.00	00800		209,561	209,561	0	209,561	8.00
9.00	00900	993,544	725,100	1,718,644	0	1,718,644	9.00
10.00	01000	415,936	45,575	461,511	0	461,511	10.00
11.00	01100	47,782	345,608	393,390	0	393,390	11.00
12.00	01200		70,053	70,053	0	70,053	12.00
13.00	01300				0		13.00
15.00	01500	273,339		273,339	0	273,339	15.00
15.00	01500	288,614	40,635	329,249	0	329,249	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,749,481	3,677,261	8,426,742	0	8,426,742	30.00
31.00	03100				0		31.00
33.00	03300				0		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000		31,201	31,201	0	31,201	40.00
41.00	04100		29,677	29,677	0	29,677	41.00
42.00	04200		162,809	162,809	0	162,809	42.00
43.00	04300	815,826	107,017	922,843	0	922,843	43.00
44.00	04400	714,163		714,163	0	714,163	44.00
45.00	04500	753,844		753,844	0	753,844	45.00
46.00	04600	390,176		390,176	0	390,176	46.00
48.00	04800		247,485	247,485	0	247,485	48.00
49.00	04900		695,978	695,978	0	695,978	49.00
51.00	05100				0		51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	06200						62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000				0		70.00
71.00	07100				0		71.00
73.00	07300				0		73.00
SPECIAL PURPOSE COST CENTERS							
89.00		11,066,043	12,328,825	23,394,868	0	23,394,868	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000				0		90.00
91.00	09100				0		91.00
92.00	09200				0		92.00
93.00	09300				0		93.00
94.00	09400				0		94.00
95.00	09500	12,666		12,666	0	12,666	95.00
100.00		11,078,709	12,328,825	23,407,534	0	23,407,534	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315251

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

Worksheet A
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	921,427	1.00
3.00	00300	EMPLOYEE BENEFITS	0	3,001,178	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	451,396	2,651,608	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	1,008,923	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	432,463	6.00
7.00	00700	HOUSEKEEPING	0	209,561	7.00
8.00	00800	DIETARY	0	1,718,644	8.00
9.00	00900	NURSING ADMINISTRATION	0	461,511	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	393,390	10.00
11.00	01100	PHARMACY	0	70,053	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	273,339	13.00
15.00	01500	PATIENT ACTIVITIES	0	329,249	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	8,426,742	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	31,201	40.00
41.00	04100	LABORATORY	0	29,677	41.00
42.00	04200	INTRAVENOUS THERAPY	0	162,809	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	922,843	43.00
44.00	04400	PHYSICAL THERAPY	0	714,163	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	753,844	45.00
46.00	04600	SPEECH PATHOLOGY	0	390,176	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	247,485	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	695,978	49.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FOHC			62.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
73.00	07300	CMHC	0	0	73.00
SPECIAL PURPOSE COST CENTERS					
89.00		SUBTOTALS (sum of lines 1-84)	451,396	23,846,264	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	94.00
95.00	09500	ADULT DAY CARE/RESIDENTIAL	0	12,666	95.00
100.00		TOTAL	451,396	23,858,930	100.00

Provider No. : 315251

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

Worksheet A-6

Date/Time Prepared:
5/12/2023 11:04 am

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

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

Provider No. : 315251

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

Worksheet A-6
Date/Time Prepared:
5/12/2023 11:04 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
100.00	TOTALS			0	0	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315251

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

Worksheet A-7

Date/Time Prepared:
5/12/2023 11:04 am

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,470,000	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	5,371,108	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	286,400	0	0	0	5.00
6.00	Movable Equipment	541,346	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	7,668,854	0	0	0	7.00
8.00	Reconciling Items	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	7,668,854	0	0	0	9.00
Description		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,470,000	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	5,371,108	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	286,400	0			5.00
6.00	Movable Equipment	541,346	0			6.00
7.00	Subtotal (sum of lines 1-6)	7,668,854	0			7.00
8.00	Reconciling Items	0	0			8.00
9.00	Total (line 7 minus line 8)	7,668,854	0			9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 315251

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

Worksheet A-8

Date/Time Prepared:
5/12/2023 11:04 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line No.
			1.00	2.00	3.00
1.00 Investment income on restricted funds (chapter 2)	B	-8,805	ADMINISTRATIVE & GENERAL		4.00 1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00 3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00 4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00 5.00
6.00 Television and radio service (chapter 21)		0			0.00 6.00
7.00 Parking lot (chapter 21)		0			0.00 7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0			0.00 9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00 11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	266,100			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	OCAP 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		0			0.00 25.01
25.02 BAD DEBTS	A	216,826	ADMINISTRATIVE & GENERAL		4.00 25.02
25.03 TAX PENALTY EXPENSE	A	-9,750	ADMINISTRATIVE & GENERAL		4.00 25.03
25.04 COLLECTION FEES	A	-12,975	ADMINISTRATIVE & GENERAL		4.00 25.04
25.05		0			0.00 25.05
25.06		0			0.00 25.06
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		451,396			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. : 315251

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

Worksheet A-8-1
Parts I-III
Date/Time Prepared:
5/12/2023 11:04 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	HOSP CORP ALLOC INS	2.00
3.00	3.00	EMPLOYEE BENEFITS	ALLOCATION EHW	3.00
4.00	4.00	ADMINISTRATIVE & GENERAL	DIRECTOR FEES	4.00
5.00	4.00	ADMINISTRATIVE & GENERAL	SALARY ALLOCATION	5.00
6.00	13.00	SOCIAL SERVICE	SALARY ALLOCATION	6.00
7.00	15.00	PATIENT ACTIVITIES	SALARY ALLOCATION	7.00
8.00	44.00	PHYSICAL THERAPY	SALARY ALLOCATION	8.00
9.00	45.00	OCCUPATIONAL THERAPY	SALARY ALLOCATION	9.00
9.01	46.00	SPEECH PATHOLOGY	SALARY ALLOCATION	9.01
9.02	3.00	EMPLOYEE BENEFITS	FRINGE BENEFIT REALLOCATION	9.02
9.03	4.00	ADMINISTRATIVE & GENERAL	DIRECTOR FEES	9.03
9.04	4.00	ADMINISTRATIVE & GENERAL	SALARY ALLOCATION	9.04
9.05	4.00	ADMINISTRATIVE & GENERAL	AMBULANCE	9.05
9.06	41.00	LABORATORY	LABORATORY	9.06
9.07	49.00	DRUGS CHARGED TO PATIENTS	DRUGS PHARMACY LEGEND	9.07
9.08	42.00	INTRAVENOUS THERAPY	SOLUTIONS IV	9.08
9.09	1.00	CAP REL COSTS - BLDGS & FIXTURES	LEASE REAL ESTATE NON AFFIL	9.09
9.10	4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	9.10
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	546,752	546,752	0	1.00
2.00	84,387	84,387	0	2.00
3.00	1,484,097	1,484,097	0	3.00
4.00	18,000	18,000	0	4.00
5.00	209,889	209,889	0	5.00
6.00	166,032	166,032	0	6.00
7.00	125,295	125,295	0	7.00
8.00	383,250	383,250	0	8.00
9.00	513,053	513,053	0	9.00
9.01	316,550	316,550	0	9.01
9.02	428,517	428,517	0	9.02
9.03	109,116	109,116	0	9.03
9.04	124,002	124,002	0	9.04
9.05	0	21,990	-21,990	9.05
9.06	14,284	14,284	0	9.06
9.07	680,805	680,805	0	9.07
9.08	154,432	154,432	0	9.08
9.09	12,136	12,136	0	9.09
9.10	288,090	0	288,090	9.10
10.00	5,658,687	5,392,587	266,100	10.00
TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider No. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8-1 Parts I-III Date/Time Prepared: 5/12/2023 11:04 am
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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	0.00	1.00
2.00	B	0.00	2.00
3.00	B	0.00	3.00
4.00	B	0.00	4.00
5.00	B	0.00	5.00
6.00		0.00	6.00
7.00		0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	0.00	100.00

(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	COMMUNITY HOSPITAL GROUP	0.00	HEALTHCARE	1.00
2.00	HARTWYCK AT EDISON ESTATE	0.00	HEALTHCARE	2.00
3.00	HMH RESIDENTIAL CARE, INC.	0.00	HEALTHCARE	3.00
4.00	HMHEALTH/QUALITYCARE MANAGEMENT	0.00	HEALTHCARE	4.00
5.00	HMH NETWORK	0.00	HEALTHCARE	5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(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. : 315251

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

Worksheet B
Part I
Date/Time Prepared:
5/12/2023 11:04 am

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	921,427	921,427			1.00
3.00 00300	EMPLOYEE BENEFITS	3,001,178	0	3,001,178		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	2,651,608	69,052	250,727	2,971,387	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,008,923	33,499	84,444	1,126,866	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	432,463	15,340	103,774	551,577	6.00
7.00 00700	HOUSEKEEPING	209,561	10,625	0	220,186	7.00
8.00 00800	DIETARY	1,718,644	72,477	269,233	2,060,354	8.00
9.00 00900	NURSING ADMINISTRATION	461,511	9,016	112,711	583,238	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	393,390	16,295	12,948	422,633	10.00
11.00 01100	PHARMACY	70,053	0	0	70,053	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	3,058	0	3,058	12.00
13.00 01300	SOCIAL SERVICE	273,339	3,696	74,070	351,105	13.00
15.00 01500	PATIENT ACTIVITIES	329,249	73,289	78,209	480,747	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	8,426,742	295,306	1,287,022	10,009,070	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	31,201	0	0	31,201	40.00
41.00 04100	LABORATORY	29,677	0	0	29,677	41.00
42.00 04200	INTRAVENOUS THERAPY	162,809	0	0	162,809	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	922,843	0	221,074	1,143,917	43.00
44.00 04400	PHYSICAL THERAPY	714,163	60,976	193,525	968,664	44.00
45.00 04500	OCCUPATIONAL THERAPY	753,844	12,202	204,278	970,324	45.00
46.00 04600	SPEECH PATHOLOGY	390,176	8,124	105,731	504,031	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	247,485	11,134	0	258,619	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	695,978	0	0	695,978	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00 06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	23,846,264	694,089	2,997,746	23,615,494	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & 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	ADULT DAY CARE/RESIDENTIAL	12,666	227,338	3,432	243,436	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	23,858,930	921,427	3,001,178	23,858,930	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315251

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

Worksheet B
Part I
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,287,169				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	24,112	654,154			6.00
7.00	00700	HOUSEKEEPING	16,701	0	268,210		7.00
8.00	00800	DIETARY	113,924	0	24,516	2,491,892	8.00
9.00	00900	NURSING ADMINISTRATION	14,172	0	3,050	0	683,429
10.00	01000	CENTRAL SERVICES & SUPPLY	25,614	0	5,512	0	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	4,807	0	1,035	0	0
13.00	01300	SOCIAL SERVICE	5,809	0	1,250	0	0
15.00	01500	PATIENT ACTIVITIES	115,201	0	24,791	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	464,184	654,154	99,890	2,443,010	683,429
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	95,847	0	20,626	0	0
45.00	04500	OCCUPATIONAL THERAPY	19,179	0	4,127	0	0
46.00	04600	SPEECH PATHOLOGY	12,770	0	2,748	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,502	0	3,766	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	929,822	654,154	191,311	2,443,010	683,429
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	357,347	0	76,899	48,882	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	1,287,169	654,154	268,210	2,491,892	683,429

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315251

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

Worksheet B
Part I
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	
		10.00	11.00	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 SERVICES & SUPPLY	513,881				10.00
11.00	01100	PHARMACY	0	80,018			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	9,335		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	408,111	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	0	15.00
						689,128	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	513,881	80,018	9,335	408,111	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
						689,128	
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	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
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
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	513,881	80,018	9,335	408,111	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & 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	ADULT DAY CARE/RESIDENTIAL	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	513,881	80,018	9,335	408,111	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315251

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

Worksheet B
Part I
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		Subtotal	Post Stepdown Adjustments	Total	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
11.00	01100	PHARMACY			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
15.00	01500	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	17,478,070	0	17,478,070
31.00	03100	NURSING FACILITY	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	35,640	0	35,640
41.00	04100	LABORATORY	33,899	0	33,899
42.00	04200	INTRAVENOUS THERAPY	185,970	0	185,970
43.00	04300	OXYGEN (INHALATION) THERAPY	1,306,646	0	1,306,646
44.00	04400	PHYSICAL THERAPY	1,222,935	0	1,222,935
45.00	04500	OCCUPATIONAL THERAPY	1,131,664	0	1,131,664
46.00	04600	SPEECH PATHOLOGY	591,250	0	591,250
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	316,677	0	316,677
49.00	04900	DRUGS CHARGED TO PATIENTS	794,985	0	794,985
51.00	05100	SUPPORT SURFACES	0	0	0
OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FOHC			62.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	0
71.00	07100	AMBULANCE	0	0	0
73.00	07300	CMHC	0	0	0
SPECIAL PURPOSE COST CENTERS					
89.00		SUBTOTALS (sum of lines 1-84)	23,097,736	0	23,097,736
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	761,194	0	761,194
98.00		Cross Foot Adjustments	0	0	0
99.00		Negative Cost Centers	0	0	0
100.00		TOTAL	23,858,930	0	23,858,930

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	2A	3.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	69,052	69,052	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	33,499	33,499	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	15,340	15,340	0	6.00
7.00 00700	HOUSEKEEPING	0	10,625	10,625	0	7.00
8.00 00800	DIETARY	0	72,477	72,477	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	9,016	9,016	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	16,295	16,295	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	3,058	3,058	0	12.00
13.00 01300	SOCIAL SERVICE	0	3,696	3,696	0	13.00
15.00 01500	PATIENT ACTIVITIES	0	73,289	73,289	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	295,306	295,306	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
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	60,976	60,976	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	12,202	12,202	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	8,124	8,124	0	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,134	11,134	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
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	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	0	694,089	694,089	0	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & 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	ADULT DAY CARE/RESIDENTIAL	0	227,338	227,338	0	95.00
98.00	Cross Foot Adjustments		0	0		98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	921,427	921,427	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
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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	37,224				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	697	17,861			6.00
7.00	00700	HOUSEKEEPING	483	0	11,836		7.00
8.00	00800	DIETARY	3,295	0	1,082	83,666	8.00
9.00	00900	NURSING ADMINISTRATION	410	0	135	0	11,489
10.00	01000	CENTRAL SERVICES & SUPPLY	741	0	243	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	139	0	46	0	12.00
13.00	01300	SOCIAL SERVICE	168	0	55	0	13.00
15.00	01500	PATIENT ACTIVITIES	3,332	0	1,094	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	13,423	17,861	4,408	82,025	11,489
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	2,772	0	910	0	0
45.00	04500	OCCUPATIONAL THERAPY	555	0	182	0	0
46.00	04600	SPEECH PATHOLOGY	369	0	121	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	506	0	166	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	26,890	17,861	8,442	82,025	11,489
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	10,334	0	3,394	1,641	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	37,224	17,861	11,836	83,666	11,489

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	
		10.00	11.00	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 SERVICES & SUPPLY	18,676				10.00
11.00	01100	PHARMACY	0	232			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	3,253		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	5,080	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	0	15.00
							79,304
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	18,676	232	3,253	5,080	79,304
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	18,676	232	3,253	5,080	79,304
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	18,676	232	3,253	5,080	79,304

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Post Step-Down Adjustments	Total	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
11.00	01100	PHARMACY			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
15.00	01500	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	564,145	0	564,145
31.00	03100	NURSING FACILITY	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	103	0	103
41.00	04100	LABORATORY	98	0	98
42.00	04200	INTRAVENOUS THERAPY	538	0	538
43.00	04300	OXYGEN (INHALATION) THERAPY	3,782	0	3,782
44.00	04400	PHYSICAL THERAPY	67,860	0	67,860
45.00	04500	OCCUPATIONAL THERAPY	16,147	0	16,147
46.00	04600	SPEECH PATHOLOGY	10,280	0	10,280
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,661	0	12,661
49.00	04900	DRUGS CHARGED TO PATIENTS	2,301	0	2,301
51.00	05100	SUPPORT SURFACES	0	0	0
OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FOHC			62.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	0
71.00	07100	AMBULANCE	0	0	0
73.00	07300	CMHC	0	0	0
SPECIAL PURPOSE COST CENTERS					
89.00		SUBTOTALS (sum of lines 1-84)	677,915	0	677,915
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	243,512	0	243,512
98.00		Cross Foot Adjustments	0	0	0
99.00		Negative Cost Centers	0	0	0
100.00		TOTAL	921,427	0	921,427

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315251

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

Worksheet B-1
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)		
		BLDG & FIXTURES (SQUARE FEET)						
		1.00	3.00	4A	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	57,846				1.00	
3.00	00300	EMPLOYEE BENEFITS	0	11,075,204			3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	4,335	925,253	-2,971,387	20,887,543	4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,103	311,624	0	1,126,866	5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	963	382,956	0	551,577	6.00	
7.00	00700	HOUSEKEEPING	667	0	0	220,186	7.00	
8.00	00800	DIETARY	4,550	993,544	0	2,060,354	8.00	
9.00	00900	NURSING ADMINISTRATION	566	415,936	0	583,238	9.00	
10.00	01000	CENTRAL SERVICES & SUPPLY	1,023	47,782	0	422,633	10.00	
11.00	01100	PHARMACY	0	0	0	70,053	11.00	
12.00	01200	MEDICAL RECORDS & LIBRARY	192	0	0	3,058	12.00	
13.00	01300	SOCIAL SERVICE	232	273,339	0	351,105	13.00	
15.00	01500	PATIENT ACTIVITIES	4,601	288,614	0	480,747	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	18,539	4,749,481	0	10,009,070	30.00	
31.00	03100	NURSING FACILITY	0	0	0	0	31.00	
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00	
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	31,201	40.00	
41.00	04100	LABORATORY	0	0	0	29,677	41.00	
42.00	04200	INTRAVENOUS THERAPY	0	0	0	162,809	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	0	815,826	0	1,143,917	43.00	
44.00	04400	PHYSICAL THERAPY	3,828	714,163	0	968,664	44.00	
45.00	04500	OCCUPATIONAL THERAPY	766	753,844	0	970,324	45.00	
46.00	04600	SPEECH PATHOLOGY	510	390,176	0	504,031	46.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	699	0	0	258,619	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	695,978	49.00	
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00	
OUTPATIENT SERVICE COST CENTERS								
62.00	06200	FOHC					62.00	
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00	
71.00	07100	AMBULANCE	0	0	0	0	71.00	
73.00	07300	CMHC	0	0	0	0	73.00	
SPECIAL PURPOSE COST CENTERS								
89.00		SUBTOTALS (sum of lines 1-84)	43,574	11,062,538	-2,971,387	20,644,107	89.00	
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00	
91.00	09100	BARBER & 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	ADULT DAY CARE/RESIDENTIAL	14,272	12,666	0	243,436	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)	921,427	3,001,178		2,971,387	1,287,169	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	15.928967	0.270982		0.142256	25.038301	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)		0		69,052	37,224	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)		0.000000		0.003306	0.724090	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315251

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

Worksheet B-1

Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS EXC. RES.)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	NURSING ADMINISTRATION (PATIENT DAYS EXC. RES.)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS EXC. RES.)	
		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	36,484				6.00
7.00	00700	HOUSEKEEPING	0	49,778			7.00
8.00	00800	DIETARY	0	4,550	37,214		8.00
9.00	00900	NURSING ADMINISTRATION	0	566	0	36,484	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,023	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	192	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	232	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	4,601	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	36,484	18,539	36,484	36,484	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
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	3,828	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	766	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	510	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	699	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
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	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	36,484	35,506	36,484	36,484	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & 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	ADULT DAY CARE/RESIDENTIAL	0	14,272	730	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)	654,154	268,210	2,491,892	683,429	513,881
103.00		Unit cost multiplier (Wkst. B, Part I)	17.929887	5.388123	66.961144	18.732294	14.085106
104.00		Cost to be allocated (per Wkst. B, Part II)	17,861	11,836	83,666	11,489	18,676
105.00		Unit cost multiplier (Wkst. B, Part II)	0.489557	0.237776	2.248240	0.314905	0.511896

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315251

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

Worksheet B-1

Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description	PHARMACY (PATIENT DAYS EXC. RES.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS EXC. RES.)	SOCIAL SERVICE (PATIENT DAYS EXC. RES.)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT DAYS EXC. RES.)		
	11.00	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 SERVICES & SUPPLY					10.00	
11.00 01100 PHARMACY	36,484				11.00	
12.00 01200 MEDICAL RECORDS & LIBRARY	0	36,484			12.00	
13.00 01300 SOCIAL SERVICE	0	0	36,484		13.00	
15.00 01500 PATIENT ACTIVITIES	0	0	0	36,484	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 SKILLED NURSING FACILITY	36,484	36,484	36,484	36,484	30.00	
31.00 03100 NURSING FACILITY	0	0	0	0	31.00	
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	0	44.00	
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	0	45.00	
46.00 04600 SPEECH PATHOLOGY	0	0	0	0	46.00	
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	
OUTPATIENT SERVICE COST CENTERS						
62.00 06200 FOHC					62.00	
OTHER REIMBURSABLE COST CENTERS						
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	0	70.00	
71.00 07100 AMBULANCE	0	0	0	0	71.00	
73.00 07300 CMHC	0	0	0	0	73.00	
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	36,484	36,484	36,484	36,484	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00	
91.00 09100 BARBER & 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 ADULT DAY CARE/RESIDENTIAL	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)	80,018	9,335	408,111	689,128	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	2.193235	0.255866	11.186027	18.888499	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	232	3,253	5,080	79,304	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.006359	0.089162	0.139239	2.173665	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet C Date/Time Prepared: 5/12/2023 11:04 am	
Cost Center Description		Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	35,640	31,201	1.142271 40.00
41.00	04100	LABORATORY	33,899	29,677	1.142265 41.00
42.00	04200	INTRAVENOUS THERAPY	185,970	162,809	1.142259 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,306,646	922,843	1.415892 43.00
44.00	04400	PHYSICAL THERAPY	1,222,935	1,049,440	1.165322 44.00
45.00	04500	OCCUPATIONAL THERAPY	1,131,664	1,025,025	1.104036 45.00
46.00	04600	SPEECH PATHOLOGY	591,250	557,815	1.059939 46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	316,677	247,485	1.279581 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	794,985	695,978	1.142256 49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000 51.00
OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FOHC			
71.00	07100	AMBULANCE	0	0	0.000000 71.00
100.00		Total	5,619,666	4,722,273	100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/12/2023 11:04 am	
		Title XVIII (1)	Skilled Nursing Facility	PPS	
		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)
Ratio of Cost to Charges (Fr. Wkst. C Column 3)					
1.00		2.00	3.00	4.00	5.00
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST					
ANCILLARY SERVICE COST CENTERS					
40.00	04000 RADIOLOGY	1.142271	0	0	0
41.00	04100 LABORATORY	1.142265	0	0	0
42.00	04200 INTRAVENOUS THERAPY	1.142259	0	0	0
43.00	04300 OXYGEN (INHALATION) THERAPY	1.415892	0	0	0
44.00	04400 PHYSICAL THERAPY	1.165322	376,590	0	438,849
45.00	04500 OCCUPATIONAL THERAPY	1.104036	373,755	0	412,639
46.00	04600 SPEECH PATHOLOGY	1.059939	137,770	0	146,028
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.279581	0	0	0
49.00	04900 DRUGS CHARGED TO PATIENTS	1.142256	155,007	0	177,058
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
62.00	06200 FOHC				
71.00	07100 AMBULANCE (2)	0.000000		0	0
100.00	Total (Sum of lines 40 - 71)		1,043,122	0	1,174,574

(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. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Prepared: 5/12/2023 11:04 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description			1.00	
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PART II - APPORTIONMENT OF VACCINE COST				
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.142256	1.00
2.00		Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

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

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	35,640	0	0.000000	0	0	40.00
41.00	04100	LABORATORY	33,899	0	0.000000	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	185,970	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,306,646	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,222,935	0	0.000000	438,849	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,131,664	0	0.000000	412,639	0	45.00
46.00	04600	SPEECH PATHOLOGY	591,250	0	0.000000	146,028	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	316,677	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	794,985	0	0.000000	177,058	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	5,619,666	0		1,174,574	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 5/12/2023 11:04 am
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		36,484	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,025	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		17,478,070	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		26,327,500	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.663871	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)		17,478,070	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		479.06	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,928,217	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)		1,928,217	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)		564,145	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		15.46	21.00
22.00	Program capital related cost (Line 3 times line 21)		62,227	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,865,990	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)		1,865,990	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		36,484	1.00
2.00	Program inpatient days (see instructions)		4,025	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)		0.110322	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. : 315251	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/12/2023 11:04 am
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,488,067	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)		2,488,067	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		370,717	5.00
6.00	Allowable bad debts (From your records)		159,447	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		82,604	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		103,641	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		2,220,991	11.00
12.00	Interim payments (See instructions)		2,123,088	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		1,306	14.75
14.99	Sequestration amount (see instructions)		23,539	14.99
15.00	Balance due provider/program (see Instructions)		73,058	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 315251

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

Worksheet E-1

Date/Time Prepared:
5/12/2023 11:04 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,137,833		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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/11/2022	14,745		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)		-14,745		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)		2,123,088		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		73,058		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,196,146		0	7.00
				Contractor Name		Contractor Number
				1.00		2.00
8.00	Name of Contractor					8.00

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

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

Provider No. : 315251

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

Worksheet G

Date/Time Prepared:
5/12/2023 11:04 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	609,684	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	4,070,876	0	0	0	4.00
5.00	Other receivables	120,688	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-1,627,588	0	0	0	6.00
7.00	Inventory	59,670	0	0	0	7.00
8.00	Prepaid expenses	17,035	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)	3,250,365	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,470,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	5,371,108	0	0	0	15.00
16.00	Less Accumulated depreciation	-3,080,533	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	286,400	0	0	0	19.00
20.00	Less: Accumulated depreciation	-41,795	0	0	0	20.00
21.00	Automobiles and trucks	31,337	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	541,346	0	0	0	23.00
24.00	Less: Accumulated depreciation	-440,070	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)	4,137,793	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	1,698,058	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1,698,058	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	9,086,216	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	753,948	0	0	0	35.00
36.00	Salaries, wages, and fees payable	26,030	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	793,231	0	0	0	41.00
42.00	Other current liabilities	1,040,466	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,613,675	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	PATIENT FUND LIABILITY	79,084	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	79,084	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	2,692,759	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	6,393,457	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)	6,393,457	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	9,086,216	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315251

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

Worksheet G-1

Date/Time Prepared:
5/12/2023 11:04 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		6,685,745		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-292,288			2.00
3.00	Total (sum of line 1 and line 2)		6,393,457		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)		6,393,457		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00		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)		6,393,457		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments)					4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315251

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

Worksheet G-2
Parts I-III
Date/Time Prepared:
5/12/2023 11:04 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	26,214,350		26,214,350	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	113,150		113,150	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	26,327,500		26,327,500	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	3,197,693	0	3,197,693	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)	29,525,193	0	29,525,193	14.00
Cost Center Description			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			23,407,534	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)			23,407,534	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315251

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

Worksheet G-3

Date/Time Prepared:
5/12/2023 11:04 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	29,525,193	1.00
2.00	Less: contractual allowances and discounts on patients accounts	11,752,764	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,772,429	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	23,407,534	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-5,635,105	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,805	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	4,783,212	24.00
24.50	COVID-19 PHE Funding	550,800	24.50
25.00	Total other income (Sum of lines 6 - 24)	5,342,817	25.00
26.00	Total (Line 5 plus line 25)	-292,288	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)	-292,288	31.00