This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0463 Expires: 12/31/2021 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider CCN: 315215 Worksheet S Parts I, II & III Peri od: From 01/01/2022 COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: 5/24/2023 5: 20 pm PART I - COST REPORT STATUS Provi der [ X ] Electronically prepared cost report Date: 5/24/2023 Time: 5: 20 pm use only ] Manually prepared cost report 2 [ 0 ] If this is an amended report enter the number of times the provider resubmitted this cost report 3 ] No Medicare Utilization. Enter "Y" for yes or leave blank for no. Contractor 4. [ 1 ] Cost Report Status 6. Contractor No. use only (1) As Submitted 7.[ N ] First Cost Report for this Provider CCN (2) Settled without audit 8.[ N ] Last Cost Report for this Provider CCN (3) Settled with audit 9. NPR Date: (4) Reopened 10.[ 0 ]If line 4, column 1 is "4": Enter number of times reopened (5) Amended

11. Contractor Vendor Code

for no utilization.

12.[ F ] Medicare Utilization. Enter "F" for full, "L" for low, or "N"

## PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

5. Date Received:

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 GREENWOOD HOUSE HOME FOR THE JEWISH (315215) 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 FINA | NCIAL OFFICER OR ADMINISTRATOR    | CHECKBOX | ELECTRONI C   |   |
|---|-------------------------|-----------------------------------|----------|---|---|
|   | 1                       |                                   | 2        | SI GNATURE STATEMENT  |   |
| 1 | Richa                   | rd Goldstein                      | 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  | Ri chard Goldstein                |          |   | 2 |
| 3 | Signatory Title         | EXECUTI VE DI RECTOR              |          |   | 3 |
| 4 | Date                    | (Dated when report is electronica |          |   | 4 |

|               |                         |         | Title   | XVIII  |           |         |
|---------------|-------------------------|---------|---------|--------|-----------|---------|
| (             | Cost Center Description | Title V | Part A  | Part B | Title XIX |         |
|               |                         | 1.00    | 2.00    | 3. 00  | 4. 00     |         |
| PART I        | II - SETTLEMENT SUMMARY |         |         |        |           |         |
| 1.00 SKILLE   | ED NURSING FACILITY     | 0       | 14, 977 | 0      | 0         | 1. 00   |
| 2.00 NURSI N  | NG FACILITY             | 0       |         |        | 0         | 2. 00   |
| 3.00   ICF/II | I D                     |         |         |        | 0         | 3. 00   |
| 4.00 SNF -    | BASED HHA I             | 0       | 0       | 0      |           | 4. 00   |
| 5.00 SNF -    | BASED RHC I             | 0       |         | 0      |           | 5. 00   |
| 6.00 SNF -    | BASED FQHC I            | 0       |         | 0      |           | 6. 00   |
| 7.00 SNF -    | BASED CMHC I            | 0       |         | 0      |           | 7. 00   |
| 7.10 SNF -    | BASED CORF I            | 0       |         | 0      |           | 7. 10   |
| 100. 00 TOTAL |                         | 0       | 14, 977 | 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.

Health Financial Systems GREENWOOD HOUSE HOME FOR THE JEWISH In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provi der No.: 315215 Peri od: Worksheet S-2 From 01/01/2022 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2022 5/24/2023 5: 20 pm 1.00 3.00 Skilled Nursing Facility and Skilled Nursing Facility Complex Address: 1.00 Street: 53 WALTER STREET PO Box: 1.00 2.00 City: EWING State: NJ Zi p Code: 45940 2.00 3.00 County: MERCER CBSA Code: 45940 Urban/Rural: U 3.00 CBSA Code: 0 3.01 3.01 Component Name Provi der Date Payment System (P, CCN Certi fi ed 0, or N) XVIII XIX 4. 00 5. 00 6. 00 1.00 2.00 3. 00 SNF and SNF-Based Component Identification: 4.00 SNF GREENWOOD HOUSE HOME 315215 02/01/1985 N Р Ν 4.00 FOR THE JEWISH 5.00 Nursing Facility 5 00 ICF/IID 6.00 6.00 7.00 SNF-Based HHA 7.00 8.00 SNF-Based RHC 8.00 SNF-Based FQHC 9.00 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) 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 N 16.00 section 483.5? Is this a composite distinct part skilled nursing facility that meets the requirements set forth in Ν 17.00 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related N 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 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. Ν 19.00 19.01 If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare N 19.01 utilization cost report, indicate with a "Y", for yes, or "N" for no. Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22 20.00 Straight Line 676, 688 20 00 21.00 Declining Balance 21.00 Sum of the Year's Digits 22.00 22.00 Sum of line 20 through 22 23.00 676, 688 23 00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) 25.00 Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26.00 26.00 N (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report N 27.00 applies? (Y/N) 28.00 28.00 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N) 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 29.00 Ν Ν 30.00 Nursing Facility 30.00 Ν 31.00 | ICF/IID 31.00 Ν 32.00 SNF-Based HHA Ν Ν 32.00 SNF-Based RHC 33.00 33.00 34.00 SNF-Based FQHC N 34 00 35.00 SNF-Based CMHC Ν 35.00 36.00 SNF-Based OLTC 36.00 Y/N 1.00 2.00 37.00 Is the skilled nursing facility located in a state that certifies the provider as a SNF Ν 37.00 regardless of the level of care given for Titles V & XIX patients? (Y/N) Are you legally-required to carry mal practice insurance? (Y/N) Ν 38 00 39.00 Is the malpractice a "claims-made" or "occurrence" policy? If the policy is 1 39.00 "claims-made" enter 1. If the policy is "occurrence", enter 2 Premi ums Pai d Losses Self Insurance 3.00 1.00 2.00

0

0

41.00

41.00 List malpractice premiums and paid losses:

| Heal th | Financial Systems   | GREENWOOD HOUSE HOME FO    | GREENWOOD HOUSE HOME FOR THE JEWISH |   |                | 2540-10      |
|---------|---|----------------------------|-------------------------------------|---|----------------|--------------|
|         | D NURSING FACILITY AND SKILLED NURSING<br>X INDENTIFICATION DATA  | G FACILITY HEALTH CARE     | Provi der No.: 315215               | Period:<br>From 01/01/2022<br>To 12/31/2022 | Date/Time Pre  | epared:      |
|         |   |                            |                                     |   | 5/24/2023 5: 2 | <u>20 pm</u> |
|         |   |                            |                                     |   | 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. |                            |                                     |   |                |              |
| 43.00   | Are there any home office costs as de-  | fined in CMS Pub. 15-1, Ch | apter 10?                           |   | N              | 43.00        |
|         | If line 43 is yes, enter the home offi office on lines 45, 46 and 47.   | ce chain number and enter  | the name and address                | of the home                                 |                | 44. 00       |
|         | 1.00  | 2.00                       |                                     | 3. 00                                       |                |              |
|         | If this facility is part of a chain o below.  | rganization, enter the nam | e and address of the                | home office on the                          | lines          |              |
| 45.00   | Name:   | Contractor's Name:         | Contrac                             | ctor's Number:                              |                | 45. 00       |
| 46.00   | Street:   | PO Box:                    |                                     |   |                | 46. 00       |
| 47.00   | Ci ty:  | State:                     | Zi p Coo                            | de:   |                | 47. 00       |

|  | D NURSING FACILITY AND SKILLED NURSING FACILI<br>X REIMBURSEMENT QUESTIONNAIRE   | IY HEALTH CARE Provide  |  | Period:<br>From 01/01/2022<br>To 12/31/2022 | Date/Time Pro  | epared   |
|--|--|---|--|---|--|--|
|  |  |   |  | Y/N   | 5/24/2023 5::<br>Date                                    | 20 pm  |
|  | General Instruction: For all column 1 respons  | ses enter in column 1. "Y" f  | for Yes or "N"   | 1.00<br>for No. For all                     | 2.00<br>the date   |  |
|  | responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites   |   |  |   |  | -  |
| _  | Provider Organization and Operation  |   |  |   | 1  |  |
| 0  | Has the provider changed ownership immediatel reporting period? If column 1 is "Y", enter instructions)  | y prior to the beginning of<br>the date of the change in co   | the cost<br>lumn 2. (see                                   | N   |  | 1.   |
|  |  |   | Y/N<br>1.00  | Date 2.00                                   | V/I<br>3. 00   |  |
| 0  | Has the provider terminated participation in   |   | N  | 2.00  | 3.00   | 2.   |
|  | column 1 is yes, enter in column 2 the date of 3, "V" for voluntary or "I" for involuntary.  |   | 1  |   |  |  |
| 0  | Is the provider involved in business transaction contracts, with individuals or entities (e.g.   |   | N  |   |  | 3.   |
|  | or medical supply companies) that are related officers, medical staff, management personnel  | d to the provider or its  |  |   |  |  |
|  | of directors through ownership, control, or t  |   |  |   |  |  |
|  | relationships? (see instructions)  |   | Y/N  | Type  | Date   |  |
|  | Financial Data and Reports   |   | 1.00   | 2. 00                                       | 3. 00  |  |
| C  | Column 1: Were the financial statements prepa  |   | N  |   |  | 4  |
|  | Accountant? (Y/N) Column 2: If yes, enter "A' Compiled, or "R" for Reviewed. Submit complete   | te copy or enter date   |  |   |  |  |
| 0  | available in column 3. (see instructions) If Are the cost report total expenses and total  |   | N  |   |  | 5  |
|  | those on the filed financial statements? If or reconciliation.   |   |  |   |  |  |
|  | reconcitration.  |   |  | Y/N   | Legal Oper.  |  |
|  |  |   |  | 1. 00                                       | 2.00   |  |
|  | Approved Educational Activities  |   |  |   |  |  |
| )  | Column 1: Were costs claimed for Nursing Scho  | ool? (Y/N) Column 2: Is the   | provider the   | N   | N  | 6  |
| 0  | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N)<br>Were costs claimed for Allied Health Programs   | s? (Y/N) see instructions.  | •  | N   | N  | 7  |
| 0  | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N)  | s? (Y/N) see instructions.<br>ng the cost reporting period  | •  |   |  | 7  |
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| 000000000000000000000000000000000000000  | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) so the second and seco | s? (Y/N) see instructions.  ng the cost reporting period ee instructions.  d debts? (Y/N) see instructi t collection policy change of d/or coinsurance waived? If  Cost reporting period? If "  Description | ons. luring this cos "Y", see instru Pa Y/N 1.00           | t reporting uctions. ctions. rt A Date 2.00 | Y/N<br>1.00<br>N<br>N<br>N<br>Part B<br>Y/N<br>3.00      | 7 8 9 10 11 12 13 13 14  |
| 000000000000000000000000000000000000000  | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) so the school and the school and the school and the provider school and the program to the passes of the passes o | s? (Y/N) see instructions.  ng the cost reporting period ee instructions.  d debts? (Y/N) see instructi t collection policy change of d/or coinsurance waived? If  Cost reporting period? If "  Description | ons. luring this cos "Y", see instru Pa Y/N 1.00  N        | t reporting uctions. ctions. rt A Date 2.00 | Y/N<br>1.00<br>N<br>N<br>N<br>Part B<br>Y/N<br>3.00<br>Y | 7 8 9 10 11 12 13 13 14 15   |
| 000000000000000000000000000000000000000  | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) so the school and the provider's bad debuted to the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.) 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. 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",   | s? (Y/N) see instructions.  ng the cost reporting period ee instructions.  d debts? (Y/N) see instructi t collection policy change of d/or coinsurance waived? If  Cost reporting period? If "  Description | ons. luring this cos "Y", see instru Pa Y/N 1.00           | t reporting uctions. ctions. rt A Date 2.00 | Y/N<br>1.00<br>N<br>N<br>N<br>Part B<br>Y/N<br>3.00      | 7 8 9 10 11 12 13 13 14 15   |
| 000000000000000000000000000000000000000  | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) so Bad Debts Is the provider seeking reimbursement for bac If line 9 is "Y", did the provider's bad debt period? If "Y", submit copy. If line 9 is "Y", are patient deductibles and Bed Complement Have total beds available changed from prior  PS&R Data 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.) 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.  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.  If line 13 or 14 is "Y", then were adjustments made to PS&R Report   | s? (Y/N) see instructions.  ng the cost reporting period ee instructions.  d debts? (Y/N) see instructi t collection policy change of d/or coinsurance waived? If  Cost reporting period? If "  Description | ons. luring this cos "Y", see instru Pa Y/N 1.00  N        | t reporting uctions. ctions. rt A Date 2.00 | Y/N<br>1.00<br>N<br>N<br>N<br>Part B<br>Y/N<br>3.00<br>Y | 7 8 9 10 11 12 13 13 14 15   |
|  | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) so the school and the provider's bad debited to the school and the provider in cols. 2 and the program this cost report in cols. 2 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 the program that the program that the program that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions. 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. If line 13 or 14 is "Y", then were  | s? (Y/N) see instructions.  ng the cost reporting period ee instructions.  d debts? (Y/N) see instructi t collection policy change of d/or coinsurance waived? If  Cost reporting period? If "  Description | ons. luring this cos "Y", see instru Pa Y/N 1.00  N        | t reporting uctions. ctions. rt A Date 2.00 | Y/N<br>1.00<br>N<br>N<br>N<br>Part B<br>Y/N<br>3.00<br>Y | 7 8 9 10 11 12 13 13 14 15 16  |
| 00000000                                 | Column 1: Were costs claimed for Nursing Scholegal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) so the school and the provider's bad debugeriod? If "Y", submit copy.  If line 9 is "Y", are patient deductibles and Bed Complement Have total beds available changed from prior  PS&R Data  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 columns 2 and 4.  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.  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.  | s? (Y/N) see instructions.  ng the cost reporting period ee instructions.  d debts? (Y/N) see instructi t collection policy change of d/or coinsurance waived? If  Cost reporting period? If "  Description | ons. luring this cos "Y", see instru Pa Y/N 1.00  N N      | t reporting uctions. ctions. rt A Date 2.00 | Y/N<br>1.00<br>N<br>N<br>N<br>Part B<br>Y/N<br>3.00<br>Y | 6 7 8 8 9 10 11 12 13 13 14 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17 |

| Heal th | Financial Systems GREENWOOD HOUSE                         | HOME F | OR THE JEWISH         | In Lie                           | u of Form CMS-             | 2540-10 |
|---------|---|--------|-----------------------|----------------------------------|----------------------------|---------|
|         | D NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CA | RE     | Provi der No.: 315215 | Peri od:                         | Worksheet S-2              | 2       |
| COMPLE  | X REIMBURSEMENT QUESTIONNAIRE                             |        |                       | From 01/01/2022<br>To 12/31/2022 | Part II<br>  Date/Time Pre | narod:  |
|         |   |        |                       | 10 12/31/2022                    | 5/24/2023 5: 2             | 20 pm   |
|         |   |        |                       |                                  |                            |         |
|         |   |        | 1. 00                 | 2.                               | 00                         |         |
|         | Cost Report Preparer Contact Information                  |        |                       |                                  |                            |         |
| 19. 00  | Enter the first name, last name and the title/position    | VARI   | IIOUS                 | VARI OUS                         |                            | 19. 00  |
|         | held by the cost report preparer in columns 1, 2, and 3,  |        |                       |                                  |                            |         |
|         | respecti vel y.   |        |                       |                                  |                            |         |
| 20.00   | Enter the employer/company name of the cost report        | HUB    | CO HEALTH CARE GROUP  |                                  |                            | 20. 00  |
|         | preparer.   |        |                       |                                  |                            |         |
| 21. 00  | Enter the telephone number and email address of the cost  | 609-   | -730-1980             | COSTREPORTS@HUE                  | BCO. NET                   | 21. 00  |
|         | report preparer in columns 1 and 2, respectively.         |        |                       |                                  |                            |         |

 
 Heal th Financial
 Systems
 GREENWOOD HOUSE HOW

 SKI LLED NURSING
 FACILITY AND SKI LLED NURSING FACILITY HEALTH CARE
 | Peri od: | Worksheet S-2 | From 01/01/2022 | Part I | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315215 COMPLEX REIMBURSEMENT QUESTIONNAIRE

|        |   |              |       | 5/24/2023 5:2 |        |
|--------|---|--------------|-------|---------------|--------|
|        |   | Part B       |       |               |        |
|        |   | Date         |       |               |        |
|        |   | 4. 00        |       |               |        |
|        | PS&R Data                                       |              |       |               |        |
| 13.00  | Was the cost report prepared using the PS&R     | 04/13/2023   |       |               | 13. 00 |
|        | 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.)                          |              |       |               | 1      |
| 14. 00 | Was the cost report prepared using the PS&R     |              |       |               | 14. 00 |
|        | 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. |              |       |               |        |
| 15. 00 | If line 13 or 14 is "Y", were adjustments       |              |       |               | 15. 00 |
| 13.00  | made to PS&R data for additional claims that    |              |       |               | 15.00  |
|        | have been billed but are not included on the    |              |       |               |        |
|        | PS&R used to file this cost report? If "Y",     |              |       |               |        |
|        | see Instructions.                               |              |       |               |        |
| 16.00  | If line 13 or 14 is "Y", then were              |              |       |               | 16. 00 |
|        | adjustments made to PS&R data for               |              |       |               |        |
|        | corrections of other PS&R Report                |              |       |               |        |
|        | information? If yes, see instructions.          |              |       |               |        |
| 17.00  | If line 13 or 14 is "Y", then were              |              |       |               | 17. 00 |
|        | adjustments made to PS&R data for Other?        |              |       |               |        |
|        | Describe the other adjustments:                 |              |       |               |        |
| 18. 00 | Was the cost report prepared only using the     |              |       |               | 18. 00 |
|        | provider's records? If "Y" see Instructions.    |              |       |               |        |
|        |   |              | 3.00  |               |        |
|        | Cost Report Preparer Contact Information        |              | 3.00  |               |        |
|        | Enter the first name, last name and the title   | /nosition    | STAFF |               | 19. 00 |
| 17.00  | held by the cost report preparer in columns 1   |              | STALL |               | 19.00  |
|        | respectively.                                   | i, 2, and 5, |       |               |        |
| 20. 00 |   | report       |       |               | 20.00  |
|        | preparer.                                       |              |       |               |        |
| 21. 00 | Enter the telephone number and email address    | of the cost  |       |               | 21.00  |
|        | report preparer in columns 1 and 2, respectiv   |              |       |               |        |
|        |   |              |       |               |        |

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

CARE

Provi der No.: 315215

Peri od: From 01/01/2022

12/31/2022

Worksheet S-3 Part I Date/Time Prepared:

5/24/2023 5: 20 pm Inpatient Days/Visits Title XVIII Component Number of Beds Bed Days Title V Title XIX Avai I abl e 4.00 5.00 1.00 2.00 3.00 1.00 SKILLED NURSING FACILITY 137 50, 005 3, 629 13, 498 1. 00 NURSING FACILITY 0 2.00 0 2.00 3.00 ICF/IID 0 3.00 0 HOME HEALTH AGENCY COST 4.00 0 Ω 4 00 5.00 Other Long Term Care 5.00 SNF-Based CMHC 6.00 6.00 SNF-Based CORF 6.10 6.10 HOSPI CE 7.00 Λ 7.00 8.00 Total (Sum of lines 1-7) 137 3,629 13, 498 8.00 Inpatient Days/Visits Di scharges Component 0ther Total Title V Title XVIII Title XIX 6.00 8.00 9. 00 10.00 SKILLED NURSING FACILITY 1.00 19, 771 36, 898 121 1.00 NURSING FACILITY 2 00 2 00 0 0 3.00 ICF/IID 0 3.00 4.00 HOME HEALTH AGENCY COST 0 4.00 Other Long Term Care SNF-Based CMHC 0 5.00 5.00 6.00 6 00 6.10 SNF-Based CORF 6.10 HOSPI CE 7.00 7.00 Total (Sum of lines 1-7) <u>36, 8</u>98 121 8.00 19.771 8.00 Average Length of Stay Di scharges 0ther Title V Title XVIII Title XIX Component Total 11. 00 13.00 14.00 15. 00 12.00 1.00 SKILLED NURSING FACILITY 187 312 0. 00 29.99 3, 374. 50 1.00 2.00 NURSING FACILITY 0.00 0.00 2.00 ICF/IID 0 3.00 0.00 3.00 4.00 HOME HEALTH AGENCY COST 4.00 Other Long Term Care 5.00 5.00 6.00 SNF-Based CMHC 6.00 SNF-Based CORF 6.10 6.10 HOSPI CE 0.00 7 00 0 00 0 00 7 00 Total (Sum of lines 1-7) 8.00 187 312 0.00 29.99 3, 374. 50 8.00 Average Length Admi ssi ons of Stay Component Title V Title XVIII 0ther Title XIX Total 19.00 20.00 16.00 17.00 18.00 1.00 SKILLED NURSING FACILITY 118. 26 129 197 1.00 2.00 NURSING FACILITY 0 0.00 0 2.00 ICF/IID 3.00 0.00 0 3.00 0 HOME HEALTH AGENCY COST 4 00 4 00 5.00 Other Long Term Care 0.00 5.00 6.00 SNF-Based CMHC 6.00 6.10 SNF-Based CORF 6.10 7.00 HOSPI CE 0.00 Λ 7.00 Total (Sum of lines 1-7) 129 197 8.00 118.26 8.00 Admi ssi ons Full Time Equivalent Component Total Employees on Nonpai d Payrol I Workers 21.00 22.00 23.00 1.00 SKILLED NURSING FACILITY 331 153. 02 0.00 1. 00 NURSING FACILITY 0.00 2.00 2.00 0.00 3.00 LCF/LLD 0 0.00 0.00 3.00 4.00 HOME HEALTH AGENCY COST 0.00 0.00 4.00 5.00 Other Long Term Care 0.00 0.00 5.00 SNF-Based CMHC 0.00 0.00 6.00 6.00 6.10 SNF-Based CORF 0.00 0.00 6. 10 7.00 HOSPI CE 0.00 0.00 7.00 Total (Sum of lines 1-7) 331 153.02 0.00 8.00 8.00

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: Health Financial Systems
SNF WAGE INDEX INFORMATION Provi der No.: 315215

|        |  |             |               |                | 0 12/31/2022   | 5/24/2023 5:20 |        |
|--------|--|-------------|---------------|----------------|----------------|----------------|--------|
|        |  | Amount      | Reclass. of   | Adj usted      | Pai d Hours    | Average Hourly |        |
|        |  | Reported    | Salaries from | Salaries (col. | Related to     | Wage (col. 3 ÷ |        |
|        |  | ·           | Worksheet A-6 | 1 ± col. 2)    | Salary in col. | col . 4)       |        |
|        |  |             |               |                | 3              |                |        |
|        |  | 1. 00       | 2. 00         | 3. 00          | 4. 00          | 5. 00          |        |
|        | PART II - DIRECT SALARIES                  |             |               |                |                |                |        |
|        | SALARIES                                   |             | 1             |                |                |                |        |
| 1. 00  | Total salaries (See Instructions)          | 8, 832, 410 | 0             | 8, 832, 410    |                |                | 1. 00  |
| 2.00   | Physician salaries-Part A                  | 0           | 0             | [ C            | 0.00           |                | 2. 00  |
| 3.00   | Physician salaries-Part B                  | 0           | 0             | [ C            | 0.00           |                |        |
| 4.00   | Home office personnel                      | 0           | 0             | [ C            | 0.00           |                |        |
| 5.00   | Sum of lines 2 through 4                   | 0           | 0             | [ C            | 0.00           |                | 5. 00  |
| 6.00   | Revised wages (line 1 minus line 5)        | 8, 832, 410 | 0             | 8, 832, 410    | 350, 563. 00   | 25. 19         | 6. 00  |
| 7.00   | Other Long Term Care                       | 0           | 0             | C              | 0.00           | 0.00           | 7. 00  |
| 8.00   | HOME HEALTH AGENCY COST                    | 0           | 0             | C              | 0.00           | 0.00           | 8. 00  |
| 9.00   | CMHC                                       | 0           | 0             | C              | 0.00           | 0.00           | 9. 00  |
| 9. 10  | CORF                                       |             |               |                |                |                | 9. 10  |
| 10.00  | HOSPI CE                                   | 0           | 0             | C              | 0.00           | 0.00           | 10.00  |
| 11.00  | Other excluded areas                       | 225, 290    | 490, 516      | 715, 806       | 32, 291. 00    | 22. 17         | 11. 00 |
| 12.00  | Subtotal Excluded salary (Sum of lines 7   | 225, 290    | 490, 516      | 715, 806       | 32, 291. 00    | 22. 17         | 12. 00 |
|        | through 11)                                |             |               |                |                |                |        |
| 13.00  | Total Adjusted Salaries (line 6 minus line | 8, 607, 120 | -490, 516     | 8, 116, 604    | 318, 272. 00   | 25. 50         | 13.00  |
|        | 12)  |             |               |                |                |                |        |
|        | OTHER WAGES & RELATED COSTS                |             |               |                |                |                |        |
| 14.00  | Contract Labor: Patient Related & Mgmt     | 610, 795    | 0             | 610, 795       | 9, 851. 00     | 62.00          | 14. 00 |
| 15.00  | Contract Labor: Physician services-Part A  | 0           | 0             | C              | 0.00           | 0.00           | 15. 00 |
| 16.00  | Home office salaries & wage related costs  | 0           | 0             | C              | 0.00           | 0.00           | 16. 00 |
|        | WAGE-RELATED COSTS                         |             |               |                |                |                |        |
| 17.00  | Wage-related costs core (See Part IV)      | 1, 950, 158 | 0             | 1, 950, 158    | 3              |                | 17. 00 |
| 18.00  | Wage-related costs other (See Part IV)     | 0           | 0             | C              |                |                | 18. 00 |
| 19.00  | Wage related costs (excluded units)        | 49, 743     | 108, 302      | 158, 045       | 5              |                | 19. 00 |
| 20.00  | Physician Part A - WRC                     | 0           | 0             | C              | )              |                | 20. 00 |
| 21.00  | Physician Part B - WRC                     | 0           | 0             | l              | )              |                | 21. 00 |
| 22. 00 | Total Adjusted Wage Related cost (see      | 1, 900, 415 | -108, 302     | 1, 792, 113    | 3              |                | 22. 00 |
|        | instructions)                              |             |               |                |                |                |        |
|        |  | •           | •             | -              | •              |                | -      |

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part III | To 12/31/2022 | Date/Time Prepared: | Part Health Financial Systems
SNF WAGE INDEX INFORMATION Provi der No.: 315215

|       |  |             |               |                |                | 5/24/2023 5: 20 | O pm  |
|-------|--|-------------|---------------|----------------|----------------|-----------------|-------|
|       |  | Amount      | Reclass. of   | Adj usted      | Pai d Hours    | Average Hourly  |       |
|       |  | Reported    | Salaries from | Salaries (col. | Related to     | Wage (col. 3 ÷  |       |
|       |  |             | Worksheet A-6 | 1 ± col. 2)    | Salary in col. | col . 4)        |       |
|       |  |             |               |                | 3              |                 |       |
|       |  | 1. 00       | 2.00          | 3.00           | 4. 00          | 5. 00           |       |
|       | PART III - OVERHEAD COST - DIRECT SALARIES |             |               |                |                |                 |       |
| 1.00  | Employee Benefits                          | 0           | C             | ) c            | 0.00           | 0.00            | 1. 00 |
| 2.00  | Administrative & General                   | 908, 155    | C             | 908, 155       | 24, 407. 00    | 37. 21          | 2. 00 |
| 3.00  | Plant Operation, Maintenance & Repairs     | 190, 732    | C             | 190, 732       | 8, 614. 00     | 22. 14          | 3.00  |
| 4.00  | Laundry & Li nen Servi ce                  | 27, 721     | C             | 27, 721        | 1, 797. 00     | 15. 43          | 4. 00 |
| 5.00  | Housekeepi ng                              | 605, 777    | C             | 605, 777       | 40, 105. 00    | 15. 10          | 5.00  |
| 6.00  | Di etary                                   | 369, 972    | C             | 369, 972       | 23, 493. 00    | 15. 75          | 6.00  |
| 7.00  | Nursing Administration                     | 431, 237    | C             | 431, 237       | 11, 472. 00    | 37. 59          | 7. 00 |
| 8.00  | Central Services and Supply                | 0           | C             | C              | 0.00           | 0.00            | 8. 00 |
| 9.00  | Pharmacy                                   | 0           | C             | C              | 0.00           | 0.00            | 9. 00 |
| 10.00 | Medical Records & Medical Records Library  | 0           | C             | ) c            | 0.00           | 0.00            | 10.00 |
| 11.00 | Soci al Servi ce                           | 126, 794    | C             | 126, 794       | 4, 360. 00     | 29. 08          | 11.00 |
| 12.00 | Nursing and Allied Health Ed. Act.         |             |               |                |                |                 | 12.00 |
| 13.00 | Other General Service                      | 217, 510    | C             | 217, 510       | 14, 269. 00    | 15. 24          | 13.00 |
| 14.00 | Total (sum lines 1 thru 13)                | 2, 877, 898 | [ c           | 2, 877, 898    | 128, 517. 00   | 22. 39          | 14.00 |

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part IV | To 12/31/2022 | Date/Time Prepared:

|        | To 12/31/2023   | 2   Date/Time Pre<br>  5/24/2023 5:20 |          |
|--------|---|---------------------------------------|----------|
|        |   | Amount                                | <b>Б</b> |
|        |   | 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 Shel tered Annui ty (TSA) Employer Contribution   | 0                                     | 2. 00    |
| 3. 00  | Qualified and Non-Qualified Pension Plan Cost   | 77, 944                               | 3. 00    |
| 4. 00  | Prior Year Pension Service Cost   | 0                                     | 4. 00    |
| 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    |
| ,, 00  | HEALTH AND INSURANCE COST   | -                                     | 7.00     |
| 8. 00  | Heal th Insurance (Purchased or Self Funded)  | 818, 964                              | 8. 00    |
| 9. 00  | Prescription Drug Plan  | 0 10, 701                             | 9. 00    |
| 10.00  | Dental, Hearing and Vision Plan   | -3, 505                               |          |
| 11. 00 | Life Insurance (If employee is owner or beneficiary)  | 0, 303                                | 11.00    |
| 12. 00 | Accident Insurance (If employee is owner or beneficiary)  |                                       | 12.00    |
| 13. 00 |   | 51, 485                               |          |
| 14. 00 |   | 0                                     |          |
|        | Workers' Compensation Insurance   | 270, 913                              |          |
| 16. 00 | Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. | 270, 913                              | 16. 00   |
| 10.00  | Non cumulative portion)   |                                       | 10.00    |
|        | TAXES   |                                       |          |
| 17 00  | FICA-Employers Portion Only   | 685, 334                              | 17. 00   |
| 18. 00 | Medicare Taxes - Employers Portion Only   | 003, 334                              | 18. 00   |
| 19. 00 | Unemployment Insurance  | 21, 552                               |          |
|        | State or Federal Unemployment Taxes   | 21, 332                               | 20.00    |
| 20.00  | OTHER   | 0                                     | 20.00    |
| 21 00  | Executive Deferred Compensation   | 0                                     | 21. 00   |
|        |   |                                       | 22.00    |
|        | Tuition Reimbursement   |                                       | 23. 00   |
|        | Total Wage Related cost (Sum of lines 1 - 23)   | 1, 922, 687                           |          |
| 24.00  | Total wage related cost (Julii of Titles 1 - 25)  | Amount                                | 24.00    |
|        |   | Reported                              |          |
|        |   | 1.00                                  |          |
|        | Part B - Other than Core Related Cost   | 1.00                                  |          |
| 25 00  | UNI FORMS, EMP BEN  | 27, 471                               | 25 00    |
| _0.00  | 1   | 27, 171                               | _0.00    |

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No.: 315215 Period:

Peri od: Worksheet S-3 From 01/01/2022 Part V To 12/31/2022 Date/Ti me Prepared:

5/24/2023 5:20 pm Occupational Category Amount Fri nge Adj usted Paid Hours Average Hourly Benefits Sal ari es (col Related to Wage (col. 3 Reported col . 4) 1 + col. 2Salary in col 3.00 5.00 1.00 2.00 4.00 Direct Salaries Nursing Occupations 1.00 Registered Nurses (RNs) 1, 422, 270 314, 031 1, 736, 301 37, 869. 00 45.85 1.00 Licensed Practical Nurses (LPNs) 1, 641, 569 362, 451 2,004,020 54, 278. 00 36. 92 2.00 2.00 3.00 Certified Nursing Assistant/Nursing 2, 512, 171 554, 676 3, 066, 847 112, 610. 00 27.23 3.00 Assi stants/Ai des ̈ 4.00 Total Nursing (sum of lines 1 through 3) 5, 576, 010 1, 231, 158 6, 807, 168 204, 757. 00 33.25 4.00 5.00 Physical Therapists 4, 233. 00 52. 71 5.00 182, 776 40, 356 223, 132 Physical Therapy Assistants 0.00 6.00 C 0.00 6.00 7.00 Physical Therapy Aides 0.00 0.00 7.00 Occupational Therapists
Occupational Therapy Assistants 195, 569 46. 90 8.00 4, 170, 00 8.00 160, 198 35, 371 0.00 9.00 0.00 9.00 10.00 Occupational Therapy Aides 0.00 0.00 10.00 55. 94 11.00 Speech Therapists 95, 310 21, 044 116, 354 2, 080. 00 11.00 Respiratory Therapists 0.00 12.00 0 00 12 00 13.00 Other Medical Staff 0.00 0.00 13.00 Contract Labor Nursing Occupations 14 00 Registered Nurses (RNs) 0 00 14 00 0.00 15.00 Licensed Practical Nurses (LPNs) 382, 474 382, 474 5, 694. 00 67.17 15.00 Certified Nursing Assistant/Nursing 228, 321 228, 321 4, 157. 00 54.92 16.00 16.00 Assi stants/Ai des ̈ 17.00 Total Nursing (sum of lines 14 through 16) 610, 795 610, 795 9, 851. 00 62.00 17.00 18.00 Physical Therapists 0 0.00 0.00 18.00 0 19.00 Physical Therapy Assistants 0 0.00 0.00 19.00 00000000 Physical Therapy Aides 20.00 0 0.00 0.00 20.00 0.00 21.00 Occupational Therapists 0 0.00 21.00 Occupational Therapy Assistants 0 22.00 0.00 0.00 22.00 Occupational Therapy Aides 0.00 0.00 23.00 23.00 0 24.00 Speech Therapists 0.00 0.00 24.00 0 Respiratory Therapists 0.00 25.00 25.00 0.00 26.00 Other Medical Staff 0.00 0.00 26.00

75.00

PA<sub>2</sub>

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA Provi der No.: 315215 Peri od: Worksheet S-7 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/24/2023 5: 20 pm Group Days 1. 00 2.00 1.00 RUX 1.00 2.00 RUL 2.00 3.00 RVX 3.00 4.00 RVL 4.00 5.00 RHX 5.00 6.00 RHL 6.00 7.00 RMX 7.00 8.00 RML 8.00 9.00 RLX 9.00 10.00 RUC 10.00 11.00 RUB 11.00 12.00 RUA 12.00 13.00 RVC 13.00 14.00 RVB 14.00 15.00 RVA 15.00 RHC 16.00 16.00 17.00 RHB 17.00 18.00 RHA 18.00 19.00 RMC 19.00 RMB 20.00 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 30.00 HD1 31.00 HC<sub>2</sub> 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 44.00 CE1 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 52.00 CA1 SE3 53.00 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 1 B2 59.00 60.00 IB1 60.00 61.00 IA2 61.00 62.00 I A1 62.00 63.00 63.00 BB2 BB1 64.00 64.00 65.00 BA2 65.00 66.00 BA1 66.00 67.00 PF2 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

| Health Financial Systems  | GREENWOOD HOUSE HOME FOR THE JEW   | I SH   | In Lie  | u of Form CMS-                             | 2540-10 |
|---|--|--|---|--|---------|
| PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA  | Provi der  |  | Period:<br>From 01/01/2022<br>To 12/31/2022                                 | Worksheet S-7 Date/Time Pro 5/24/2023 5:2  | epared: |
|   |  |  | Group   | Days                                       |         |
|   | <u> </u>   |  | 1. 00   | 2. 00                                      |         |
| 76. 00  |  |  | PA1   |  | 76. 00  |
| 99. 00  |  |  | AAA   |  | 99. 00  |
| 100. 00 TOTAL   |  |  |   |  | 100. 00 |
|   |  | Expenses   | Percentage  | Y/N  |         |
|   |  | 1.00   | 2. 00   | 3. 00                                      |         |
| A notice published in the Federal Regis payments beginning 10/01/2003. Congress expenses. For lines 101 through 106: Er column 2 the percentage of total expens line 1, column 3. Indicate in column 3 with direct patient care and related ex (See instructions) | s expected this increase to be used<br>ter in column 1 the amount of the<br>ses for each category to total SNF<br>"Y" for yes or "N" for no if the s | for direct pa<br>expense for ea<br>revenue from l<br>spending reflec | atient care and<br>ach category. Er<br>Worksheet G-2, F<br>cts increases as | related<br>nter in<br>Part I,<br>ssociated |         |
| 101. 00 Staffi ng   |  |  |   |  | 101. 00 |
| 102.00 Recrui tment   |  |  |   |  | 102. 00 |
| 103.00 Retention of employees   |  |  |   |  | 103. 00 |
| 104. 00 Trai ni ng  |  |  |   |  | 104. 00 |
| 105.00 OTHER (SPECIFY)  |  |  |   |  | 105. 00 |
| 106.00 Total SNF revenue (Worksheet G-2, Part   | I, line 1, column 3)   | I  |   |  | 106. 00 |

| Health Financial Systems GREENWOOD HOUSE HOME FOR THE JEWISH In Lieu of Form CMS-2540 RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES Provider No.: 315215 Period: Worksheet A |  |                     |                     |                         |  | 2540-10  |                  |
|---|--|---------------------|---------------------|-------------------------|--|--|------------------|
|   |  |                     |                     |                         | rom 01/01/2022<br>o 12/31/2022           |  |                  |
|   | Cost Center Description  | Sal ari es          | 0ther               | Total (col. 1 + col. 2) | Reclassi ficati<br>ons<br>Increase/Decre | 5/24/2023 5:2<br>Reclassified<br>Trial Balance<br>(col. 3 +- | O pili           |
|   |  |                     |                     |                         | ase (Fr Wkst                             | col . 4)   |                  |
|   |  | 1.00                | 2. 00               | 3.00                    | A-6)<br>4. 00                            | 5. 00  |                  |
| 1.00  | GENERAL SERVICE COST CENTERS   |                     | 245 222             | 1 2/5 222               |  | 0/5 000  | 1.00             |
| 1. 00<br>2. 00  | OO100   CAP REL COSTS - BLDGS & FIXTURES   OO200   CAP REL COSTS - MOVABLE EQUIPMENT |                     | 865, 228<br>78, 185 |                         |  | 865, 228<br>78, 185  | 1                |
| 3.00  | 00300 EMPLOYEE BENEFITS  | 0                   | 1, 950, 158         |                         |  | 1, 950, 158  | 1                |
| 4.00  | 00400 ADMINISTRATIVE & GENERAL   | 908, 155            | 2, 125, 211         |                         |  | 3, 033, 366  |                  |
| 5. 00<br>6. 00  | 00500 PLANT OPERATION, MAINT. & REPAIRS<br>00600 LAUNDRY & LINEN SERVICE             | 190, 732<br>27, 721 | 763, 312<br>30, 395 |                         |  | 954, 044<br>58, 116  | •                |
| 7. 00   | 00700 HOUSEKEEPING   | 605, 777            | 66, 170             |                         |  | 671, 947   | •                |
| 8.00  | 00800 DI ETARY   | 369, 972            | 2, 121, 621         |                         |  | 2, 491, 593  | 8. 00            |
| 9. 00<br>10. 00   | O0900   NURSI NG ADMI NI STRATI ON   O1000   CENTRAL SERVI CES & SUPPLY              | 431, 237            | 138, 091            | 569, 328                |  | 569, 328   | •                |
| 11. 00  | 01100 PHARMACY   | 0                   | 298, 916<br>11, 851 | 298, 916<br>11, 851     |  | 298, 916<br>11, 851  | •                |
| 12. 00  | 01200 MEDICAL RECORDS & LIBRARY  | 0                   | 0                   | C                       | 0  | 0  | 1                |
| 13.00   | 01300 SOCI AL SERVI CE   | 126, 794            | 233                 |                         | 1  | 127, 027   |                  |
| 15. 00  | 01500   PATIENT ACTIVITIES  <br>  NPATIENT ROUTINE SERVICE COST CENTERS              | 217, 510            | 29, 575             | 247, 085                | 0  | 247, 085   | 15. 00           |
| 30. 00  | 03000 SKILLED NURSING FACILITY   | 5, 290, 938         | 681, 138            | 5, 972, 076             | -493, 289                                | 5, 478, 787  | 30.00            |
| 31.00   | 03100 NURSING FACILITY   | 0                   | 0                   | C                       | 0  | 0  |                  |
| 32. 00<br>33. 00  | 03200   CF/IID   03300   OTHER LONG TERM CARE  | 0                   | 0                   | 0                       |  | 0  |                  |
| 33.00   | ANCI LLARY SERVI CE COST CENTERS   | J U                 | 0                   |                         | ıl Ol                                    | 0  | 33.00            |
| 40.00   | 04000 RADI OLOGY   | 0                   | 39, 490             |                         | 1  | 39, 490  | 1                |
| 41. 00  | 04100 LABORATORY   | 0                   | 15, 085             |                         |  | 15, 085  | 1                |
| 42. 00<br>43. 00  | 04200   INTRAVENOUS THERAPY<br>  04300   OXYGEN (INHALATION) THERAPY                 | 0                   | 48, 070<br>29, 755  |                         |  | 48, 070<br>29, 755   | 1                |
| 44. 00  | 04400 PHYSI CAL THERAPY  | 182, 776            | 43, 276             |                         |  | 226, 052   | 1                |
| 45. 00  | 04500 OCCUPATI ONAL THERAPY  | 160, 198            | 0                   | 160, 198                |  | 160, 198   | 1                |
| 46. 00<br>47. 00  | 04600   SPEECH   PATHOLOGY   04700   ELECTROCARDI OLOGY                              | 95, 310<br>0        | 1, 863              | 97, 173<br>0            |  | 97, 173<br>0   | 1                |
| 48. 00  | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0                   | 0                   |                         | o  | 0  |                  |
| 49. 00  | 04900 DRUGS CHARGED TO PATIENTS  | 0                   | 264, 969            | 264, 969                | -2, 550                                  | 262, 419   | •                |
| 50.00   | 05000 DENTAL CARE - TITLE XIX ONLY   | 0                   | 0                   | C                       | 0  | 0  |                  |
| 51. 00<br>52. 00  | 05100   SUPPORT SURFACES   05200   OTHER ANCILLARY SERVICE COST CENTERS              | 0                   | 0                   | C                       | 1  | 0  |                  |
|   | OUTPATIENT SERVICE COST CENTERS  | -                   |                     |                         |  |  | 1                |
| 60.00   | 06000 CLI NI C   | 0                   | 0                   | 1                       | 1  | 0  |                  |
| 61. 00<br>62. 00  | 06100 RURAL HEALTH CLINIC<br>06200 FOHC  | 0                   | Ü                   | C                       | 0  | 0  | 61. 00<br>62. 00 |
| 63. 00  | 06300 OTHER OUTPATIENT SERVICE COST CENTER   | 0                   | 0                   | C                       | 0  | 0  | 1                |
| 70.00   | OTHER REIMBURSABLE COST CENTERS  |                     |                     | 1                       |  |  | 70.00            |
|   | 07000 HOME HEALTH AGENCY COST<br>07100 AMBULANCE                                     | 0                   | 0                   | C                       | 0  | 0  | 1                |
|   | 07200 CORF   | 0                   | 0                   | ď                       | Ö  | 0  | 1                |
| 73. 00  | 07300 CMHC   | 0                   | 0                   | C                       | 1  | 0  |                  |
| 74. 00  | 07400 OTHER REIMBURSABLE COST<br>SPECIAL PURPOSE COST CENTERS                        | 0                   | 0                   | C                       | 0  | 0  | 74. 00           |
| 80. 00  | 08000 MALPRACTICE PREMIUMS & PAID LOSSES   |                     | 0                   | C                       | ol                                       | 0  | 80.00            |
| 81. 00  | 08100 I NTEREST EXPENSE  |                     | 0                   | C                       | 1  | 0  | 81.00            |
| 82. 00  | 08200 UTI LI ZATI ON REVI EW   | 0                   | 0                   | C                       | 0  | 0  |                  |
| 83. 00<br>84. 00  | 08300   HOSPI CE<br>  08400   OTHER SPECI AL PURPOSE COST CENTERS                    | 0                   | 0                   |                         | 0  | 0  |                  |
| 89. 00  | SUBTOTALS (sum of lines 1-84)  | 8, 607, 120         | 9, 602, 592         | 18, 209, 712            | -495, 839                                | 17, 713, 873   | 1                |
|   | NONREI MBURSABLE COST CENTERS  |                     |                     | 1                       | l al                                     |  |                  |
| 90. 00<br>91. 00  | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP              | 10, 604             | 0<br>1, 239         | C<br>11, 843            | 1  | 0<br>11, 843   |                  |
| 92. 00  | 09200 PHYSI CI ANS PRI VATE OFFI CES   | 0                   | 0                   | 0.7,545                 | ol ol                                    | 0  | 1                |
|   | 09300 NONPAI D WORKERS   | O                   | 0                   | C                       | o o                                      | 0  |                  |
| 94.00   | 09400 PATIENTS LAUNDRY<br>09500 ASSISTED LIVING                                      | 0<br>70, 721        | 0                   | 70, 721                 | 0<br>495, 839                            | 0<br>566, 560  |                  |
|   | 09502 DEVELOPMENT OFFICE   | 143, 965            | 77, 018             |                         |  | 220, 983   | •                |
| 100.00  |  | 8, 832, 410         | 9, 680, 849         |                         |  |  |                  |

Heal th FinancialSystemsGREENWOOD HOUSEHOMEFOR THE JEWISHRECLASSIFICATIONAND ADJUSTMENT OF TRIAL BALANCE OF EXPENSESProvider No. In Lieu of Form CMS-2540-10 Provider No.: 315215 

| Cost Center Description  |        |  |                |                                       | 10 12/31/20 | 5/24/2023 5:20 pm |
|--|--------|--|----------------|---------------------------------------|-------------|-------------------|
|  |        | Cost Center Description                    | Adjustments to | Net Expenses                          | <u> </u>    |                   |
| COL     COL    |        |  |                |                                       |             |                   |
| SPREMIL SERVICE COST CENTERS   |        |  | Wkst A-8)      |                                       |             |                   |
| FRENEAL SERVICE COST CINTERS   1.00   00000 CAP REL COSTS - BUDGS & FIXTURES   0   865, 228   1.00   00000 CAP REL COSTS - BUDGS & FIXTURES   0   78, 185   2.00   0.00    |        |  | 4.00           |                                       |             |                   |
| 0.00   00100   CAP   RELL COSTS - BLIDS & FIXTURES   0   865, 228   1.00   0.00   0.00   0.00   RELL COSTS - WOMANE EQUIPMENT   0   79, 185   1.00   0.00    |        | CENEDAL SERVICE COST CENTERS               | 6.00           | 7.00                                  |             |                   |
| 2.00   0.0000   CAP REL COSTS - MOVABLE EQUIPMENT   0   78, 1855   3.00   0.0000   CAP REL COSTS - MOVABLE EQUIPMENT   0   79, 91, 158   3.00   0.0000   CAP MIN DYSTRATIVE & GENERAL   .224, 912   2, 748, 554   4.00   4. | 1 00   |  | 1 0            | 865 228                               |             | 1 00              |
| 0.00300   IMPLOYEE BENEFITS  |        |  | 0              |                                       |             |                   |
| 5.00         0.0500   PLANT OPERATION, MAINT. & REPAIRS         0         954, 044         5.00           6.00         0.0500   QUANDEY & LIFRY SERVICE         0         671, 947         7.00           7.00         0.000   0.000   QUANDEY & LIFRY SERVICE         0         671, 947         9.00           9.00         0.000   0.000   QUANDERS INS ADMINISTRATION         0         509, 328         9.00           9.00         0.000   0.000   QUANDERS INS ADMINISTRATION         0         509, 328         9.00           11.00         0.000   0.000   QUANDERS IN ADMINISTRATION         0         11, 60         11.00           15.00         0.000   0.000   QUANDERS IN ADMINISTRATION         0         127, 027         13.00           15.00         0.000   0.000   QUANDERS IN ADMINISTRATION THE ESPECY         0         227, 025         13.00           10.00         0.000   0.000   QUANDERS IN ACTIVITIES         0         227, 025         13.00           30.00         0.000   QUANDERS IN ACTIVITIES         0         0         33.00           30.00         0.000   QUANDERS IN ACTIVITIES         0         0         33.00           30.00         0.000   QUANDERS IN ACTIVITIES         0         0         33.00           30.00         0.000   QUANDERS IN ACTIVITIES<   |        |  | 0              |                                       |             |                   |
| 0.00   0.000   LANINUTY & LINEN SERVICE   0   58, 116   7.00   7  | 4.00   | 00400 ADMINISTRATIVE & GENERAL             | -284, 812      | 2, 748, 554                           |             | 4. 00             |
| 7. 0.0         0.00 FORD PROSEREEPING         0         67.1, 947         8. 0           8.0         0.000 DO INTERY         4.74         2, 491, 119         8. 0           9. 0.0         0.000 DO RURSING ADMINISTRATION         0         5.99, 328         9. 0           10. 0.0         0.1000 CENTRAL SERVICES & SUPPLY         0         298, 914         10. 0           11. 0.0         0.1000 PHARMACY         0         11. 851         11. 0           13. 0.0         0.1000 PHARMACY         0         12.72         3.0           13. 0.0         0.100 PHARMACY         0         12.72         3.0           13. 0.0         0.100 PHARMACY         0         12.72         3.0           10. 0.0         0.100 PHARMACY         0         127. 0         3.0           10. 0.0         0.100 PHARMACY         0         0         3.0           30. 0.0         0.3000 SKILLER NUTSHING FACILLEY         -55,971         5,422,816         3.0           30. 0.0         0.3000 DHER LONG TERM CARE         0         0         33.0           30. 0.0         0.3000 DHER LONG TERM CARE         0         0         33.0           30. 0.0         0.3000 DHER LONG TERM CARE         0         0  |        |  | 0              | 954, 044                              |             | 5. 00             |
| 8.00 00800 URSANY - 474  |        | 1 1  | 0              |                                       |             |                   |
| 9.00   0.0000   MURSI NG ADMINISTRATION   0   5.06, 328   9.00   10.00   11.00   0.01   0.00   0.01  |        | + I  | 0              |                                       |             |                   |
| 10.00   01000   CENTRAL SERVICES & SUPPLY   0   298, 916   11.00   110.00   |        |  | -4/4           |                                       |             | •                 |
| 11.00 0 1100 (PHARMACY 0 0 11.851 11.00 12.00 1300 MEDICAL RECORDS & LIBRARY 0 0 0 0 12.00 1300 SOCIAL SERVICE 0 127.027 13.00 1300 SOCIAL SERVICE 0 127.027 13.00 1300 SOCIAL SERVICE 0ST CENTERS 0 127.025 15.00 15.0  |        |  |                | 1                                     |             |                   |
| 12.00   01200   MEDICAL RECORDS & LIBRARY   0   0   127,027   13.00   130   |        |  |                | 1                                     |             |                   |
| 13.00  |        | 1  | Ö              | 1                                     |             |                   |
| INPATT   EXT ROUTINE SERVICE COST CENTERS   30.00   30.00   30.00   31.00      |        |  | 0              | 127, 027                              |             |                   |
| 30.00  | 15.00  | 01500 PATIENT ACTIVITIES                   | 0              | 247, 085                              |             | 15. 00            |
| 31.00     31.00   NURSING FACILITY   0   0   0   32.00   33.00   OFFICE LONG TERM CARE   0   0   0   32.00   33.00   OFFICE LONG TERM CARE   0   0   0   33.00   OFFICE LONG TERM CARE   0   0   0   33.00   OFFICE LONG TERM CARE   0   0   0   39.490   0   0   0   0   0   0   0   0   0  |        |  | _              |                                       |             |                   |
| 32.00  |        |  | -55, 971       | 1                                     |             |                   |
| 33 0 0   03300   OTHER LONG TERN CARE   0   0   0   0   0  |        |  | 0              | · · · · · · · · · · · · · · · · · · · |             |                   |
| ANCILLARY SERVICE COST CENTERS   |        |  | 0              | · · · · · · · · · · · · · · · · · · · |             |                   |
| 40.00   04000   ADDIOLOGY   0   39,490   40.00   40.   | 33.00  |  |                | U                                     |             | 33.00             |
| 1. 00   0.4100   LABORATORY   0   15, 085   41   00  | 40 00  |  | 1 0            | 39 490                                |             | 40.00             |
| 42 00   04200   INTRAVENDUS THERAPY   0   48, 070   43, 00   430   00   430 0   04400   OVECNE   INTRALATION) THERAPY   0   29, 755   444 00   4440   O4400   PHYSI CAL THERAPY   0   29, 755   446 00   4460   O4400   PHYSI CAL THERAPY   0   160, 198   45, 00   4600   O4500   OCCUPATIONAL THERAPY   0   160, 198   45, 00   4600   O4500   OCCUPATIONAL THERAPY   0   0   160, 198   46, 00   47, 00   04500   OCCUPATIONAL THERAPY   0   0   0   0   0   0   0   0   0  |        | 1 1  | 0              | 1                                     |             |                   |
| 44. 00   04400   PHYSI CAL THERAPY   0   226, 052   44. 00   |        | 1 1  | 0              |                                       |             |                   |
| 45.00   0450   | 43.00  | 1 1  | 0              | 29, 755                               |             | 43.00             |
| 46.00  | 44. 00 | 04400 PHYSI CAL THERAPY                    | 0              | 226, 052                              |             | 44. 00            |
| 47, 00   04700   Lelectrocarbolology   0   0   0   0   0   0   0   0   0   |        | 1 1  | 0              |                                       |             |                   |
| 48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |        |  | 0              | 1                                     |             |                   |
| 49, 00   04900   DRUGS CHARGED TO PATIENTS   0   262, 419   50. 00   05000   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   0   0  |        | 1 1  | 0              | 0                                     |             |                   |
| SO. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   0   0  |        |  | 0              | 262 410                               |             |                   |
| 51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   0   0  |        |  |                | 1                                     |             |                   |
| 52.00  |        |  | 0              | 1                                     |             |                   |
| 60. 00 61. 00 61. 00 61. 00 61. 00 61. 00 61. 00 61. 00 61. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 62. 00 63. 00 063. 00 0THER REI MBURSABLE COST CENTER  0 0 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0.  |        | 1 1  | 0              | · · · · · · · · · · · · · · · · · · · |             |                   |
| 61. 00   |        |  | <u>'</u>       |                                       |             |                   |
| 62. 00   06200   FOHC   |        | 1 1  | 0              | · · · · · · · · · · · · · · · · · · · |             |                   |
| 63. 00   06300   OTHER QUITPATIENT SERVICE COST CENTERS   O O OTHER REI MBURSABLE COST CENTERS   O O OTHOR HEALTH AGENCY COST   O O O O O OTHOR HEALTH AGENCY COST   O O O O O O O O OTHOR MBULANCE   O O O O O O O OTHOR MBULANCE   O O O O O O O O O O O O O O O O O O   |        |  | 0              | 0                                     |             |                   |
| OTHER REIMBURSABLE COST CENTERS   O  |        |  |                |                                       |             |                   |
| 70. 00   | 63.00  |  | 0              | 0                                     |             | 63.00             |
| 71.00  | 70 00  |  | 1 0            | 0                                     |             | 70.00             |
| 72. 00   07200   CORF   0   0   0   0   73. 00   73. 00   73. 00   74. 00   74. 00   0   0   0   0   0   0   0   0   0   |        |  | 0              | 1                                     |             | •                 |
| 74.00   07400   07HER REIMBURSABLE COST   0   0   0   0   0   0   0   0   0  |        |  | 0              | o                                     |             |                   |
| SPECIAL PURPOSE COST CENTERS   80.00   08000   MALPRACTICE PREMI UMS & PAI D LOSSES   0   0   0   0   0   0   0   0   0  | 73.00  | 07300 CMHC                                 | 0              | 0                                     |             | 73. 00            |
| 80. 00   | 74. 00 |  | 0              | 0                                     |             | 74. 00            |
| 81. 00   |        |  |                |                                       |             |                   |
| 82. 00   08200   UTI LI ZATI ON REVI EW   0   0   0   0   83. 00   08300   HOSPI CE   0   0   0   0   0   83. 00   08400   OTHER SPECI AL PURPOSE COST CENTERS   0   0   0   0   0   0   0   0   0   |        |  | 0              | l - 1                                 |             |                   |
| 83. 00   08300   HOSPI CE   0 0 0   0   84. 00   08400   OTHER SPECIAL PURPOSE COST CENTERS   0 0 0   0   89. 00     SUBTOTALS (sum of lines 1-84)   -341, 257   17, 372, 616   89. 00     NONREI MBURSABLE COST CENTERS   90. 00   91. 00    |        |  | 0              | 0                                     |             |                   |
| 84. 00   |        | 1 1  |                |                                       |             |                   |
| 89. 00   SUBTOTALS (sum of lines 1-84)   |        | 1 1  |                |                                       |             |                   |
| NONRE   MBURSABLE COST CENTERS   90.00   09000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   0   0   0   0   0  |        | 1 1  | -341, 257      | 17, 372, 616                          |             |                   |
| 91. 00   09100   BARBER AND BEAUTY SHOP   0   11, 843   92. 00   09200   PHYSI CI ANS PRI VATE OFFI CES   0   0   0   0   0   0   0   0   0  |        |  |                |                                       |             |                   |
| 92. 00       09200 PHYSICIANS PRIVATE OFFICES       0       0       92. 00         93. 00       09300 NONPAID WORKERS       0       0       93. 00         94. 00       09400 PATIENTS LAUNDRY       0       0       94. 00         95. 00       09500 ASSISTED LIVING       0       566, 560       95. 00         95. 01       09502 DEVELOPMENT OFFICE       0       220, 983       95. 01   |        | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0              |                                       |             |                   |
| 93. 00     09300     NONPAI D WORKERS     0     0       94. 00     09400     PATI ENTS LAUNDRY     0     0       95. 00     09500     ASSI STED LI VI NG     0     566, 560     95. 00       95. 01     09502     DEVELOPMENT OFFICE     0     220, 983     95. 01   |        |  | 0              | 1                                     |             |                   |
| 94. 00     09400 PATIENTS LAUNDRY     0     0     94. 00       95. 00     09500 ASSISTED LIVING     0     566, 560     95. 00       95. 01     09502 DEVELOPMENT OFFICE     0     220, 983     95. 01  |        |  | 0              | · · · · · · · · · · · · · · · · · · · |             | •                 |
| 95. 00     09500   ASSI STED LI VI NG     0     566, 560       95. 00       95. 01     09502   DEVELOPMENT OFFI CE     0     220, 983       95. 01   |        |  | 0              | 0                                     |             | •                 |
| 95. 01   09502   DEVELOPMENT OFFICE   0   220, 983   95. 01  |        | 1 1  |                | 564 540                               |             |                   |
|  |        |  |                |                                       |             |                   |
|  |        | 1 1  | -341. 257      | 1                                     |             |                   |
|  | . , .  | •  |                |                                       |             | 1                 |

| Heal th | Financial Systems GREE                   | ENWOOD HOUSE HOME FO                      | R THE JEWI | SH          | In Lie                                      | u of Form CMS-2                           | 2540-10 |
|---------|--|---|------------|-------------|---|---|---------|
| RECLAS  | SIFICATIONS                              |   | Provi der  | No.: 315215 | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet A-6 Date/Time Pre 5/24/2023 5:2 | pared:  |
|         |  |   |            | Increases   |   |   |         |
|         |  | Cost Center                               | r          | Li ne #     | Sal ary                                     | Non Salary                                |         |
|         |  | 2. 00                                     |            | 3. 00       | 4. 00                                       | 5. 00                                     |         |
|         | (1) A - TO RECLASS NURSING OTHER EXPENSE |   |            |             |   |   |         |
| 1.00    |  | ASSISTED LIVING                           |            | 95. (       | 00  | 2, 773                                    | 1. 00   |
|         | (1) B - TO RECLASS ALF NURSIN SALARIES   |   |            |             |   |   |         |
| 2.00    |  | ASSISTED LIVING                           |            | 95. (       | 00 490, 516                                 | 0   | 2. 00   |
|         | (1) C - TO RELCASS DRUGS                 |   |            |             |   |   |         |
| 3.00    |  | ASSISTED LIVING                           |            | 95. (       | 00  | 2, 550                                    | 3. 00   |
|         | TOTALS                                   |   |            |             |   |   |         |
| 100.00  |  | Total Reclassificat                       | ions (Sum  |             | 490, 516                                    | 5, 323                                    | 100.00  |
|         |  | of columns 4 and 5 equal sum of column 9) |            |             |   |   |         |

<sup>(1)</sup> 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.

| Heal th | Financial Systems GF                     | REENWOOD HOUSE HOME FOR TH | HE JEWISH           | In Lie                      | u of Form CMS-2                | 2540-10        |
|---------|--|----------------------------|---------------------|-----------------------------|--------------------------------|----------------|
| RECLAS  | SSIFICATIONS                             | Pro                        | ovi der No.: 315215 | Peri od:<br>From 01/01/2022 | Worksheet A-6                  |                |
|         |  |                            |                     | To 12/31/2022               | Date/Time Pre<br>5/24/2023 5:2 | pared:<br>O pm |
|         |  |                            | Decreases           | 5                           |                                |                |
|         |  | Cost Center                | Li ne #             | Sal ary                     | Non Salary                     |                |
|         |  | 6. 00                      | 7.00                | 8. 00                       | 9. 00                          |                |
|         | (1) A - TO RECLASS NURSING OTHER EXPENSE |                            |                     |                             |                                |                |
| 1.00    |  | SKILLED NURSING FACILIT    | TY 30               | . 00                        | 2, 773                         | 1. 00          |
|         | (1) B - TO RECLASS ALF NURSIN SALARIES   |                            |                     |                             |                                |                |
| 2.00    |  | SKILLED NURSING FACILIT    | TY 30               | . 00 490, 516               | 0                              | 2. 00          |
|         | (1) C - TO RELCASS DRUGS                 |                            |                     |                             |                                |                |
| 3.00    |  | DRUGS CHARGED TO PATIEN    | NTS 49              | . 00                        | 2, 550                         | 3. 00          |
|         | TOTALS                                   |                            |                     |                             |                                |                |
| 100.00  |  |                            |                     | 490, 516                    | 5, 323                         | 100. 00        |

<sup>(1)</sup> 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.

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No.: 315215

|       |   |                  |              |                 |          | 5/24/2023 5: 20 | ) pm  |
|-------|---|------------------|--------------|-----------------|----------|-----------------|-------|
|       |   |                  |              | Acqui si ti ons |          |                 |       |
|       | Description                                   | Begi nni ng      | Purchases    | Donati on       | Total    | Di sposal s and |       |
|       |   | Bal ances        |              |                 |          | Retirements     |       |
|       |   | 1.00             | 2.00         | 3. 00           | 4. 00    | 5. 00           |       |
|       | ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                  |              |                 |          |                 |       |
| 1.00  | Land  | 227, 371         | 0            | 0               | 0        | 0               | 1. 00 |
| 2.00  | Land Improvements                             | 570, 838         |              | 0               | 0        | 0               | 2. 00 |
| 3.00  | Buildings and Fixtures                        | 11, 011, 025     | 73, 090      | 0               | 73, 090  | 0               | 3. 00 |
| 4.00  | Building Improvements                         | 0                | 0            | 0               | 0        | 0               | 4. 00 |
| 5.00  | Fi xed Equi pment                             | 3, 052, 964      | 237, 314     | 0               | 237, 314 | 0               | 5. 00 |
| 6.00  | Movable Equipment                             | 745, 399         | 86, 380      | 0               | 86, 380  | 0               | 6. 00 |
| 7.00  | Subtotal (sum of lines 1-6)                   | 15, 607, 597     | 396, 784     | 0               | 396, 784 | 0               | 7. 00 |
| 8.00  | Reconciling Items                             | 0                | 0            | 0               | 0        | 0               | 8. 00 |
| 9. 00 | Total (line 7 minus line 8)                   | 15, 607, 597     | 396, 784     | 0               | 396, 784 | 0               | 9. 00 |
|       | Description                                   | Endi ng Bal ance |              |                 |          |                 |       |
|       |   |                  | Depreci ated |                 |          |                 |       |
|       |   |                  | Assets       |                 |          |                 |       |
|       |   | 6. 00            | 7. 00        |                 |          |                 |       |
|       | ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                  |              |                 |          |                 |       |
| 1.00  | Land  | 227, 371         | 0            |                 |          |                 | 1. 00 |
| 2.00  | Land Improvements                             | 570, 838         | 0            |                 |          |                 | 2. 00 |
| 3.00  | Buildings and Fixtures                        | 11, 084, 115     | 0            |                 |          |                 | 3. 00 |
| 4.00  | Building Improvements                         | 0                | 0            |                 |          |                 | 4. 00 |
| 5.00  | Fi xed Equi pment                             | 3, 290, 278      | 0            |                 |          |                 | 5. 00 |
| 6.00  | Movable Equipment                             | 831, 779         | 0            |                 |          |                 | 6. 00 |
| 7.00  | Subtotal (sum of lines 1-6)                   | 16, 004, 381     | 0            |                 |          |                 | 7. 00 |
| 8.00  | Reconciling Items                             | 0                | 0            |                 |          |                 | 8. 00 |
| 9. 00 | Total (line 7 minus line 8)                   | 16, 004, 381     | 0            |                 |          |                 | 9. 00 |

|                  | THIRDICAL SYSTEMS GREE  | NWOOD HOUSE HOW             |              | No.: 315215                  | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet A-8  Date/Time Pre 5/24/2023 5:20 | pared:         |
|------------------|---|-----------------------------|--------------|------------------------------|---|---|----------------|
|                  |   |                             |              |                              | lassification on<br>ch the Amount is        | Worksheet A                                 |                |
|                  | Description (1)   | (2) Basis For<br>Adjustment | Amount       | Cos                          | t Center                                    | Li ne No.                                   |                |
|                  |   | 1.00                        | 2.00         |                              | 3. 00                                       | 4. 00                                       |                |
| 1.00             | Investment income on restricted funds   |                             | 0            | )                            |   | 0.00  | 1. 00          |
| 2.00             | (chapter 2) Trade, quantity, and time discounts (chapter 8)   |                             | 0            |                              |   | 0. 00                                       | 2. 00          |
| 3.00             | Refunds and rebates of expenses (chapter 8)   |                             | 0            | 1                            |   | 0.00  | 3.00           |
| 4.00             | Rental of provider space by suppliers (chapter 8)   |                             | 0            |                              |   | 0.00  |                |
| 5. 00            | Tel ephone services (pay stations excluded) (chapter 21)  |                             | 0            |                              |   | 0.00  | 5. 00          |
| 6.00             | Television and radio service (chapter 21)   |                             | 0            | 1                            |   | 0.00  | 6. 00          |
| 7. 00<br>8. 00   | Parking lot (chapter 21) Remuneration applicable to provider-based physician adjustment                               | A-8-2                       | 0            | 1                            |   | 0.00  | 7. 00<br>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                                       |                |
| 11. 00           | Nonallowable costs related to certain<br>Capital expenditures (chapter 24)  |                             | 0            |                              |   | 0. 00                                       | 11. 00         |
| 12. 00           | Adjustment resulting from transactions with related organizations (chapter 10)  | A-8-1                       | 0            |                              |   |   | 12. 00         |
| 13. 00           | Laundry and linen service   |                             | 0            | 1                            |   | 0.00  |                |
| 14.00            | Revenue - Employee meals  |                             | 0            |                              |   | 0.00  |                |
| 15. 00<br>16. 00 | Cost of meals - Guests Sale of medical supplies to other than patients  |                             | 0            |                              |   | 0. 00<br>0. 00                              |                |
| 17. 00           | 1"  |                             | 0            |                              |   | 0.00  | 17. 00         |
| 18. 00           | Sale of medical records and abstracts   | _                           | 0            |                              |   | 0.00  |                |
| 19.00            | Vending machines  | В                           | -474         | DIETARY                      |   | 8.00  |                |
| 20. 00           | Income from imposition of interest, finance or penalty charges (chapter 21) Interest expense on Medicare overpayments |                             | 0            |                              |   | 0. 00                                       |                |
| 21.00            | and borrowings to repay Medicare overpayments   |                             | O            |                              |   | 0.00  | 21.00          |
| 22. 00           | Utilization reviewphysicians' compensation (chapter 21)   |                             | 0            | UTI LI ZATI ON               | REVI EW                                     | 82. 00                                      | 22. 00         |
| 23. 00           | Depreciationbuildings and fixtures  |                             | 0            | CAP REL COST<br>FLXTURES     | S - BLDGS &                                 | 1. 00                                       | 23. 00         |
| 24. 00           | Depreciationmovable equipment   |                             | 0            | CAP REL COST<br>EQUI PMENT   | S - MOVABLE                                 | 2. 00                                       | 24. 00         |
| 25. 00           |   |                             | 0            |                              |   | 0.00  |                |
|                  | MI SCELLANEOUS I NCOME  | В                           |              | ADMI NI STRATI               |   | 4.00  | 1              |
| 25. 02           | I NSURANCE CLAIMS SETTLEMENT  | В                           |              | ADMINISTRATI                 |   | 4.00  | 1              |
| 25. 03<br>25. 04 | ADVERTI SI NG PSYCHI ATRI C CONSULTANT  | A<br>A                      |              | ADMINISTRATI<br>SKILLED NURS |   | 4. 00<br>30. 00                             | 1              |
| 25. 04           | DISTRIBUTION EXP, NET   | A<br>A                      |              | ADMI NI STRATI               |   | 4.00  |                |
| 25. 06           | BAD DEBTS   | A                           |              | ADMI NI STRATI               |   | 4.00  |                |
| 25. 07           | PHYSI CI AN COST  | A                           |              | SKILLED NURS                 |   | 30.00                                       |                |
| 25. 08           | FUNDRAI SI NG   | A                           |              | ADMI NI STRATI               |   | 4. 00                                       |                |
| 25. 09           | SPECIAL EVENTS  | A                           |              | ADMI NI STRATI               |   | 4. 00                                       |                |
| 25. 10           | AMBULANCE   | A                           | -7, 188      | ADMI NI STRATI               | VE & GENERAL                                | 4. 00                                       | 25. 10         |
| 25. 11           | MARKETI NG  | A                           | -72, 561     | ADMI NI STRATI               | VE & GENERAL                                | 4. 00                                       |                |
| 25. 12           |   |                             | 0            | 2                            |   | 0.00  |                |
| 25. 13           | T-+-1 ( 1 !!  |                             | 0            | )                            |   | 0.00  |                |
| 100.00           | Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)   |                             | -341, 257    |                              |   |   | 100. 00        |
| (1) De           | escription - all chapter references in this co  | Lump portain to             | CMS Dub 15 1 | 1                            |   | •   |                |

<sup>(1)</sup> 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.

COST ALLOCATION - GENERAL SERVICE COSTS Provider No.: 315215 Peri od: Worksheet B From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/24/2023 5:20 pm CAPITAL RELATED COSTS Net Expenses BLDGS & MOVABLE EMPLOYEE Subtotal Cost Center Description for Cost **FLXTURES FOUL PMENT** BENEFITS Allocation (from Wkst A col. 7) 1.00 2.00 3. 00 3A GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1 00 865, 228 865, 228 1 00 2.00 78, 185 78, 185 2 00 3.00 00300 EMPLOYEE BENEFITS 1, 950, 158 1, 950, 158 3.00 00400 ADMINISTRATIVE & GENERAL 3, 012, 867 4 00 2, 748, 554 58, 508 5 287 200 518 4 00 5.00 00500 PLANT OPERATION, MAINT. & REPAIRS 954,044 32, 271 2,916 42, 113 1,031,344 5.00 6.00 00600 LAUNDRY & LINEN SERVICE 58, 116 28, 161 2, 545 6, 121 94, 943 6.00 7.00 00700 HOUSEKEEPI NG 671, 947 27, 694 2,503 126, 755 828, 899 7.00 00800 DI FTARY 2, 491, 119 11, 751 130.047 75, 729 2, 708, 646 8 00 8 00 9.00 00900 NURSING ADMINISTRATION 569, 328 4,898 443 95, 216 669, 885 9.00 01000 CENTRAL SERVICES & SUPPLY 298, 916 570 10.00 6, 311 0 305, 797 10.00 01100 PHARMACY 17, 223 11.00 445 11.00 11,851 4, 927 0 01200 MEDICAL RECORDS & LIBRARY 12.00 0 0 0 12.00 13.00 01300 SOCIAL SERVICE 127, 027 1,603 145 27, 996 156, 771 13.00 01500 PATIENT ACTIVITIES 15.00 247, 085 38, 539 3, 482 41, 901 331,007 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 5, 422, 816 505, 769 45.703 1,059,920 7, 034, 208 30.00 03100 NURSING FACILITY 31.00 31.00 32.00 03200 | CF/IID 0 Ω 0 0 0 32.00 03300 OTHER LONG TERM CARE 0 0 33.00 33.00 0 0 0 ANCILLARY SERVICE COST CENTERS 39, 490 40.00 04000 RADI OLOGY 39, 490 40.00 04100 LABORATORY 15,085 0 0 15, 085 41.00 0 41.00 42.00 04200 I NTRAVENOUS THERAPY 48.070 0 0 0 48, 070 42.00 43.00 04300 OXYGEN (INHALATION) THERAPY 29, 755 r 0 0 29, 755 43.00 04400 PHYSI CAL THERAPY 44.00 226, 052 9,008 814 40, 356 276, 230 44.00 45.00 04500 OCCUPATIONAL THERAPY 160, 198 4, 169 377 35, 371 200, 115 45.00 46.00 04600 SPEECH PATHOLOGY 97, 173 4, 169 377 21, 044 122, 763 46.00 04700 ELECTROCARDI OLOGY 47.00 47.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 48.00 04900 DRUGS CHARGED TO PATIENTS 0 49 00 49 00 262, 419 C 0 262, 419 50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 C 0 0 0 50.00 05100 SUPPORT SURFACES 0 51.00 0 0 0 51.00 05200 OTHER ANCILLARY SERVICE COST CENTERS 52.00 0 52.00 0 0 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 0 0 0 60.00 61.00 06100 RURAL HEALTH CLINIC 0 0 0 0 61.00 06200 FQHC 62 00 62 00 06300 OTHER OUTPATIENT SERVICE COST CENTER 63.00 0 0 63.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 70.00 07100 AMBULANCE 0 0 0 71 00 Ω 71 00 0 72.00 07200 CORF 0 0 0 0 0 72.00 07300 CMHC 0 0 0 73.00 73.00 C 0 74.00 07400 OTHER REIMBURSABLE COST 0 0 0 0 0 74.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 08100 INTEREST EXPENSE 81.00 81.00 08200 UTILIZATION REVIEW 82.00 82.00 83.00 08300 H0SPLCE 0 0 83.00 84.00 08400 OTHER SPECIAL PURPOSE COST CENTERS 84.00 0 17, 185, 517 89.00 SUBTOTALS (sum of lines 1-84) 17, 372, 616 856, 074 77, 358 1, 773, 040 89 00 NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 Λ 09100 BARBER AND BEAUTY SHOP 2, 915 91.00 11,843 263 2, 341 17, 362 91.00 09200 PHYSICIANS PRIVATE OFFICES 92.00 92.00 C 0 09300 NONPALD WORKERS 93.00 0 C 0 0 0 93.00 94.00 09400 PATIENTS LAUNDRY 94.00 0 142, 990 95 00 09500 ASSISTED LIVING 566, 560 3, 440 311 713, 301 95 00 09502 DEVELOPMENT OFFICE 220, 983 2, 799 31, 787 95.01 95.01 253 255, 822 98.00 Cross Foot Adjustments C Λ 98.00 0 99.00 Negative Cost Centers 99.00

18, 172, 002

865, 228

78, 185

1, 950, 158

18, 172, 002 100. 00

TOTAL

100.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315215

| Peri od: | Worksheet B | From 01/01/2022 | Part | | To | 12/31/2022 | Date/Time Prepared:

|                  |  |                      |                    | T             | o 12/31/2022  | Date/Time Pre 5/24/2023 5:2 |                  |
|------------------|--|----------------------|--------------------|---------------|---------------|-----------------------------|------------------|
|                  | Cost Center Description  | ADMI NI STRATI VE    | PLANT              | LAUNDRY &     | HOUSEKEEPI NG | DI ETARY                    | O pili           |
|                  |  | & GENERAL            | OPERATI ON,        | LINEN SERVICE |               |                             |                  |
|                  |  |                      | MAINT. &           |               |               |                             |                  |
|                  |  | 4.00                 | REPAI RS           | ( 00          | 7.00          | 0.00                        |                  |
|                  | GENERAL SERVICE COST CENTERS   | 4.00                 | 5. 00              | 6. 00         | 7. 00         | 8. 00                       |                  |
| 1. 00            | 00100 CAP REL COSTS - BLDGS & FLXTURES                                     |                      |                    |               |               |                             | 1. 00            |
| 2. 00            | 00200 CAP REL COSTS - MOVABLE EQUI PMENT                                   |                      |                    |               |               |                             | 2. 00            |
| 3.00             | 00300 EMPLOYEE BENEFITS  |                      |                    |               |               |                             | 3. 00            |
| 4.00             | 00400 ADMINISTRATIVE & GENERAL   | 3, 012, 867          |                    |               |               |                             | 4. 00            |
| 5.00             | 00500 PLANT OPERATION, MAINT. & REPAIRS                                    | 204, 979             | 1, 236, 323        | 1             |               |                             | 5. 00            |
| 6.00             | 00600 LAUNDRY & LINEN SERVICE  | 18, 870              | 44, 956            | 1             | l .           |                             | 6. 00            |
| 7. 00<br>8. 00   | 00700 HOUSEKEEPI NG<br>00800 DI ETARY                                      | 164, 743<br>538, 341 | 44, 211            | 1             | 1, 037, 853   | 2 454 502                   | 7. 00<br>8. 00   |
| 9. 00            | 00900 NURSI NG ADMI NI STRATI ON   | 133, 139             | 207, 605<br>7, 818 | 1             | 0             | 3, 454, 592<br>0            | 9. 00            |
| 10.00            | 01000 CENTRAL SERVICES & SUPPLY  | 60, 777              | 10, 075            | 1             | 0             | 0                           | 10.00            |
| 11. 00           | 01100 PHARMACY   | 3, 423               | 7, 865             |               | Ö             | 0                           | 11. 00           |
| 12.00            | 01200 MEDICAL RECORDS & LIBRARY  | 0                    | 0                  | 0             | o             | 0                           | 12. 00           |
| 13. 00           | 01300 SOCIAL SERVICE   | 31, 158              | 2, 560             | 1             | 0             | 0                           | 13. 00           |
| 15. 00           | 01500 PATIENT ACTIVITIES   | 65, 787              | 61, 523            | 8 0           | 0             | 0                           | 15. 00           |
| 20.00            | I NPATI ENT ROUTI NE SERVI CE COST CENTERS                                 | 1 200 044            | 007 407            | 154,000       | 000 457       | 2 04/ 122                   | 20.00            |
| 30. 00<br>31. 00 | 03000 SKILLED NURSING FACILITY<br>03100 NURSING FACILITY                   | 1, 398, 044          | 807, 407           | 154, 988      | 988, 457      | 2, 946, 132<br>0            | 30. 00<br>31. 00 |
| 32. 00           | 03200   CF/11D   | 0                    | 0                  |               |               | 0                           | 32.00            |
| 33. 00           | 03300 OTHER LONG TERM CARE   | o                    | 0                  |               |               | 0                           | 33. 00           |
|                  | ANCILLARY SERVICE COST CENTERS   | 1                    |                    |               |               |                             |                  |
| 40.00            | 04000 RADI OLOGY   | 7, 849               | 0                  | 0             | 0             | 0                           | 40. 00           |
| 41. 00           | 04100 LABORATORY   | 2, 998               | 0                  | 0             | 0             | 0                           | 41. 00           |
| 42.00            | 04200 I NTRAVENOUS THERAPY   | 9, 554               | 0                  | 0             | 0             | 0                           | 42.00            |
| 43. 00           | 04300 OXYGEN (INHALATION) THERAPY  | 5, 914               | 0<br>14. 380       | 0             | 0             | 0                           | 43.00            |
| 44. 00<br>45. 00 | 04400 PHYSI CAL THERAPY<br>04500 OCCUPATI ONAL THERAPY                     | 54, 900<br>39, 773   | 6, 655             |               | 0             | 0                           | 44. 00<br>45. 00 |
| 46. 00           | 04600 SPEECH PATHOLOGY   | 24, 399              | 6, 655             |               |               | 0                           | 46. 00           |
| 47. 00           | 04700 ELECTROCARDI OLOGY   | 0                    | 0,000              | o o           | o             | 0                           | 47. 00           |
| 48.00            | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS                                 | 0                    | 0                  | 0             | o             | 0                           | 48. 00           |
| 49. 00           | 04900 DRUGS CHARGED TO PATIENTS  | 52, 156              | 0                  | 0             | 0             | 0                           | 49. 00           |
| 50.00            | 05000 DENTAL CARE - TITLE XIX ONLY   | 0                    | 0                  | 0             | 0             | 0                           | 50.00            |
| 51.00            | 05100 SUPPORT SURFACES   | 0                    | 0                  | 0             | 0             | 0                           | 51.00            |
| 52. 00           | 05200 OTHER ANCILLARY SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS | <u> </u>             |                    | <u> </u>      | l d           | 0                           | 52. 00           |
| 60. 00           | 06000 CLINIC   | O                    | 0                  | 0             | ol            | 0                           | 60.00            |
| 61. 00           | 06100 RURAL HEALTH CLINIC  | o                    | 0                  |               | -             | 0                           | 61. 00           |
| 62.00            | 06200 FQHC   |                      |                    |               |               |                             | 62. 00           |
| 63.00            | 06300 OTHER OUTPATIENT SERVICE COST CENTER                                 | 0                    | 0                  | 0             | 0             | 0                           | 63. 00           |
| 70.00            | OTHER REIMBURSABLE COST CENTERS  |                      |                    |               |               |                             | 70.00            |
| 70. 00<br>71. 00 | 07000 HOME HEALTH AGENCY COST<br>07100 AMBULANCE                           | 0                    | 0                  | 0             | 0             | 0                           | 70. 00<br>71. 00 |
| 71.00            | 07200 CORF   | 0                    | 0                  |               | 0             | 0                           | 71.00            |
| 73. 00           | 07300 CMHC   | o                    | 0                  | ol ö          | l ől          | 0                           | 73. 00           |
| 74. 00           | 07400 OTHER REIMBURSABLE COST  | 0                    | 0                  | o             | 0             | 0                           | 74.00            |
|                  | SPECIAL PURPOSE COST CENTERS   |                      |                    |               |               |                             |                  |
| 80. 00           | 08000 MALPRACTICE PREMIUMS & PAID LOSSES                                   |                      |                    |               |               |                             | 80. 00           |
| 81.00            | 08100 I NTEREST EXPENSE  |                      |                    |               |               |                             | 81.00            |
| 82. 00           | 08200 UTI LI ZATI ON REVI EW   |                      | 0                  |               |               | 0                           | 82.00            |
| 83. 00<br>84. 00 | 08300 HOSPI CE<br>08400 OTHER SPECI AL PURPOSE COST CENTERS                | 0                    | 0                  |               | 0             | 0                           | 83. 00<br>84. 00 |
| 89. 00           | SUBTOTALS (sum of lines 1-84)  | 2, 816, 804          | 1, 221, 710        | 154, 988      | 988, 457      | 2, 946, 132                 | 89. 00           |
| 07.00            | NONREI MBURSABLE COST CENTERS  | 2,010,001            | 1,221,710          | 101,700       | 700, 107      | 2, 710, 102                 | 07.00            |
| 90.00            | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN                                 | 0                    | 0                  | 0             | 0             | 0                           | 90. 00           |
| 91. 00           | 09100 BARBER AND BEAUTY SHOP   | 3, 451               | 4, 654             | ·  0          | 0             | 0                           | 91. 00           |
| 92.00            | 09200 PHYSI CLANS PRI VATE OFFI CES  | 0                    | 0                  | 0             | 0             | 0                           | 92.00            |
| 93.00            | 09300 NONPALD WORKERS  | 0                    | 0                  | 0             | 0             | 0                           | 93.00            |
| 94. 00<br>95. 00 | 09400 PATIENTS LAUNDRY<br>09500 ASSISTED LIVING                            | 141, 768             | 5, 491             | 3, 781        | 49, 396       | 0<br>508, 460               | 94. 00<br>95. 00 |
| 95. 00<br>95. 01 | 09502 DEVELOPMENT OFFICE   | 50, 844              | 4, 468             | 1             | 47, 390<br>N  | 0 308, 400                  | 95. 00           |
| 98. 00           | Cross Foot Adjustments   | 0                    | 0                  | o             |               | 0                           | 98. 00           |
| 99. 00           | Negative Cost Centers  |                      | 0                  | o o           | o             | 0                           | 99. 00           |
| 100.00           | TOTAL  | 3, 012, 867          | 1, 236, 323        | 158, 769      | 1, 037, 853   | 3, 454, 592                 | 100. 00          |
|                  |  |                      |                    |               |               |                             |                  |

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315215

|                           |  |                               |                                 |                  |                                   | 5/24/2023 5: 2 | 0 pm                      |
|---------------------------|--|-------------------------------|---------------------------------|------------------|-----------------------------------|----------------|---------------------------|
|                           | Cost Center Description  | NURSI NG<br>ADMI NI STRATI ON | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY         | MEDI CAL<br>RECORDS &<br>LI BRARY | SOCIAL SERVICE |                           |
|                           |  | 9.00                          | 10.00                           | 11.00            | 12.00                             | 13.00          |                           |
|                           | GENERAL SERVICE COST CENTERS   |                               |                                 |                  |                                   |                |                           |
| 1. 00<br>2. 00<br>3. 00   | 00100 CAP REL COSTS - BLDGS & FIXTURES<br>00200 CAP REL COSTS - MOVABLE EQUIPMENT<br>00300 EMPLOYEE BENEFITS   |                               |                                 |                  |                                   |                | 1. 00<br>2. 00<br>3. 00   |
| 4. 00<br>5. 00<br>6. 00   | OO4OO   ADMINISTRATIVE & GENERAL   OO5OO   PLANT OPERATION, MAINT. & REPAIRS   OO6OO   LAUNDRY & LINEN SERVICE |                               |                                 |                  |                                   |                | 4. 00<br>5. 00<br>6. 00   |
| 7. 00<br>8. 00            | 00700 HOUSEKEEPI NG<br>00800 DI ETARY  |                               |                                 |                  |                                   |                | 7. 00<br>8. 00            |
| 9. 00<br>10. 00<br>11. 00 | 00900 NURSI NG ADMI NI STRATI ON<br>01000 CENTRAL SERVI CES & SUPPLY<br>01100 PHARMACY                         | 810, 842                      | 376, 649                        | 28, 511          |                                   |                | 9. 00<br>10. 00<br>11. 00 |
| 12. 00<br>13. 00          | 01200 MEDICAL RECORDS & LIBRARY<br>01300 SOCIAL SERVICE  | 0                             | 0                               | 0                | 0                                 | 190, 489       | 12.00                     |
| 15. 00                    | O1500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS  | 0                             | 0                               | 0                | 0                                 | 0              | 15. 00                    |
| 30. 00<br>31. 00          | 03000 SKI LLED NURSI NG FACI LI TY<br>03100 NURSI NG FACI LI TY  | 810, 842                      | 375, 574<br>0                   | 22, 085          | 0                                 | 190, 489       | 30.00                     |
| 32. 00<br>33. 00          | 03200   CF/IID<br>03300   OTHER LONG TERM CARE<br>ANCILLARY SERVICE COST CENTERS                               | 0 0                           | 0                               | 0                | 0                                 | · ·            | 32. 00<br>33. 00          |
| 40. 00<br>41. 00          | 04000 RADI OLOGY<br>04100 LABORATORY   | 0                             | 0                               | 0                | 0                                 | 0              | 40. 00<br>41. 00          |
| 42. 00<br>43. 00          | 04200   NTRAVENOUS THERAPY<br>04300   OXYGEN (INHALATION) THERAPY  | 0                             | 0                               | 0                | 0                                 | 0              | 42. 00<br>43. 00          |
| 44. 00<br>45. 00          | 04400 PHYSI CAL THERAPY<br>04500 OCCUPATI ONAL THERAPY   | 0                             | 0                               | 0                | 0                                 | 0              | 44. 00<br>45. 00          |
| 46. 00<br>47. 00          | 04600 SPEECH PATHOLOGY<br>04700 ELECTROCARDI OLOGY   | 0                             | 0                               | 0                | 0                                 | 0              | 46. 00<br>47. 00          |
| 48. 00<br>49. 00          | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>04900 DRUGS CHARGED TO PATIENTS                                  | 0                             | 0                               | 0                | 0                                 | 0              | 48. 00<br>49. 00          |
| 50. 00<br>51. 00          | 05000   DENTAL CARE - TITLE XIX ONLY   05100   SUPPORT SURFACES  | 0 0                           | 0                               | 0                | 0                                 | 0              | 50. 00<br>51. 00          |
| 52. 00                    | 05200 OTHER ANCILLARY SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS                                   | 0                             | 0                               | 0                | 0                                 |                | 52.00                     |
| 60.00                     | O6000   CLI NI C<br>  O6100 RURAL HEALTH CLI NI C  | 0                             | 0                               | 0                | 0                                 | 0              | 60.00                     |
| 62. 00<br>63. 00          | O6200 FQHC   O6300 OTHER OUTPATIENT SERVICE COST CENTER   OTHER REIMBURSABLE COST CENTERS                      | 0                             | 0                               | 0                | 0                                 | 0              | 62. 00<br>63. 00          |
| 70. 00<br>71. 00          | 07000 HOME HEALTH AGENCY COST  | 0                             | 0                               | 0                | 0                                 | 0              | 70. 00<br>71. 00          |
| 72. 00<br>73. 00          | 07200 CORF<br>07300 CMHC   | 0                             | 0                               | 0                | 0                                 | 0              | 72. 00<br>73. 00          |
| 74. 00                    | 07400 OTHER REIMBURSABLE COST<br>SPECIAL PURPOSE COST CENTERS  | 0                             | 0                               | 0                | 0                                 | 0              | 74. 00                    |
| 80. 00<br>81. 00          | 08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE  |                               |                                 |                  |                                   |                | 80. 00<br>81. 00          |
| 82. 00<br>83. 00          | 08200   UTI LI ZATI ON REVI EW   08300   HOSPI CE  | 0                             | 0                               | 0                | 0                                 | 0              | 82. 00<br>83. 00          |
| 84. 00<br>89. 00          | 08400 OTHER SPECIAL PURPOSE COST CENTERS SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS            | 810, 842                      | 0<br>375, 574                   | 0<br>22, 085     | 0                                 | 190, 489       | 84. 00<br>89. 00          |
| 90. 00<br>91. 00          | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP  | 0                             | 0                               | 0                | 0                                 |                | 90. 00<br>91. 00          |
| 92. 00<br>93. 00          | 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS   | 0                             | 0                               | 0                | 0                                 | 0              | 92. 00<br>93. 00          |
| 94. 00<br>95. 00          | 09400 PATIENTS LAUNDRY 09500 ASSISTED LIVING   | 0                             | 0<br>1, 075                     | 0<br>0<br>6, 426 | 0                                 | 0              | 94. 00<br>95. 00          |
| 95. 01<br>98. 00          | O9502   DEVELOPMENT OFFICE   Cross Foot Adjustments  | 0                             | 0                               | 0, 420           | 0                                 | ő              | 95. 01<br>98. 00          |
| 99. 00<br>100. 00         | Negative Cost Centers  | 810, 842                      | 0<br>376, 649                   | 0<br>28, 511     | 0                                 | 0<br>190, 489  | 99. 00                    |
|                           |  |                               |                                 |                  |                                   |                |                           |

Provider No.: 315215 | Period: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

|                  |       |  |                           |                    |                              | To 12/31/2022          | Date/Time Prepared: |   |
|------------------|-------|--|---------------------------|--------------------|------------------------------|------------------------|---------------------|---|
|                  |       |  | OTHER GENERAL             |                    |                              |                        | 5/24/2023 5: 20 pm  |   |
|                  |       |  | SERVI CE                  |                    |                              |                        |                     |   |
|                  |       | Cost Center Description  | PATI ENT<br>ACTI VI TI ES | Subtotal           | Post Stepdown<br>Adjustments | Total                  |                     |   |
|                  |       |  | 15. 00                    | 16. 00             | 17. 00                       | 18. 00                 | -                   |   |
|                  |       | AL SERVICE COST CENTERS  |                           |                    |                              |                        |                     | _ |
| 1.00             |       | CAP REL COSTS - BLDGS & FIXTURES                               |                           |                    |                              |                        | 1.00                |   |
| 2.00             |       | CAP REL COSTS - MOVABLE EQUIPMENT EMPLOYEE BENEFITS            |                           |                    |                              |                        | 2.00                |   |
| 3. 00<br>4. 00   | 1     | ADMINISTRATIVE & GENERAL                                       |                           |                    |                              |                        | 4.00                |   |
| 5. 00            |       | PLANT OPERATION, MAINT. & REPAIRS                              |                           |                    |                              |                        | 5. 00               |   |
| 6. 00            |       | LAUNDRY & LINEN SERVICE  |                           |                    |                              |                        | 6.00                |   |
| 7.00             | 00700 | HOUSEKEEPI NG  |                           |                    |                              |                        | 7.00                | ) |
| 8.00             |       | DI ETARY   |                           |                    |                              |                        | 8.00                |   |
| 9.00             |       | NURSI NG ADMINI STRATI ON                                      |                           |                    |                              |                        | 9.00                |   |
| 10. 00<br>11. 00 | 1     | CENTRAL SERVICES & SUPPLY PHARMACY                             |                           |                    |                              |                        | 10.00               |   |
| 12. 00           |       | MEDICAL RECORDS & LIBRARY                                      |                           |                    |                              |                        | 12. 00              |   |
| 13.00            | 1     | SOCIAL SERVICE   |                           |                    |                              |                        | 13. 00              |   |
| 15. 00           |       | PATIENT ACTIVITIES   | 458, 317                  |                    |                              |                        | 15. 00              | ) |
| 20.00            |       | ENT ROUTINE SERVICE COST CENTERS                               | 200 040                   | 15 100 0//         | 1                            | 0 15 100 0//           | 20.00               | ^ |
| 30. 00<br>31. 00 |       | SKILLED NURSING FACILITY NURSING FACILITY                      | 380, 840                  | 15, 109, 066<br>0  |                              | 0 15, 109, 066<br>0 0  | 1                   |   |
| 32. 00           |       | ICF/IID  |                           | 0                  |                              | 0 0                    | l .                 |   |
| 33. 00           |       | OTHER LONG TERM CARE   | 0                         | 0                  |                              | 0                      |                     |   |
|                  |       | LARY SERVICE COST CENTERS                                      |                           |                    |                              |                        |                     |   |
| 40.00            |       | RADI OLOGY   | 0                         | 47, 339            |                              | 0 47, 339              | 1                   |   |
| 41. 00<br>42. 00 |       | LABORATORY<br>INTRAVENOUS THERAPY                              | 0                         | 18, 083<br>57, 624 |                              | 0 18, 083<br>0 57, 624 |                     |   |
| 43. 00           |       | OXYGEN (INHALATION) THERAPY                                    |                           | 35, 669            |                              | 0 35, 669              |                     |   |
| 44. 00           | 1     | PHYSI CAL THERAPY  |                           | 345, 510           |                              | 0 345, 510             |                     |   |
| 45.00            |       | OCCUPATIONAL THERAPY   | o                         | 246, 543           |                              | 0 246, 543             |                     | ) |
| 46. 00           |       | SPEECH PATHOLOGY   | 0                         | 153, 817           |                              | 0 153, 817             |                     |   |
| 47. 00           | 1     | ELECTROCARDI OLOGY   | 0                         | 0                  | 9                            | 0                      | 1                   |   |
| 48. 00<br>49. 00 |       | MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS | 0                         | 0<br>314, 575      |                              | 0<br>0 314, 575        | ) 48. 00<br>49. 00  |   |
| 50.00            |       | DENTAL CARE - TITLE XIX ONLY                                   |                           | 0 0                | 1                            | 0 0                    | 1                   |   |
| 51.00            |       | SUPPORT SURFACES   | 0                         | 0                  |                              | 0                      | 1                   |   |
| 52.00            |       | OTHER ANCILLARY SERVICE COST CENTERS                           | 0                         | 0                  |                              | 0 0                    | 52. 00              | ) |
| 60. 00           |       | TIENT SERVICE COST CENTERS CLINIC                              |                           | 0                  | Γ ,                          | 0 0                    | 60.00               | ^ |
| 61.00            | 1     | RURAL HEALTH CLINIC  | 0                         | 0                  |                              | 0 0                    |                     |   |
| 62. 00           | 06200 |  |                           | 3                  |                              |                        | 62. 00              |   |
| 63.00            |       | OTHER OUTPATIENT SERVICE COST CENTER                           | 0                         | 0                  |                              | 0                      | 63. 00              | ) |
| 70.00            |       | REI MBURSABLE COST CENTERS                                     | 1                         |                    | Г                            |                        | 70.00               | _ |
| 70. 00<br>71. 00 |       | HOME HEALTH AGENCY COST<br>AMBULANCE                           | 0                         | 0                  |                              | 0 0                    | ,                   |   |
| 71.00            | 07200 |  |                           | 0                  |                              |                        | 71.00               |   |
| 73. 00           | 07300 |  | 0                         | 0                  |                              | 0                      | 73. 00              |   |
| 74. 00           |       | OTHER REIMBURSABLE COST  | 0                         | 0                  | (                            | 0 0                    | 74. 00              | ) |
| 00.00            |       | AL PURPOSE COST CENTERS  |                           |                    |                              |                        | 00.00               | ^ |
| 80. 00<br>81. 00 |       | MALPRACTICE PREMIUMS & PAID LOSSES INTEREST EXPENSE            |                           |                    |                              |                        | 80.00               |   |
| 82. 00           |       | UTI LI ZATI ON REVI EW   |                           |                    |                              |                        | 82.00               |   |
| 83. 00           | 1     | HOSPI CE   | O                         | 0                  |                              | 0                      | 83. 00              |   |
| 84. 00           | 08400 | OTHER SPECIAL PURPOSE COST CENTERS                             | 0                         | 0                  |                              | 0                      | 84. 00              |   |
| 89. 00           | NONDE | SUBTOTALS (sum of lines 1-84)                                  | 380, 840                  | 16, 328, 226       |                              | 0 16, 328, 226         | 89. 00              | ) |
| 90. 00           |       | IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN   | 0                         | 0                  | 1                            | 0 0                    | 90.00               | ) |
| 91. 00           | 1     | BARBER AND BEAUTY SHOP   | 0                         | 25, 467            |                              | 0 25, 467              |                     |   |
| 92. 00           |       | PHYSICIANS PRIVATE OFFICES                                     | 0                         | 0                  |                              | 0                      | 92. 00              |   |
| 93.00            |       | NONPALD WORKERS  | 0                         | 0                  | (                            | 0                      | 93. 00              |   |
| 94. 00<br>95. 00 |       | PATIENTS LAUNDRY<br>ASSISTED LIVING                            | 77, 477                   | 0<br>1, 507, 175   | '                            | 0<br>0 1, 507, 175     | 94. 00<br>95. 00    |   |
| 95. 00<br>95. 01 | 1     | DEVELOPMENT OFFICE   | //,4//                    | 311, 134           |                              | 0 1, 507, 175          |                     |   |
| 98. 00           | 3,302 | Cross Foot Adjustments   |                           | 0                  | ı                            | 0 0                    | 98. 00              |   |
| 99. 00           |       | Negative Cost Centers  | 0                         | 0                  |                              | 0                      | 99. 00              |   |
| 100.00           | )     | TOTAL  | 458, 317                  | 18, 172, 002       |                              | 0 18, 172, 002         | 2 100.00            | ) |
|                  |       |  |                           |                    |                              |                        |                     |   |

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider No.: 315215

|                  |   |                          |                  |                       | 12/31/2022       | 5/24/2023 5: 2       |                  |
|------------------|---|--------------------------|------------------|-----------------------|------------------|----------------------|------------------|
|                  |   |                          | CAPI TAL REL     | _ATED_COSTS           |                  |                      |                  |
|                  | Cook Cookin Doored at lon   | D:+1                     | BLDGS &          | MOVADLE               | Cb. + - + - I    | EMDL OVEE            |                  |
|                  | Cost Center Description   | Directly<br>Assigned New | FI XTURES        | MOVABLE<br>EQUI PMENT | Subtotal         | EMPLOYEE<br>BENEFITS |                  |
|                  |   | Capi tal                 | TTATORES         | EQUIT MENT            |                  | DENETTIS             |                  |
|                  |   | Related Costs            |                  |                       |                  |                      |                  |
|                  |   | 0                        | 1. 00            | 2.00                  | 2A               | 3. 00                |                  |
| 1 00             | GENERAL SERVICE COST CENTERS  |                          |                  |                       |                  |                      | 1 00             |
| 1. 00<br>2. 00   | 00100 CAP REL COSTS - BLDGS & FIXTURES<br>00200 CAP REL COSTS - MOVABLE EQUIPMENT |                          |                  |                       |                  |                      | 1. 00<br>2. 00   |
| 3. 00            | 00300 EMPLOYEE BENEFITS   | 0                        | 0                | 0                     | 0                | 0                    | 3.00             |
| 4. 00            | 00400 ADMINISTRATIVE & GENERAL  | ő                        | 58, 508          | - 1                   | 63, 795          | 0                    | 4. 00            |
| 5.00             | 00500 PLANT OPERATION, MAINT. & REPAIRS   | 0                        | 32, 271          | 2, 916                | 35, 187          | 0                    | 5. 00            |
| 6.00             | 00600 LAUNDRY & LINEN SERVICE   | 0                        | 28, 161          | 2, 545                | 30, 706          | 0                    | 6. 00            |
| 7. 00            | 00700 HOUSEKEEPI NG   | 0                        | 27, 694          |                       | 30, 197          | 0                    | 7. 00            |
| 8.00             | 00800 DI ETARY  | 0                        | 130, 047         |                       | 141, 798         | 0                    | 8.00             |
| 9. 00<br>10. 00  | 00900 NURSING ADMINISTRATION<br>01000 CENTRAL SERVICES & SUPPLY                   |                          | 4, 898<br>6, 311 |                       | 5, 341<br>6, 881 | 0                    | 9. 00<br>10. 00  |
| 11. 00           | 01100 PHARMACY  | o o                      | 4, 927           | 445                   | 5, 372           | 0                    | 11.00            |
| 12.00            | 01200 MEDICAL RECORDS & LIBRARY   | 0                        | 0                | 0                     | 0                | 0                    | 12.00            |
| 13.00            | 01300 SOCI AL SERVI CE  | O                        | 1, 603           |                       | 1, 748           | 0                    | 13. 00           |
| 15. 00           | 01500 PATIENT ACTIVITIES  | 0                        | 38, 539          | 3, 482                | 42, 021          | 0                    | 15. 00           |
| 20.00            | I NPATI ENT ROUTI NE SERVI CE COST CENTERS  | 0                        | EOE 7/0          | 4E 703                | EE1 470          | 0                    | 30. 00           |
| 30. 00<br>31. 00 | 03000 SKILLED NURSING FACILITY<br>03100 NURSING FACILITY                          |                          | 505, 769<br>0    | 45, 703<br>0          | 551, 472<br>0    | 0                    | 30.00            |
| 32. 00           | 03200   CF/11D  |                          | 0                |                       | 0                | 0                    | 32.00            |
| 33. 00           | 03300 OTHER LONG TERM CARE  | o                        | 0                |                       | Ö                | 0                    | 33. 00           |
|                  | ANCILLARY SERVICE COST CENTERS  |                          |                  |                       | ,                |                      |                  |
| 40. 00           | 04000 RADI OLOGY  | 0                        | 0                | - 1                   | 0                | 0                    | 40. 00           |
| 41.00            | 04100 LABORATORY<br>04200 I NTRAVENOUS THERAPY                                    | 0                        | 0                |                       | 0                | 0                    | 41.00            |
| 42. 00<br>43. 00 | 04200 TNTRAVENOUS THERAPY<br> 04300 OXYGEN (INHALATION) THERAPY                   | 0                        | 0                | 0                     | 0                | 0                    | 42. 00<br>43. 00 |
| 44. 00           | 04400 PHYSI CAL THERAPY   |                          | 9, 008           | - 1                   | 9, 822           | 0                    | 44. 00           |
| 45. 00           | 04500 OCCUPATI ONAL THERAPY   | 0                        | 4, 169           |                       | 4, 546           | 0                    | 45. 00           |
| 46.00            | 04600 SPEECH PATHOLOGY  | 0                        | 4, 169           | 377                   | 4, 546           | 0                    | 46. 00           |
| 47. 00           | 04700 ELECTROCARDI OLOGY  | 0                        | 0                | -                     | 0                | 0                    | 47. 00           |
| 48. 00           | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0                        | 0                | 0                     | 0                | 0                    | 48. 00           |
| 49. 00<br>50. 00 | 04900 DRUGS CHARGED TO PATIENTS<br>05000 DENTAL CARE - TITLE XIX ONLY             |                          | 0                | 0                     | 0                | 0                    | 49. 00<br>50. 00 |
| 51. 00           | 05100 SUPPORT SURFACES  | l ő                      | 0                | 0                     | Ö                | 0                    | 51.00            |
| 52.00            | 05200 OTHER ANCILLARY SERVICE COST CENTERS  | 0                        | 0                | 0                     | 0                | 0                    | 52.00            |
|                  | OUTPATIENT SERVICE COST CENTERS   |                          |                  |                       |                  |                      |                  |
| 60.00            | 06000 CLI NI C  | 0                        | 0                |                       | 0                | 0                    | 60.00            |
| 61. 00<br>62. 00 | 06100 RURAL HEALTH CLINIC<br>06200 FOHC   | 0                        | 0                | 0                     | 0                | 0                    | 61. 00<br>62. 00 |
| 63. 00           | 06300 OTHER OUTPATIENT SERVICE COST CENTER  | 0                        | 0                | 0                     | 0                | 0                    | 63.00            |
| 00.00            | OTHER REIMBURSABLE COST CENTERS   | <u> </u>                 |                  | <u> </u>              |                  |                      | 00.00            |
| 70.00            | 07000 HOME HEALTH AGENCY COST   | 0                        | 0                | 0                     | 0                | 0                    | 70. 00           |
| 71. 00           | 07100 AMBULANCE   | 0                        | 0                | 0                     | 0                | 0                    | 71. 00           |
| 72.00            | 07200 CORF  | 0                        | 0                | 0                     | 0                | 0                    | 72.00            |
| 74.00            | 07300 CMHC<br>07400 OTHER REIMBURSABLE COST                                       | 0                        | 0                |                       | 0                | 0                    | 73. 00<br>74. 00 |
| 74.00            | SPECIAL PURPOSE COST CENTERS  | <u> </u>                 | O                | 0                     | <u> </u>         | 0                    | 74.00            |
| 80. 00           | 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES                                       |                          |                  |                       |                  |                      | 80. 00           |
| 81. 00           | 08100 I NTEREST EXPENSE   |                          |                  |                       |                  |                      | 81. 00           |
| 82. 00           | 08200 UTI LI ZATI ON REVI EW  |                          |                  |                       |                  |                      | 82. 00           |
| 83.00            | 08300 HOSPI CE  | 0                        | 0                | 0                     | 0                | 0                    | 83. 00           |
| 84. 00<br>89. 00 | 08400 OTHER SPECIAL PURPOSE COST CENTERS  | 0                        | 0<br>954 074     | 77, 358               | 933, 432         | 0                    | 84. 00<br>89. 00 |
| 69.00            | SUBTOTALS (sum of lines 1-84)<br>  NONRELMBURSABLE COST CENTERS                   | ı o                      | 856, 074         | 77, 330               | 933, 432         | 0                    | 09.00            |
| 90. 00           | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN  | 0                        | 0                | 0                     | 0                | 0                    | 90. 00           |
| 91. 00           | 09100 BARBER AND BEAUTY SHOP  | 0                        | 2, 915           | 263                   | 3, 178           | 0                    | 91. 00           |
| 92.00            | 09200 PHYSICIANS PRIVATE OFFICES  | 0                        | 0                | 0                     | 0                | 0                    | 92.00            |
| 93.00            | 09300 NONPALD WORKERS   | 0                        | 0                | 0                     | 0                | 0                    | 93. 00           |
| 94. 00<br>95. 00 | 09400 PATIENTS LAUNDRY<br>09500 ASSISTED LIVING                                   |                          | 3, 440           | 0<br>311              | 3, 751           | 0                    | 94. 00<br>95. 00 |
| 95. 00<br>95. 01 | 09502 DEVELOPMENT OFFICE  |                          | 2, 799           |                       | 3, 751           | 0                    | 95. 00<br>95. 01 |
| 98. 00           | Cross Foot Adjustments  |                          | 2, , , , ,       | 255                   | 0                | O                    | 98. 00           |
| 99. 00           | Negative Cost Centers   | 1                        | 0                | - 1                   | 0                | 0                    | 99. 00           |
| 100.00           | D TOTAL   | 0                        | 865, 228         | 78, 185               | 943, 413         | 0                    | 100. 00          |
|                  |   |                          |                  |                       |                  |                      |                  |

Health Financial Systems GREENWOOD HOUSE HOME FOR THE JEWISH In Lieu of Form CMS-2540-10 ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315215 Peri od: Worksheet B From 01/01/2022 Part II Date/Time Prepared: 12/31/2022 5/24/2023 5:20 pm Cost Center Description ADMI NI STRATI VE PLANT LAUNDRY & HOUSEKEEPI NG DI ETARY OPERATION, & GENERAL LINEN SERVICE MAINT. & REPAI RS 7. 00 4.00 8.00 5.00 6.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 1.00 2.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFLTS 3.00 4.00 00400 ADMINISTRATIVE & GENERAL 63, 795 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 4,340 39, 527 00600 LAUNDRY & LINEN SERVICE 6.00 400 1, 437 32, 543 00700 HOUSEKEEPI NG 7.00 3.488 1, 413 C 35, 098 8.00 00800 DI ETARY 11, 398 6, 637 0 159, 833 9.00 00900 NURSING ADMINISTRATION 2,819 250 0 0 01000 CENTRAL SERVICES & SUPPLY 1, 287 10.00 322 0 0 Ω 11.00 01100 PHARMACY 72 251 0 0 0 12.00 01200 MEDICAL RECORDS & LIBRARY 0 0 0 0 01300 SOCIAL SERVICE o 82 0 13.00 660 0 01500 PATIENT ACTIVITIES 15.00 1, 393 1, 967 0 0 0 INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY 30.00 29, 606 25, 814 31, 768 33, 428 136, 308 03100 NURSING FACILITY 31 00 0 0 32.00 03200 | CF/IID 0 0 0 0 0 33.00 03300 OTHER LONG TERM CARE 0 0 0 0 0

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Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315215

|                  |  |                   |            | 10             | 12/31/2022 | 5/24/2023 5: 2 |                  |
|------------------|--|-------------------|------------|----------------|------------|----------------|------------------|
|                  | Cost Center Description                              | NURSI NG          | CENTRAL    | PHARMACY       | MEDI CAL   | SOCIAL SERVICE |                  |
|                  |  | ADMI NI STRATI ON | SERVICES & |                | RECORDS &  |                |                  |
|                  |  |                   | SUPPLY     |                | LI BRARY   |                |                  |
|                  |  | 9. 00             | 10. 00     | 11. 00         | 12. 00     | 13. 00         |                  |
|                  | GENERAL SERVICE COST CENTERS                         |                   |            | ı              |            |                |                  |
| 1.00             | 00100 CAP REL COSTS - BLDGS & FLXTURES               |                   |            |                |            |                | 1.00             |
| 2.00             | 00200 CAP REL COSTS - MOVABLE EQUIPMENT              |                   |            |                |            |                | 2.00             |
| 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 HOUSEKEEPI NG<br>00800 DI ETARY                |                   |            |                |            |                | 7.00             |
| 8. 00<br>9. 00   | 00900 NURSING ADMINISTRATION                         | 8, 410            |            |                |            |                | 8. 00<br>9. 00   |
| 10. 00           | 01000 CENTRAL SERVICES & SUPPLY                      | 0,410             | 8, 490     |                |            |                | 10.00            |
| 11. 00           | 01100 PHARMACY                                       |                   | 0, 490     | 5, 695         |            |                | 11. 00           |
| 12. 00           | 01200 MEDICAL RECORDS & LIBRARY                      |                   | 0          | 3, 073         | 0          |                | 12.00            |
| 13. 00           | 01300 SOCIAL SERVICE                                 |                   | 0          | 0              | 0          | 2, 490         | 13. 00           |
| 15. 00           | 01500 PATIENT ACTIVITIES                             | 0                 | 0          | 0              | 0          | 0              | 15. 00           |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS               | <u> </u>          | <u>_</u>   | <u> </u>       |            |                |                  |
| 30.00            | 03000 SKILLED NURSING FACILITY                       | 8, 410            | 8, 466     | 4, 411         | 0          | 2, 490         | 30. 00           |
| 31. 00           | 03100 NURSING FACILITY                               | 0                 | 0          | 0              | 0          | 0              | 31. 00           |
| 32.00            | 03200   CF/IID                                       | o                 | 0          | 0              | 0          | 0              | 32.00            |
| 33.00            |  | o                 | 0          | 0              | 0          | 0              | 33. 00           |
|                  | ANCILLARY SERVICE COST CENTERS                       |                   |            |                |            |                |                  |
| 40.00            | 04000 RADI OLOGY                                     | 0                 | 0          | 0              | 0          | 0              | 40. 00           |
| 41.00            | 04100 LABORATORY                                     | 0                 | 0          | 0              | 0          | 0              | 41.00            |
| 42.00            | 04200 I NTRAVENOUS THERAPY                           | 0                 | 0          | 0              | 0          | 0              | 42. 00           |
| 43.00            | 04300 OXYGEN (INHALATION) THERAPY                    | 0                 | 0          | 0              | 0          | 0              | 43. 00           |
| 44. 00           | 04400 PHYSI CAL THERAPY                              | 0                 | 0          | 0              | 0          | 0              | 44. 00           |
| 45. 00           | 04500 OCCUPATI ONAL THERAPY                          | 0                 | 0          | 0              | 0          | 0              | 45. 00           |
| 46. 00           | 04600 SPEECH PATHOLOGY                               | 0                 | 0          | 0              | 0          | 0              | 46. 00           |
| 47. 00           | 04700 ELECTROCARDI OLOGY                             | 0                 | 0          | 0              | 0          | 0              | 47. 00           |
| 48. 00           | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS           | 0                 | 0          | 0              | 0          | 0              | 48. 00           |
| 49. 00           | 04900 DRUGS CHARGED TO PATIENTS                      | 0                 | 0          | 0              | 0          | 0              | 49. 00           |
| 50.00            | 05000 DENTAL CARE - TITLE XIX ONLY                   | 0                 | 0          | 0              | 0          | 0              | 50.00            |
| 51.00            | 05100 SUPPORT SURFACES                               | 0                 | 0          | 0              | 0          | 0              | 51.00            |
| 52. 00           | 05200 OTHER ANCILLARY SERVICE COST CENTERS           | 0                 | 0          | 0              | U          | 0              | 52.00            |
| 40.00            | OUTPATIENT SERVICE COST CENTERS 06000 CLINIC         | O                 | 0          | O              | 0          | 0              | 40.00            |
| 60. 00<br>61. 00 | 06100 RURAL HEALTH CLINIC                            | 0                 | 0          | 0              | 0          | 0              | 60. 00<br>61. 00 |
| 62. 00           | 06200 FQHC   | U                 | U          | ٥              | U          | U              | 62.00            |
| 63. 00           | 06300 OTHER OUTPATIENT SERVICE COST CENTER           | 0                 | 0          | 0              | 0          | 0              | 63.00            |
| 03.00            | OTHER REIMBURSABLE COST CENTERS                      | 1 9               | 0          | <u> </u>       |            | 0              | 03.00            |
| 70.00            | 07000 HOME HEALTH AGENCY COST                        | 0                 | 0          | 0              | 0          | 0              | 70. 00           |
| 71. 00           | 07100 AMBULANCE                                      | 0                 | 0          | Ö              | 0          | Ö              | 71. 00           |
| 72. 00           | 07200 CORF   | o                 | 0          | Ö              | O          | Ō              | 72. 00           |
| 73.00            | 07300 CMHC   | o                 | 0          | 0              | 0          | 0              | 73. 00           |
| 74.00            | 07400 OTHER REIMBURSABLE COST                        | O                 | 0          | О              | 0          | 0              | 74. 00           |
|                  | SPECIAL PURPOSE COST CENTERS                         |                   |            |                |            |                |                  |
| 80.00            | 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES          |                   |            |                |            |                | 80. 00           |
| 81. 00           | 08100 I NTEREST EXPENSE                              |                   |            |                |            |                | 81. 00           |
| 82. 00           | 08200 UTI LI ZATI ON REVI EW                         |                   |            |                |            |                | 82. 00           |
| 83. 00           | 08300 H0SPI CE                                       | 0                 | 0          | 0              | 0          | 0              | 83. 00           |
| 84. 00           | 08400 OTHER SPECIAL PURPOSE COST CENTERS             | 0                 | 0          | 0              | 0          | 0              | 84. 00           |
| 89. 00           | SUBTOTALS (sum of lines 1-84)                        | 8, 410            | 8, 466     | 4, 411         | 0          | 2, 490         | 89. 00           |
|                  | NONREI MBURSABLE COST CENTERS                        |                   |            |                |            |                |                  |
| 90.00            | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN           | 0                 | 0          | 0              | 0          |                | 90.00            |
| 91.00            | 09100 BARBER AND BEAUTY SHOP                         | 0                 | 0          | 0              | 0          | 0              | 91.00            |
| 92.00            | 09200 PHYSI CLANS PRI VATE OFFI CES                  | 0                 | 0          | 0              | 0          | 0              | 92.00            |
| 93.00            | 09300 NONPALD WORKERS                                |                   | 0          | 0              | 0          | 0              | 93.00            |
| 94. 00<br>95. 00 | 09400 PATIENTS LAUNDRY                               |                   | 0          | 1 204          | 0          | 0<br>0         | 94.00            |
| 95. 00<br>95. 01 | 09500   ASSISTED LIVING   09502   DEVELOPMENT OFFICE |                   | 24         | 1, 284         | 0          | 0              | 95. 00<br>95. 01 |
| 98. 00           | Cross Foot Adjustments                               |                   | 0          |                | ۷          |                | 98.00            |
| 99.00            |  |                   | 0          |                | n          | 0              | 99.00            |
| 100.00           | 1 9  | 8, 410            | 8, 490     | 5, <b>69</b> 5 | 0          |                | 100.00           |
| . 55. 0          | 1  | 37.10             | 5, .70     | 3, 3, 0        | ٩          | 2, .,0         |                  |
|                  |  |                   |            |                |            |                |                  |

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315215

|                  |       |   |                       |                   | -                            | То | 12/31/2022    | Date/Time F<br>5/24/2023 5 |                  |
|------------------|-------|---|-----------------------|-------------------|------------------------------|----|---------------|----------------------------|------------------|
|                  |       |   | OTHER GENERAL         |                   |                              |    |               | 372472023                  | 5. 20 piii       |
|                  |       |   | SERVI CE              |                   |                              |    |               |                            |                  |
|                  |       | Cost Center Description   | PATIENT<br>ACTIVITIES | Subtotal          | Post Step-Dow<br>Adjustments | n  | Total         |                            |                  |
|                  |       |   | 15. 00                | 16. 00            | 17. 00                       |    | 18. 00        |                            |                  |
|                  |       | AL SERVICE COST CENTERS   |                       |                   |                              |    |               |                            |                  |
| 1.00             |       | CAP REL COSTS - BLDGS & FIXTURES                                |                       |                   |                              |    |               |                            | 1.00             |
| 2. 00<br>3. 00   |       | CAP REL COSTS - MOVABLE EQUIPMENT EMPLOYEE BENEFITS             |                       |                   |                              |    |               |                            | 2. 00<br>3. 00   |
| 4.00             | 1     | ADMINISTRATIVE & GENERAL  |                       |                   |                              |    |               |                            | 4. 00            |
| 5. 00            |       | PLANT OPERATION, MAINT. & REPAIRS                               |                       |                   |                              |    |               |                            | 5. 00            |
| 6.00             |       | LAUNDRY & LINEN SERVICE   |                       |                   |                              |    |               |                            | 6. 00            |
| 7.00             |       | HOUSEKEEPI NG   |                       |                   |                              |    |               |                            | 7. 00            |
| 8. 00<br>9. 00   |       | DI ETARY  |                       |                   |                              |    |               |                            | 8.00             |
| 10.00            |       | NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY                |                       |                   | •                            |    |               |                            | 9. 00<br>10. 00  |
| 11. 00           | 1     | PHARMACY  |                       |                   |                              |    |               |                            | 11. 00           |
| 12.00            | 01200 | MEDICAL RECORDS & LIBRARY                                       |                       |                   |                              |    |               |                            | 12. 00           |
| 13.00            |       | SOCI AL SERVI CE  |                       |                   |                              |    |               |                            | 13. 00           |
| 15. 00           |       | PATIENT ACTIVITIES  | 45, 381               |                   |                              |    |               |                            | 15. 00           |
| 30. 00           |       | IENT ROUTINE SERVICE COST CENTERS SKILLED NURSING FACILITY      | 37, 709               | 869, 882          |                              | 0  | 869, 882      |                            | 30.00            |
| 31. 00           | 1     | NURSING FACILITY  | 37,707                | 007, 002          | ı                            | 0  | 007,002       |                            | 31.00            |
| 32.00            |       | ICF/IID   | o                     | 0                 | )                            | 0  | 0             |                            | 32. 00           |
| 33. 00           |       | OTHER LONG TERM CARE  | 0                     | 0                 |                              | 0  | 0             |                            | 33. 00           |
| 40.00            |       | LARY SERVICE COST CENTERS                                       |                       | 1//               | 1                            |    | 1//           |                            | 40.00            |
| 40. 00<br>41. 00 | 1     | RADI OLOGY<br>LABORATORY  | 0                     | 166<br>63         | 1                            | 0  | 166<br>63     |                            | 40. 00<br>41. 00 |
| 42.00            | 1     | INTRAVENOUS THERAPY   |                       | 202               |                              | 0  | 202           |                            | 42.00            |
| 43. 00           | 1     | OXYGEN (INHALATION) THERAPY                                     | o                     | 125               | 1                            | 0  | 125           |                            | 43. 00           |
| 44. 00           | 04400 | PHYSI CAL THERAPY   | o                     | 11, 444           |                              | 0  | 11, 444       |                            | 44. 00           |
| 45. 00           | 1     | OCCUPATIONAL THERAPY  | 0                     | 5, 601            | 1                            | 0  | 5, 601        |                            | 45. 00           |
| 46. 00<br>47. 00 |       | SPEECH PATHOLOGY<br>ELECTROCARDI OLOGY                          | 0                     | 5, 276<br>0       | 1                            | 0  | 5, 276<br>0   |                            | 46. 00<br>47. 00 |
| 48.00            | 1     | MEDICAL SUPPLIES CHARGED TO PATIENTS                            |                       | 0                 | 1                            | 0  | 0             |                            | 48.00            |
| 49. 00           |       | DRUGS CHARGED TO PATIENTS                                       | l o                   | 1, 104            | 1                            | o  | 1, 104        |                            | 49. 00           |
| 50.00            |       | DENTAL CARE - TITLE XIX ONLY                                    | o                     | 0                 |                              | 0  | 0             |                            | 50. 00           |
| 51.00            | 1     | SUPPORT SURFACES  | 0                     | 0                 | 1                            | 0  | 0             |                            | 51.00            |
| 52. 00           |       | OTHER ANCILLARY SERVICE COST CENTERS TIENT SERVICE COST CENTERS | 0                     | 0                 |                              | 0  | 0             |                            | 52. 00           |
| 60. 00           |       | CLINIC  | l ol                  | 0                 |                              | 0  | 0             |                            | 60.00            |
| 61. 00           | 1     | RURAL HEALTH CLINIC   | l o                   | 0                 | l .                          | o  | o             |                            | 61. 00           |
| 62.00            | 06200 |   |                       |                   |                              |    |               |                            | 62. 00           |
| 63. 00           |       | OTHER OUTPATIENT SERVICE COST CENTER                            | 0                     | 0                 |                              | 0  | 0             |                            | 63. 00           |
| 70. 00           |       | REIMBURSABLE COST CENTERS HOME HEALTH AGENCY COST               |                       | 0                 |                              | o  | 0             |                            | 70. 00           |
| 71.00            | 1     | AMBULANCE   |                       | 0                 | 1                            | 0  | 0             |                            | 71.00            |
| 72. 00           | 07200 |   | l o                   | 0                 |                              | o  | o             |                            | 72. 00           |
| 73. 00           | 07300 |   | o                     | 0                 | 1                            | 0  | o             |                            | 73. 00           |
| 74. 00           | 07400 | OTHER REIMBURSABLE COST   | 0                     | 0                 |                              | 0  | 0             |                            | 74. 00           |
| 80. 00           |       | AL PURPOSE COST CENTERS MALPRACTICE PREMIUMS & PAID LOSSES      |                       |                   | 1                            |    |               |                            | 80.00            |
| 81. 00           | 1     | INTEREST EXPENSE  |                       |                   |                              |    |               |                            | 81.00            |
| 82. 00           |       | UTI LI ZATI ON REVI EW  |                       |                   | •                            |    |               |                            | 82. 00           |
| 83. 00           | 08300 | HOSPI CE  | o                     | 0                 |                              | 0  | 0             |                            | 83. 00           |
| 84. 00           | 08400 | OTHER SPECIAL PURPOSE COST CENTERS                              | 0                     | 0                 |                              | 0  | 0             |                            | 84. 00           |
| 89. 00           | NONDE | SUBTOTALS (sum of lines 1-84)                                   | 37, 709               | 893, 863          |                              | 0  | 893, 863      |                            | 89. 00           |
| 90. 00           |       | IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN    |                       | O                 |                              | 0  | 0             |                            | 90.00            |
| 91. 00           |       | BARBER AND BEAUTY SHOP  |                       | 3, 400            | 1                            | ő  | 3, 400        |                            | 91. 00           |
| 92.00            | 09200 | PHYSICIANS PRIVATE OFFICES                                      | o                     | 0                 | )                            | 0  | 0             |                            | 92. 00           |
| 93.00            |       | NONPALD WORKERS   | 0                     | 0                 |                              | 0  | 0             |                            | 93. 00           |
| 94. 00<br>95. 00 |       | PATIENTS LAUNDRY<br>ASSISTED LIVING                             | 7 470                 | 41 070            |                              | U  | 0 <br>41, 879 |                            | 94.00            |
| 95. 00<br>95. 01 | 1     | DEVELOPMENT OFFICE  | 7, 672                | 41, 879<br>4, 271 | 1                            | 0  | 41, 879       |                            | 95. 00<br>95. 01 |
| 98. 00           | 0.002 | Cross Foot Adjustments  |                       | 7, 2, 1           | 1                            | o  | 0             |                            | 98. 00           |
| 99. 00           |       | Negative Cost Centers   | 0                     | 0                 |                              | 0  | О             |                            | 99. 00           |
| 100.00           | )     | TOTAL   | 45, 381               | 943, 413          | 1                            | 0  | 943, 413      |                            | 100. 00          |
|                  |       |   |                       |                   |                              |    |               |                            |                  |

COST ALLOCATION - STATISTICAL BASIS

Provi der No.: 315215

Period: Worksheet B-1 From 01/01/2022

12/31/2022 Date/Time Prepared: 5/24/2023 5: 20 pm CAPITAL RELATED COSTS BLDGS & MOVABLE **EMPLOYEE** Reconciliation ADMINISTRATIVE Cost Center Description **FLXTURES FOUL PMENT** BENEFITS & GENERAL (SQUARE FEET) (SQUARE FEET) (ACCUM. COST) (GROSS SALARI ES) 1.00 2.00 4A 4.00 3.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 1.00 59.360 1.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT 2.00 59, 360 2.00 3.00 00300 EMPLOYEE BENEFITS 0 8, 832, 360 3.00 4.00 00400 ADMINISTRATIVE & GENERAL 4,014 4,014 908, 155 -3, 012, 867 15, 159, 135 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 190, 732 1, 031, 344 5 00 2 214 2, 214 5 00 00600 LAUNDRY & LINEN SERVICE 6.00 1,932 1, 932 27, 721 0 94, 943 6.00 7.00 00700 HOUSEKEEPI NG 1, 900 1, 900 574, 081 828, 899 7.00 00800 DI ETARY 8.922 8. 922 342, 982 0 2, 708, 646 8.00 8 00 00900 NURSING ADMINISTRATION 0 9.00 336 336 431, 237 669, 885 9 00 10.00 01000 CENTRAL SERVICES & SUPPLY 433 433 305, 797 10.00 0 17, 223 11.00 01100 PHARMACY 338 338 0 11.00 01200 MEDICAL RECORDS & LIBRARY 12 00 12 00 0 0 0 13.00 01300 SOCIAL SERVICE 110 110 126, 794 0 156, 771 13.00 01500 PATIENT ACTIVITIES 15.00 2,644 2,644 189, 773 331,007 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 7. 034, 208 30.00 03000 SKILLED NURSING FACILITY 34, 699 34, 699 4, 800, 422 0 30.00 31.00 03100 NURSING FACILITY 0 0 31.00 C 03200 | CF/IID 0 32.00 0 0 32.00 03300 OTHER LONG TERM CARE 0 33.00 0 0 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 39, 490 40.00 0 04100 LABORATORY 0 0 0 41.00 0 15,085 41.00 04200 I NTRAVENOUS THERAPY 0 48, 070 42.00 0 0 0 42.00 04300 OXYGEN (INHALATION) THERAPY 43.00 0 0 29, 755 43 00 04400 PHYSI CAL THERAPY 618 618 182, 776 276, 230 44.00 44.00 0 0 0 04500 OCCUPATIONAL THERAPY 45.00 286 286 160, 198 200, 115 45.00 04600 SPEECH PATHOLOGY 95, 310 46,00 286 286 122, 763 46,00 47.00 04700 ELECTROCARDI OLOGY 0 0 0 47.00 C 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 0 48.00 0 0 49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 262, 419 49.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 50.00 C Λ 50.00 51.00 05100 SUPPORT SURFACES 0 C 0 0 0 51.00 52.00 05200 OTHER ANCILLARY SERVICE COST CENTERS 0 0 0 0 0 52.00 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 O 0 0 60.00 61.00 06100 RURAL HEALTH CLINIC 0 C 0 0 0 61.00 06200 FQHC 62.00 62.00 06300 OTHER OUTPATIENT SERVICE COST CENTER 0 63.00 C 0 63.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 70.00 07100 AMBULANCE 0 0 0 71.00 0 0 71.00 07200 CORE 0 0 0 72.00 0 0 72.00 73.00 07300 CMHC 0 0 0 0 73.00 07400 OTHER REIMBURSABLE COST 74.00 0 0 74.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 08100 INTEREST EXPENSE 81.00 81.00 82.00 08200 UTILIZATION REVIEW 82.00 08300 HOSPI CE 83 00 0 83 00 84.00 08400 OTHER SPECIAL PURPOSE COST CENTERS Λ 84.00 14, 172, 650 SUBTOTALS (sum of lines 1-84) 58, 732 58, 732 8, 030, 181 -3, 012, 867 89.00 89.00 NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 0 91.00 09100 BARBER AND BEAUTY SHOP 200 200 10,604 0 17, 362 91.00 09200 PHYSICIANS PRIVATE OFFICES 0 92.00 0 C 0 0 92.00 0 09300 NONPALD WORKERS 93.00 93.00 0 0 0 0 09400 PATIENTS LAUNDRY 94.00 0 0 0 94 00 09500 ASSISTED LIVING 647, 610 713, 301 95.00 95.00 236 236 09502 DEVELOPMENT OFFICE 95.01 192 192 143.965 255, 822 95.01 Cross Foot Adjustments 98.00 98 00 99.00 Negative Cost Centers 99.00 3, 012, 867 102. 00 102.00 Cost to be allocated (per Wkst. B, 865, 228 78, 185 1, 950, 158 Part I) Unit cost multiplier (Wkst. B, Part I) 14. 575943 0. 198749 103. 00 103.00 1.317133 0.220797 104.00 Cost to be allocated (per Wkst. B, 63, 795 104. 00 Part II) 105.00 Unit cost multiplier (Wkst. B, Part 0.000000 0.004208 105.00 II)

COST ALLOCATION - STATISTICAL BASIS

Provi der No.: 315215 Per

Peri od: Worksheet B-1 From 01/01/2022 To 12/31/2022 Date/Ti me Prepared:

5/24/2023 5:20 pm Cost Center Description PLANT LAUNDRY & HOUSEKEEPI NG DI ETARY NURSI NG LINEN SERVICE OPERATI ON, (DI RECT) (DIRECT) ADMI NI STRATI ON MAINT. & (DI RECT) (PATIENT DAYS) REPAIRS (SQUARE FEET) 9. 00 5.00 6.00 7.00 8.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FLXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1.00 1.00 2.00 2.00 00300 EMPLOYEE BENEFITS 3.00 3.00 00400 ADMINISTRATIVE & GENERAL 4.00 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 53.132 5.00 00600 LAUNDRY & LINEN SERVICE 6.00 1,932 58, 116 6.00 7.00 00700 HOUSEKEEPI NG 1,900 671, 947 7.00 8.00 00800 DI ETARY 8,922 2, 491, 593 8.00 36, 898 00900 NURSING ADMINISTRATION 0 9 00 336 9 00 10.00 01000 CENTRAL SERVICES & SUPPLY 433 C 0 0 0 10.00 11.00 01100 PHARMACY 338 0 0 0 11.00 01200 MEDICAL RECORDS & LIBRARY 12.00 0 0 12.00 0 0 01300 SOCIAL SERVICE O 13 00 110 0 13 00 0 15.00 01500 PATIENT ACTIVITIES 2,644 0 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 34, 699 36, 898 30.00 30.00 03000 SKILLED NURSING FACILITY 56, 732 639 966 2 124 871 31.00 03100 NURSING FACILITY C 0 31.00 32.00 03200 | CF/IID 0 0 0 32.00 C 0 33.00 03300 OTHER LONG TERM CARE 33.00 0 0 0 0 0 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 0 0 0 0 40.00 04100 LABORATORY 0 0 41.00 41.00 42.00 04200 I NTRAVENOUS THERAPY 0 0 0 0 42.00 0 04300 OXYGEN (INHALATION) THERAPY 0 0 43 00 Ω 0 43 00 44.00 04400 PHYSI CAL THERAPY 618 0 0 44.00 04500 OCCUPATIONAL THERAPY 0 0 0 0 0 0 45.00 286 0 45.00 04600 SPEECH PATHOLOGY 46.00 286 0 0 46,00 0 04700 ELECTROCARDI OLOGY 47.00 0 0 47.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 48.00 48.00 04900 DRUGS CHARGED TO PATIENTS 0 49 00 0 49.00 05000 DENTAL CARE - TITLE XIX ONLY 0 50.00 0 0 50.00 0 05100 SUPPORT SURFACES 0 0 51.00 r 0 0 51.00 05200 OTHER ANCILLARY SERVICE COST CENTERS 52.00 0 52.00 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 60.00 0 0 06100 RURAL HEALTH CLINIC 0 0 61.00 C 0 0 61.00 62.00 06200 FQHC 62.00 06300 OTHER OUTPATIENT SERVICE COST CENTER 0 63.00 0 63.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 70.00 71.00 07100 AMBULANCE 0 0 0 0 0 71.00 07200 CORF 0 0 0 72.00 0 0 72.00 0 73.00 07300 CMHC 0 Ω 0 0 73.00 74.00 07400 OTHER REIMBURSABLE COST 0 0 74.00 SPECIAL PURPOSE COST CENTERS 80 00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80 00 81.00 08100 INTEREST EXPENSE 81.00 08200 UTILIZATION REVIEW 82.00 82.00 08300 HOSPI CE 83.00 0 83.00 08400 OTHER SPECIAL PURPOSE COST CENTERS 84.00  $\cap$ Λ 84.00 89.00 SUBTOTALS (sum of lines 1-84) 52, 504 56, 732 639, 966 2, 124, 871 36, 898 89.00 NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90 00 n O 90.00 0 0 0 09100 BARBER AND BEAUTY SHOP 91.00 200 C 0 0 0 91.00 09200 PHYSICIANS PRIVATE OFFICES 0 92.00 92.00 0 93.00 09300 NONPALD WORKERS 0 0 93.00 0 0 94 00 09400 PATIENTS LAUNDRY 94 00 0 0 0 95.00 09500 ASSISTED LIVING 236 1, 384 31, 981 366, 722 0 95.00 09502 DEVELOPMENT OFFICE 95.01 95.01 192 Cross Foot Adjustments 98.00 98.00 99.00 Negative Cost Centers 99 00 102.00 Cost to be allocated (per Wkst. B, 1, 236, 323 158, 769 1, 037, 853 3, 454, 592 810, 842 102. 00 Part I) 103.00 Unit cost multiplier (Wkst. B, Part I) 23. 268896 2.731933 1.544546 1. 386499 21. 975229 103. 00 104.00 Cost to be allocated (per Wkst. B, 39, 527 32, 543 35, 098 159,833 8, 410 104. 00 Part II) 105.00 Unit cost multiplier (Wkst. B, Part 0.743940 0.559966 0.052233 0.064149 0. 227926 105. 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

Provi der No.: 315215

| Cost Center Description  |                  | Date/Time Prep<br>5/24/2023 5:20 | 0 12/31/2022   | To        |                |           |   |         |
|--|------------------|----------------------------------|----------------|-----------|----------------|-----------|---|---------|
| CENTRAL   SERVICE   SERVICE   SERVICE   SUPPLY   CHERCT)   CHERCT   CHERC   | <u> </u>         | OTHER GENERAL                    |                | •         |                |           |   |         |
| SERVI CES & SUPPLY (DI RECT)   LIBRARY (PATIENT DAYS)   PATIENT DAYS (DI RECT)   |                  |                                  | SOCIAL SERVICE | MEDICAL   | DHADMACV       | CENTRAL   | Cost Canter Description                 |         |
| GENERAL SERVICE COST CENTERS   10.00   11.00   12.00   13.00   15.00   |                  |                                  | SOCIAL SERVICE |           |                |           | cost center bescription                 |         |
| GENERAL SERVICE COST CENTERS   |                  | (DI RECT)                        | (PATLENT DAYS) |           | , ,            |           |   |         |
| CEMERAL SERVICE COST CENTERS   |                  | 15.00                            | 13 00          |           | 11 00          |           |   |         |
| 2 00 00200 CAP REL COSTS - MOVABLE EQUIPMENT 3.00 00300 EMPLOYEE BENEFITS 4.00 00400 ADMINISTRATIVE & GENERAL 5.00 00500 PLANT OPERATION, MAINT. & REPAIRS 6.00 00500 LAUNDRY & LINEN SERVICE 7.00 00700 HOUSEKEEPING 9.00 00900 NURSING ADMINISTRATION 10.00 10000 (ENTRAL SERVICES & SUPPLY 9.00 00900 NURSING ADMINISTRATION 11.00 01100 (ENTRAL SERVICES & SUPPLY 11.00 01100 (ENTRAL SERVICES & SUPPLY 12.00 01200 MEDICAL RECORDS & LIBRARY 0 0 11, 851 12.00 01300 SOCIAL SERVICE 13.00 01300 SOCIAL SERVICE 0 0 0 0 0 36, 898 15.00 01500 PATIENT ACTIVITIES 0 0 0 0 0 0 36, 898 15.00 03000 SILLED NURSING FACILITY 298,063 31.00 03000 SILLED NURSING FACILITY 0 0 0 0 0 36, 898 205, 316 32.00 03200 ICF/IID 33.00 03300 OTHER LONG FERN CARE 40.00 04000 RADIOLOGY 41.00 04000 RADIOLOGY 42.00 04200 INTRAVENOUS THERAPY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                  | 13.00                            | 13.00          | 12.00     | 11.00          | 10.00     | GENERAL SERVICE COST CENTERS            |         |
| 3. 00 00300 EMPLOYEE BENEFITS 4. 00 00400 ADMINISTRATIVE & GENERAL 5. 00 00500 JURSTRATIVE & GENERAL 5. 00 00500 JURSTRATIVE & GENERAL 6. 00 00600 LAUNDRY & LINEN SERVICE 7. 00 00700 HOUSEKEEPING 8. 00 00800 DIETARY 9. 00 00900 NURSING ADMINISTRATION 10. 00 1000 CENTRAL SERVICES & SUPPLY 298, 916 11. 00 01100 PHARMACY 0 0 11. 851 12. 00 01200 MEDICAL RECORDS & LIBRARY 0 0 0 0 0 0 36, 898 13. 00 01300 SOCI AL SERVICE 0 0 0 0 0 36, 898 15. 00 11500 PATIENT ACTIVITIES 0 0 0 0 0 36, 898 10. 00 11500 PATIENT ACTIVITIES 0 0 0 0 0 36, 898 10. 00 10500 SKILLED NURSING FACILITY 298, 03 9, 180 0 36, 898 205, 316 23. 00 03000 SKILLED NURSING FACILITY 298, 03 9, 180 0 36, 898 205, 316 32. 00 03200 ICF/IID 0 0 0 0 0 0 0 0 0 32. 00 03200 ICF/IID 33. 00 03300 OTHER LONG TERM CARE 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 32. 00 03000 INMSSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 1. 00            |                                  |                |           |                |           |   |         |
| 4. 00   00400   ADMIN IN STRATIVE & GENERAL   5. 00   00500 PLANT OPERATION, MAI NT. & REPAIRS   6. 00   00600   LAUNDRY & LINEN SERVICE   7. 00   00700   HOUSEKEEPI NG   7. 00   00   00   00   00   00   00   | 2. 00            |                                  |                |           |                |           |   |         |
| 5 00   00500   CLANT OPERATION, MAINT. & REPAIRS   | 4. 00            |                                  |                |           |                |           | l e                                     |         |
| 7. 00 00700 HOUSEKEEPING 8 0 00800 DIETARY 9 0 00900 NURSING ADMINISTRATION 10. 00 01000 CENTRAL SERVICES & SUPPLY 298,916 11. 00 01100 PHARMACY 0 11,851  | 5.00             |                                  |                |           |                |           | · · · · · · · · · · · · · · · · · · ·   |         |
| 8. 00  | 6.00             |                                  |                |           |                |           | l e e e e e e e e e e e e e e e e e e e |         |
| 9.00   09900   NURSI NG ADMI NI STRATI ON   10.00   O1000   CENTRAL SERVI CES & SUPPLY   298, 916   11.00   O11000   PHARMACY   O 0 11.851   12.00   O1200   MEDI CAL. RECORDS & LI BRARY   O 0 0 0   O 36, 898   O1500   PATI ENT ACTI VI TI ES   O 0 0 0 0   O 36, 898   O1500   PATI ENT ROUTI NE SERVI CE COST CENTERS   O 0 0 0 0 0   O 0 0   O 0 0 0   O 0 0 0   O 0 0 0   O 0 0 0   O 0 0   O 0 0 0   O 0 0   O 0 0 0   O 0 0   O 0 0 0   O 0   O 0 0   O 0 0   O 0 0   O 0 0   O | 7. 00<br>8. 00   |                                  |                |           |                |           | l e e e e e e e e e e e e e e e e e e e |         |
| 11. 00 01100 PHARMACY 12. 00 01200 MEDI CAL RECORDS & LI BRARY 13. 00 01300 SOCI AL SERVI CE 15. 00 01500 PATI ENT ACTI VI TI ES 10 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 9. 00            |                                  |                |           |                |           | l e e e e e e e e e e e e e e e e e e e |         |
| 12. 00 01200 MEDI CAL RECORDS & LIBRARY 0 0 0 0 0 36, 898 15. 00 01500 PATILENT ACTIVITIES 0 0 0 0 0 36, 898 15. 00 01500 PATILENT ACTIVITIES 0 0 0 0 0 0 247, 085 15. 00 01500 PATILENT ACTIVITIES 0 0 0 0 0 0 247, 085 15. 00 01500 PATILENT ROUTINE SERVICE COST CENTERS  30. 00 03000 SKI LLED NURSING FACILITY 298, 063 9, 180 0 36, 898 205, 316 31. 00 03100 NURSING FACILITY 0 0 0 0 0 0 0 0 0 32. 00 03200 ICF/11D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 10.00            |                                  |                |           |                | 298, 916  | l e e e e e e e e e e e e e e e e e e e |         |
| 13. 00 0 1300 SOCI AL SERVI CE 0 0 0 0 0 36, 898 1 15. 00 01500 PATI ENT ACTI VITIES 0 0 0 0 0 0 0 247, 085 1   NPATI ENT ROUTI NE SERVI CE COST CENTERS   | 11. 00<br>12. 00 |                                  |                | 0         | 11, 851        | 0         | l e e e e e e e e e e e e e e e e e e e |         |
| INPATI ENT ROUTI NE SERVI CE COST CENTERS  | 13. 00           |                                  | 36, 898        | 0         | o              | l o       |   |         |
| 30.00   03000   SKILLED NURSING FACILITY   298,063   9,180   0   36,898   205,316   31.00   03100   NURSING FACILITY   0   0   0   0   0   0   32.00   03200   ICF/IID   0   0   0   0   0   0   0   0   33.00   03200   ICF/IID   0   0   0   0   0   0   0   0   0   | 15. 00           | 247, 085                         | 0              | 0         | 0              | 0         |   |         |
| 31. 00   | 30. 00           | 205 216                          | 26 000         | 0         | 0 100          | 200 062   |   |         |
| 33.00   03300   OTHER LONG TERM CARE   O O O O O O O O O O O O O O O O O O   | 31. 00           |                                  | 30, 646        |           |                |           | l e e e e e e e e e e e e e e e e e e e |         |
| ANCI LLARY SERVICE COST CENTERS  40. 00  | 32. 00           |                                  | 0              | 0         | o              | 1         | · ·                                     |         |
| 40. 00   | 33. 00           | 0                                | 0              | 0         | 0              | 0         |   |         |
| 41. 00       04100       LABORATORY       0       0       0       0       0       0       42.00       04200       I NTRAVENOUS THERAPY       0 <t< td=""><td>40. 00</td><td>0</td><td>0</td><td>0</td><td>O</td><td>0</td><td></td><td></td></t<>  | 40. 00           | 0                                | 0              | 0         | O              | 0         |   |         |
| 43. 00   | 41. 00           |                                  | 0              | 0         | ō              | o         |   |         |
| 44. 00   | 42.00            |                                  | 0              | 0         | 0              | 0         | l e e e e e e e e e e e e e e e e e e e |         |
| 45. 00   | 43. 00<br>44. 00 |                                  | 0              | 0         | 0              | 0         |   |         |
| 47. 00   | 45. 00           |                                  | 0              | 0         | Ö              | o o       | l e                                     |         |
| 48. 00   | 46. 00           |                                  | 0              | 0         | o              | O         |   |         |
| 49. 00   | 47. 00<br>48. 00 | - 1                              | 0              | 0         | 0              | 0         |   |         |
| 51. 00   05100   SUPPORT SURFACES   0   0   0   0   5   5   5   2   0   0   0   0   0   0   0   5   5   2   0   0   0   0   0   0   0   0   0  | 49. 00           |                                  | 0              | 0         | 0              | 0         | l e e e e e e e e e e e e e e e e e e e |         |
| 52. 00   05200   OTHER ANCILLARY SERVICE COST CENTERS   0   0   0   0   0   5   5   5   5   5  | 50.00            |                                  | 0              | 0         | O              | 0         | 05000 DENTAL CARE - TITLE XIX ONLY      | 50.00   |
| OUTPATI ENT SERVI CE COST CENTERS           60. 00         06000 CLI NI C         0         0         0         0         0         6         6         61. 00           | 51.00            |                                  | 0              | ŭ         | 0              |           | l e e e e e e e e e e e e e e e e e e e |         |
| 60. 00   06000   CLI NI C   0   0   0   0   61. 00   06100   RURAL HEALTH CLI NI C   0   0   0   0   0   6   6   | 52. 00           | 0                                | U              | U         | U <sub>I</sub> | <u> </u>  |   |         |
|  | 60.00            |                                  | 0              | 0         |                | 0         | 06000 CLI NI C                          | 60.00   |
|  | 61. 00<br>62. 00 | 0                                | 0              | 0         | 0              | 0         | 06100 RURAL HEALTH CLINIC<br>06200 FQHC |         |
|  | 63. 00           | 0                                | 0              | 0         | О              | О         |   |         |
| OTHER REIMBURSABLE COST CENTERS  |                  |                                  |                |           |                |           |   |         |
|  | 70. 00<br>71. 00 | - 1                              | 0              | 0         | 0              | 0         | l e e e e e e e e e e e e e e e e e e e |         |
|  | 72. 00           |                                  | 0              | 0         | o              | o o       | l e e e e e e e e e e e e e e e e e e e |         |
|  | 73. 00           |                                  | O              | 0         | o              | O         |   |         |
| 74. 00   07400  OTHER REI MBURSABLE COST   0   0   0   0   7   7   7   7   7   7   | 74. 00           | 0                                | 0              | 0         | 0              | 0         |   |         |
|  | 30. 00           |                                  |                |           |                |           |   |         |
|  | 31. 00           |                                  |                |           |                |           |   |         |
|  | 32. 00<br>33. 00 | 0                                | 0              | 0         |                |           |   |         |
|  | 33.00            |                                  | 0              | 0         | o              | 0         | l e                                     |         |
| 89.00 SUBTOTALS (sum of lines 1-84) 298,063 9,180 0 36,898 205,316 8   | 39. 00           | 205, 316                         | 36, 898        | 0         | 9, 180         | 298, 063  |   | 89. 00  |
| NONREI MBURSABLE COST CENTERS   90. 00   09000   GI FT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   9   | 90. 00           | 0                                | ol             | 0         | ام             |           |   |         |
|  | 91. 00           |                                  | 0              | _         | o              | 0         |   |         |
| 92.00   09200   PHYSICIANS PRIVATE OFFICES   0   0   0   0   9   | 92. 00           |                                  | 0              | 0         | o              | 0         | 09200 PHYSICIANS PRIVATE OFFICES        | 92. 00  |
|  | 93.00            |                                  | 0              | 0         | 0              | 0         | l e e e e e e e e e e e e e e e e e e e |         |
|  | 94. 00<br>95. 00 |                                  | 0              | 0         | 2 671          | 853       | l e e e e e e e e e e e e e e e e e e e |         |
|  | 95. 01           |                                  | 0              | 0         | 2, 0, 1        | 0         | l e e e e e e e e e e e e e e e e e e e |         |
|  | 98. 00           |                                  |                |           |                |           | ,                                       |         |
| 99.00   Negative Cost Centers   99.00   Cost to be allocated (per Wkst. B,   376,649   28,511   0   190,489   458,317   10   10   10   10   10   10   10   | 99.00            | 458 317                          | 190 489        | 0         | 28 511         | 376 649   |   |         |
| Part I)  |                  |                                  |                | O         |                |           | Part I)                                 |         |
| 103.00 Unit cost multiplier (Wkst. B, Part I) 1.260050 2.405789 0.000000 5.162583 1.854896 10  |                  |                                  |                | 0. 000000 | •              |           |   |         |
| 104.00   Cost to be allocated (per Wkst. B,   8,490   5,695   0 2,490   45,381   10   2   2   2   2   2   2   2   2   2  | J4. UU           | 43, 381                          | 2, 490         | O         | 5, 695         | 8, 490    | ,,,                                     | 104.00  |
| 105.00 Unit cost multiplier (Wkst. B, Part 0.028403 0.480550 0.000000 0.067483 0.183666 10   | )5. 00           | 0. 183666                        | 0. 067483      | 0.000000  | 0. 480550      | 0. 028403 | Unit cost multiplier (Wkst. B, Part     | 105. 00 |
|  |                  |                                  |                |           |                | l         | 111)                                    | I       |

GREENWOOD HOUSE HOME FOR THE JEWISH In Lieu of Form CMS-2540-10 Health Financial Systems RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS Provi der No.: 315215 Peri od: Worksheet C From 01/01/2022 12/31/2022 Date/Time Prepared: 5/24/2023 5:20 pm Cost Center Description Total (from Total Charges Ratio (col. Wkst. B, Pt I, di vi ded by col. 2 3. 00 1.00 2. 00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 47, 339 39, 490 1. 198759 40.00 41. 00 | 04100 | LABORATORY 18, 083 15, 085 1.198740 41.00 1. 198752 42. 00 04200 I NTRAVENOUS THERAPY 57, 624 48, 070 42.00 43.00 04300 OXYGEN (INHALATION) THERAPY 35, 669 29, 755 1. 198757 43.00 44. 00 04400 PHYSI CAL THERAPY 345, 510 342, 607 1.008473 44.00 04500 OCCUPATIONAL THERAPY 45.00 246, 543 424, 819 0.580348 45.00 46. 00 04600 SPEECH PATHOLOGY 0.837245 153, 817 183, 718 46.00 47. 00 04700 ELECTROCARDI OLOGY 0.000000 47.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 290, 994 1. 081036 49.00 314, 575

0.000000

0.000000

0.000000

0.000000

0.000000

0.000000

50.00

51.00

52.00

60.00

61.00

62.00

63.00

71.00

100.00

0

0

0

0

1, 374, 538

0

0

0

0

0

1, 219, 160

50.00

51.00

52.00

60.00

61.00

100.00

05000 DENTAL CARE - TITLE XIX ONLY

OUTPATIENT SERVICE COST CENTERS

63.00 06300 OTHER OUTPATIENT SERVICE COST CENTER

05200 OTHER ANCILLARY SERVICE COST CENTERS

05100 SUPPORT SURFACES

06100 RURAL HEALTH CLINIC

06000 CLI NI C

71. 00 | 07100 | AMBULANCE

Total

62. 00 06200 FQHC

|        |  | NWOOD HOUSE HO! | ME FOR THE JEWI |               |                             | u of Form CMS-        | 2540-10 |
|--------|--|-----------------|-----------------|---------------|-----------------------------|-----------------------|---------|
| APPORT | TONMENT OF ANCILLARY AND OUTPATIENT COSTS                                    |                 | Provi der       | No.: 315215   | Peri od:<br>From 01/01/2022 | Worksheet D<br>Part I |         |
|        |  |                 |                 |               | To 12/31/2022               |                       | pared:  |
|        |  |                 |                 |               |                             | 5/24/2023 5: 2        | O pm    |
|        |  |                 | Title           | XVIII (1)     | Skilled Nursing             | PPS                   |         |
|        |  |                 | 111 +           | Ob            | Facility                    | D C+                  |         |
|        |  |                 | Health Care Pr  | rogram Charge | s Hearth Care               | Program Cost          |         |
|        |  |                 |                 |               |                             |                       |         |
|        |  | Ratio of Cost   | Part A          | Part B        | Part A (col. 1              | Part B (col 1         |         |
|        |  | to Charges      | rui t n         | rai t b       | x col. 2)                   | x col. 3)             |         |
|        |  | (Fr. Wkst. C    |                 |               |                             |                       |         |
|        |  | Column 3)       |                 |               |                             |                       |         |
|        |  | 1.00            | 2.00            | 3. 00         | 4. 00                       | 5. 00                 |         |
|        | PART I - CALCULATION OF ANCILLARY AND OUTPAT                                 | ENT COST        |                 |               |                             |                       |         |
|        | ANCILLARY SERVICE COST CENTERS   |                 |                 |               |                             |                       |         |
| 40.00  | 04000 RADI OLOGY   | 1. 198759       |                 |               | 0                           | 0                     |         |
| 41.00  | 04100 LABORATORY   | 1. 198740       | 0               |               | 0                           | 0                     | 1       |
| 42.00  | 04200 I NTRAVENOUS THERAPY   | 1. 198752       | 0               |               | 0                           | 0                     | 1 00    |
| 43.00  | 04300 OXYGEN (INHALATION) THERAPY  | 1. 198757       | 0               |               | 0                           | 0                     | 1 .0.00 |
|        | 04400 PHYSI CAL THERAPY  | 1. 008473       |                 |               | 0 159, 080                  |                       |         |
|        | 04500 OCCUPATI ONAL THERAPY  | 0. 580348       |                 |               | 0 101, 206                  | 0                     |         |
|        | 04600 SPEECH PATHOLOGY   | 0. 837245       |                 |               | 0 68, 328                   | 0                     |         |
|        | 04700 ELECTROCARDI OLOGY   | 0. 000000       |                 |               | 0                           | 0                     |         |
|        | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS                                   | 0. 000000       |                 |               | 0 0                         | 0                     |         |
|        | 04900 DRUGS CHARGED TO PATIENTS  | 1. 081036       |                 |               | 0 148, 400                  | 0                     | 1       |
|        | 05000 DENTAL CARE - TITLE XIX ONLY   | 0. 000000       |                 |               | 0                           |                       | 50.00   |
|        | 05100 SUPPORT SURFACES   | 0. 000000       |                 |               | 0 0                         | 0                     |         |
| 52.00  | 05200 OTHER ANCILLARY SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS | 0. 000000       | U               |               | 0 0                         | 0                     | 52. 00  |
| 40.00  | 06000 CLINIC   | 0. 000000       | 0               |               | 0 0                         | 0                     | 60.00   |
| 61. 00 | 06100 RURAL HEALTH CLINIC  | 0.00000         | ١               |               |                             |                       | 61.00   |
| 62. 00 | 06200 FQHC   |                 |                 |               |                             |                       | 62.00   |
|        | 06300 OTHER OUTPATIENT SERVICE COST CENTER                                   | 0. 000000       | ١               |               |                             | ۸ ا                   | 63.00   |
|        | 07100 AMBULANCE (2)  | 0. 000000       |                 |               |                             | 0                     | 1       |
| 100.00 |  | 0.00000         | 551, 018        |               | 0 477, 014                  | _                     | 100.00  |
|        | r title V and XIX use columns 1, 2, and 4 onl                                | 1<br>V          |                 | ı             | -1/9.1                      | ı                     | ,       |

<sup>(2)</sup> Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

(1) For title V and XIX use columns 1, 2, and 4 only.

| Heal th | Financial Systems GREE  | NWOOD HOUSE HO  | ME FOR THE JEW      | I SH                           | In Lie                                       | u of Form CMS-2   | 2540-10        |
|---------|---|-----------------|---------------------|--------------------------------|--|---|----------------|
| APPORT  | IONMENT OF ANCILLARY AND OUTPATIENT COSTS                                     |                 | Provi der           | No.: 315215                    | Peri od:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Parts II-III<br>Date/Time Pre<br>5/24/2023 5:2 | pared:<br>O pm |
|         |   |                 | Ti tl               | e XVIII                        | Skilled Nursing<br>Facility                  | PPS   |                |
|         | Cost Center Description   | -               |                     |                                |  | 1. 00   |                |
|         | PART II - APPORTIONMENT OF VACCINE COST                                       |                 |                     |                                |  | 1.00  |                |
| 1.00    | Drugs charged to patients - ratio of co                                       | st to charges   | (From Workshee      | t C, column 3                  | , line 49)                                   | 1. 081036   | 1.00           |
| 2.00    | Program vaccine charges (From your reco                                       | ords, or the PS | &R)                 |                                |  | 0   | 2. 00          |
| 3.00    | Program costs (Line 1 x line 2) (Title  | XVIII, PPS pro  | viders, transf      | er this amoun                  | t to Worksheet                               | 0   | 3. 00          |
|         | E, Part I, line 18)   |                 |                     |                                |  |   |                |
|         | Cost Center Description   | Total Cost      | Nursing &           | Ratio of                       | Program Part A                               |   |                |
|         |   |                 | Allied Health       |                                | Cost (From                                   | & Allied  |                |
|         |   | · ·             | (From Wkst. B,      |                                |  | Heal th Costs   |                |
|         |   | 18              | Part I, Col.<br>14) | Costs to Total<br>Costs - Part |  | for Pass  |                |
|         |   |                 | 14)                 | (Col. 2 / Co                   |  | Through (Col. 3 x Col. 4)                                     |                |
|         |   |                 |                     | 1)                             | •  | 3 X COI. 4)   |                |
|         |   | 1.00            | 2.00                | 3.00                           | 4. 00  | 5. 00   |                |
|         | PART III - CALCULATION OF PASS THROUGH COSTS                                  | FOR NURSING &   | ALLI ED HEALTH      |                                |  |   |                |
|         | ANCILLARY SERVICE COST CENTERS  |                 |                     |                                |  |   |                |
| 40.00   | 04000 RADI OLOGY  | 47, 339         | C                   | 0.0000                         |  | 0   | 40. 00         |
|         | 04100 LABORATORY  | 18, 083         | l e                 | 0.0000                         |  | 0   |                |
|         | 04200 I NTRAVENOUS THERAPY  | 57, 624         | l e                 | 0.0000                         |  | 0   |                |
|         | 04300 OXYGEN (INHALATION) THERAPY   | 35, 669         | <b>l</b>            | 0.0000                         |  | 0   | 43. 00         |
|         | 04400 PHYSI CAL THERAPY   | 345, 510        | <b>l</b>            | 0.0000                         |  |   | 44. 00         |
|         | 04500 OCCUPATI ONAL THERAPY   | 246, 543        | <b>l</b>            | 0.0000                         |  | 0   | 45. 00         |
|         | 04600 SPEECH PATHOLOGY  | 153, 817        |                     | 0.0000                         |  | 0   | 46. 00         |
|         | 04700 ELECTROCARDI OLOGY  | 0               |                     | 0.0000                         |  | 0   |                |
|         | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>04900 DRUGS CHARGED TO PATIENTS | 314, 575        |                     | 0.0000                         |  | 0   |                |
|         | 05000 DENTAL CARE - TITLE XIX ONLY  | 314, 373        |                     | 0.0000                         |  | 0   |                |
|         | 05100 SUPPORT SURFACES  |                 | ٦                   | 0.0000                         |  | 0   |                |
|         | 05200 OTHER ANCILLARY SERVICE COST CENTERS                                    |                 |                     | 0.0000                         |  | 0   | 1              |
| 100.00  |   | 1, 219, 160     |                     | 1                              | 477, 014                                     | -   | 100.00         |
|         |   |                 | '                   | 1                              |  | '   |                |

| COMPUT         | ATION OF INPATIENT ROUTINE COSTS  | Provi der No.: 315215                          | Peri od:<br>From 01/01/2022 | Worksheet D-1<br>Parts I-II      |                |
|----------------|---|--|-----------------------------|----------------------------------|----------------|
|                |   |  | To 12/31/2022               | Date/Time Prep<br>5/24/2023 5:20 |                |
|                |   | Title XVIII                                    | Skilled Nursing             |                                  | о рііі         |
|                |   |  | Facility                    |                                  |                |
|                |   |  |                             | 1. 00                            |                |
|                | PART I CALCULATION OF INPATIENT ROUTINE COSTS   |  |                             | 1.00                             |                |
|                | INPATIENT DAYS  |  |                             |                                  |                |
| 1.00           | Inpatient days including private room days  |  |                             | 36, 898                          | 1.00           |
| 2.00           | Private room days<br>Inpatient days including private room days applicable to th  | o Drogwam                                      |                             | 0                                | 2. 00<br>3. 00 |
| 3. 00<br>4. 00 | Medically necessary private room days applicable to the Pro   |  |                             | 3, 629<br>0                      | 4.00           |
| 5. 00          | Total general inpatient routine service cost  | gi aiii  |                             | 15, 109, 066                     |                |
| J. 00          | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  |  |                             | 10/10//000                       | 0.00           |
| 6. 00          | General inpatient routine service charges   |  |                             | 14, 525, 268                     | 6.00           |
| 7. 00          | General inpatient routine service cost/charge ratio (Line   | 5 divided by line 6)                           |                             | 1. 040192                        | 7. 00          |
| 3. 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             | 0. 00                            | 9. 00          |
| 0. 00          | 2) Enter semi-private room charges from your records  |  |                             | 0                                | 10.00          |
| 1. 00          | Average semi-private room per diem charge (Semi-private ro  | om charges line 10. divide                     | d by                        |                                  | 11. 0          |
|                | semi-private room days)   | <b>3</b> • • • • • • • • • • • • • • • • • • • | ,                           |                                  |                |
| 2. 00          | 00 Average per diem private room charge differential (Line 9 minus line 11)   |  |                             |                                  |                |
| 3. 00          |   |  |                             |                                  |                |
| 4. 00          |   |  |                             |                                  |                |
| 15.00          | General inpatient routine service cost net of private room PROGRAM INPATIENT ROUTINE SERVICE COSTS  | cost differential (Line 5                      | minus iine 14)              | 15, 109, 066                     | 15.00          |
| 16. 00         | Adjusted general inpatient service cost per diem (Line 15   | divided by line 1)                             |                             | 409. 48                          | 16.00          |
| 7. 00          | Program routine service cost (Line 3 times line 16)   | ,  |                             | 1, 486, 003                      | 17. 0          |
| 8. 00          | Medically necessary private room cost applicable to program   |  |                             | 0                                | 18. 0          |
| 9. 00          | Total program general inpatient routine service cost (Line  |  |                             | 1, 486, 003                      |                |
| 0.00           | Capital related cost allocated to inpatient routine service   | costs (From Wkst. B, Par                       | t II column 18,             | 869, 882                         | 20. 0          |
| 1. 00          | line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)  Per diem capital related costs (Line 20 divided by line 1)  |  |                             | 23. 58                           | 21. 0          |
| 2. 00          | Program capital related costs (Line 3 times line 21)  |  |                             | 85, 572                          |                |
| 3. 00          | Inpatient routine service cost (Line 19 minus line 22)  |  |                             | 1, 400, 431                      |                |
| 4. 00          | Aggregate charges to beneficiaries for excess costs (From   | provi der records)                             |                             | 0                                | 24. 0          |
| 5. 00          | Total program routine service costs for comparison to the $\ensuremath{c}$  | ost limitation (Line 23 mi                     | nus line 24)                | 1, 400, 431                      | 25. 0          |
| 6. 00          | Enter the per diem limitation (1)   |  |                             |                                  | 26. 0          |
|                | Inpatient routine service cost limitation (Line 3 times the   |  |                             |                                  | 27. 0<br>28. 0 |
| 28.00          | 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) |  |                             |                                  |                |
| 1) Li          | nes 26 and 27 are not applicable for title XVIII, but may be  |  | itle XIX                    |                                  |                |
|                |   |  |                             |                                  |                |
|                |   |  |                             | 1. 00                            |                |
| -              | PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH CO   | STS FOR PPS PASS-THROUGH                       |                             |                                  |                |
| . 00           | Total SNF inpatient days  |  |                             | 36, 898                          |                |
| 2. 00<br>3. 00 | Program inpatient days (see instructions)  Total pursing & allied health costs (see instructions)(De-   | not complete for titles V                      | or VIV)                     | 3, 629<br>0                      | 2. 00<br>3. 00 |
|                | Total nursing & allied health costs. (see instructions) (Do   | not complete for titles V                      | UI AIA)                     | -                                | 4.00           |
| 4. 00          | 0 Nursing & allied health ratio. (line 2 divided by line 1) 0.098352 0 Program nursing & allied health costs for pass-through. (line 3 times line 4) 0        |  |                             |                                  |                |

| Health Financial Systems             | GREENWOOD HOUSE HOME FO | R THE JEWISH          | In Lie                           | u of Form CMS-2540-10   |
|--------------------------------------|-------------------------|-----------------------|----------------------------------|---|
| CALCULATION OF REIMBURSEMENT SETTLEM | ENT FOR TITLE XVIII     | Provi der No.: 315215 | From 01/01/2022<br>To 12/31/2022 | Worksheet E<br>Part I<br>Date/Time Prepared:<br>5/24/2023 5:20 pm |
|                                      |                         | Title XVIII           | Skilled Nursing                  | PPS   |

|        |  | Title XVIII            | Skilled Nursing  | PPS         |        |
|--------|--|------------------------|------------------|-------------|--------|
|        |  |                        | Facility         |             |        |
|        |  |                        | -                | 1. 00       |        |
|        | PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURS  | FMENT                  |                  | 1.00        |        |
| 1.00   | Inpatient PPS amount (See Instructions)  | EMEIV1                 |                  | 2, 270, 629 | 1. 00  |
| 2.00   | Nursing and Allied Health Education Activities (pass through pa  | vments)                |                  | 0           | 2. 00  |
| 3.00   | Subtotal (Sum of lines 1 and 2)  | J                      |                  | 2, 270, 629 |        |
| 4.00   | Primary payor amounts  |                        |                  | 0           | 4. 00  |
| 5.00   | Coinsurance  |                        |                  | 270, 355    | 5. 00  |
| 6.00   | Allowable bad debts (From your records)  |                        |                  | 23, 336     | 6. 00  |
| 7.00   | Allowable Bad debts for dual eligible beneficiaries (See instru  | ctions)                |                  | 13, 028     | 7. 00  |
| 8.00   | Adjusted reimbursable bad debts. (See instructions)  |                        |                  | 15, 168     | 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, 015, 442 | 11. 00 |
| 12.00  | Interim payments (See instructions)  |                        |                  | 1, 975, 913 | 12.00  |
| 13.00  | Tentati ve 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)  |                        |                  | 191         | 14. 75 |
| 14. 99 | Sequestration amount (see instructions)  |                        |                  | 24, 361     | 14. 99 |
| 15.00  | Balance due provider/program (see Instructions)  |                        | 14, 977          | 15.00       |        |
| 16.00  | 16.00 Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2) |                        |                  |             |        |
|        | PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER (   | OF COST OR CHARGES - 7 | TITLE XVIII ONLY |             |        |
| 17. 00 | Ancillary services Part B  |                        |                  | 0           |        |
| 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           |        |
| 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           |        |
| 23. 00 | Coinsurance and deductibles  |                        |                  | 0           | 23. 00 |
| 24. 00 | Allowable bad debts (From your records)  |                        |                  | 0           | 24. 00 |
| 24. 01 | Allowable Bad debts for dual eligible beneficiaries (see instru  | ctions)                |                  | 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 | Tentati ve adj ustment   |                        |                  | 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           |        |
| 29. 00 | Balance due provider/program (see instructions)  |                        |                  | 0           |        |
| 30. 00 | Protested amounts (Nonallowable cost report items) in accordance   | e with CMS Pub. 15-2,  | section 115.2    | 0           | 30. 00 |
|        |  |                        |                  |             |        |

Health Financial Systems GREENWOOD
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provi der No.: 315215 Peri od: Worksheet E-1 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/24/2023 5:20 pm Title XVIII Skilled Nursing PPS

| 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  |       |
|---|-------|
| 1.00 2.00 3.00 4.00  1.00 Total interim payments paid to provider 2.00 Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero  3.00 List separately each retroactive lump sum adjustment |       |
| 1.00 Total interim payments paid to provider 2.00 Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero 3.00 List separately each retroactive lump sum adjustment                       |       |
| 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  3.00 List separately each retroactive lump sum adjustment   |       |
| submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero  3.00 List separately each retroactive lump sum adjustment   | 1.00  |
| services rendered in the cost reporting period. If none, enter zero  3.00 List separately each retroactive lump sum adjustment  | 2. 00 |
| enter zero 3.00 List separately each retroactive lump sum adjustment  |       |
| 3.00 List separately each retroactive lump sum adjustment   |       |
|   |       |
| lamount based on subsequent revision of the interim rate  | 3. 00 |
|   |       |
| for the cost reporting period. Also show date of each   |       |
| payment. If none, write "NONE" or enter a zero. (1)   |       |
| Program to Provider  3.01 ADJUSTMENTS TO PROVIDER 0 0   | 3. 01 |
|   | 3. 01 |
|   | 3. 02 |
|   |       |
|   | 3. 04 |
|   | 3. 05 |
| Provi der to Program  3.50 ADJUSTMENTS TO PROGRAM  0 0  | 3. 50 |
|   | 3. 51 |
|   | 3. 52 |
|   | 3. 52 |
|   | 3. 54 |
|   | 3. 99 |
| 3. 99   Subtotal (Suiii of Titles 3. 01 - 3. 49 IIII flus Suiii of Titles 3. 30   0   0   0   0   0   0   0   0   0   | 3. 99 |
|   | 4. 00 |
| (Transfer to Wkst. E. Part I line 12 for Part A, and line   | 4.00  |
| 26 for Part B)  |       |
| TO BE COMPLETED BY CONTRACTOR   |       |
|   | 5. 00 |
| desk review. Also show date of each payment. If none,   |       |
| write "NONE" or enter a zero. (1)   |       |
| Program to Provider   |       |
| 5. 01 TENTATI VE TO PROVI DER 0 0   | 5. 01 |
| 5.02  | 5. 02 |
| 5. 03   | 5. 03 |
| Provider to Program   |       |
|   | 5. 50 |
|   | 5. 51 |
|   | 5. 52 |
|   | 5. 99 |
| - 5. 98)  |       |
|   | 6. 00 |
| the cost report. (1)  |       |
|   | 6. 01 |
|   | 6. 02 |
|   | 7. 00 |
| Contractor Name Contractor  |       |
| 1.00 2.00   |       |
|   | 8. 00 |
| 0.00 maile of contraditor   | 5. 00 |

<sup>(1)</sup> 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.

Health Financial Systems GREENWOOD HOUSE HOUSE HOUSE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column onl y)

Provi der No.: 315215

| Period: | Worksheet G | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: 5/24/2023 5: 20 pm |

| oni y)                               |   |                              |                      | 10 12/01/2022                                  | 5/24/2023 5: 20 | 0 pm             |
|--------------------------------------|---|------------------------------|----------------------|--|-----------------|------------------|
|                                      |   | General Fund                 | Speci fi c           | Endowment Fund                                 | Plant Fund      |                  |
|                                      |   | 1.00                         | Purpose Fund<br>2.00 | 3. 00  | 4. 00           |                  |
|                                      | Assets  |                              |                      |  |                 |                  |
|                                      | CURRENT ASSETS  | 0.005.447                    | 1                    | 1  |                 |                  |
| 1.00                                 | Cash on hand and in banks   | 8, 085, 467                  | 0                    |  | 0               |                  |
| 2. 00<br>3. 00                       | Temporary investments Notes receivable  |                              |                      |  | 0               |                  |
| 4. 00                                | Accounts receivable   | 2, 256, 092                  |                      |  |                 |                  |
| 5. 00                                | Other recei vabl es   | -34, 203                     |                      | 0  | Ō               |                  |
| 6.00                                 | Less: allowances for uncollectible notes and accounts   | -270, 000                    | C                    | 0  | 0               | 6.00             |
|                                      | recei vabl e  |                              |                      |  |                 |                  |
| 7.00                                 | Inventory   | 0                            | (                    | 0  | 0               |                  |
| 8.00                                 | Prepaid expenses  | 313, 377                     |                      | 0  | 0               |                  |
| 9. 00<br>10. 00                      | Other current assets Due from other funds   | 0                            |                      |  |                 |                  |
| 11. 00                               | TOTAL CURRENT ASSETS (Sum of lines 1 - 10)  | 10, 350, 733                 | 1                    | -  |                 |                  |
|                                      | FIXED ASSETS  |                              |                      | -  |                 | 1                |
| 12.00                                | Land  | 227, 371                     | C                    | 0  | 0               | 12.00            |
| 13.00                                | Land improvements   | 270, 838                     |                      | 0  | 0               | 13.00            |
| 14. 00                               | Less: Accumulated depreciation  | -483, 103                    |                      | 1  | 0               |                  |
| 15.00                                | Buildings   | 11, 084, 115                 |                      | 0  | 0               |                  |
| 16.00                                | Less Accumulated depreciation   | -6, 454, 341                 |                      | 0  | 0               |                  |
| 17. 00<br>18. 00                     | Leasehold improvements Less: Accumulated Amortization   |                              |                      |  | 0               |                  |
| 19. 00                               | Fi xed equipment  | 3, 290, 278                  |                      |  | 0               |                  |
| 20. 00                               | Less: Accumulated depreciation  | -2, 706, 111                 |                      | 1  |                 |                  |
| 21. 00                               | Automobiles and trucks  | 0                            |                      | 0  | o               |                  |
| 22. 00                               | Less: Accumulated depreciation  | 0                            | C                    | 0  | 0               | 22. 00           |
| 23. 00                               | Maj or movable equipment  | 831, 779                     | C                    | 0  | 0               | 23. 00           |
| 24. 00                               | Less: Accumulated depreciation  | -680, 467                    | (                    | 0  | 0               | 1                |
| 25. 00                               | Mi nor equi pment - Depreci abl e   | 0                            | (                    | 0  | 0               |                  |
| 26. 00                               | Mi nor equipment nondepreciable   | 0                            |                      | -  | 0               | 1                |
| 27. 00<br>28. 00                     | Other fixed assets<br>TOTAL FIXED ASSETS (Sum of lines 12 - 27)   | 5, 380, 359                  |                      | -  | 0               |                  |
| 20.00                                | OTHER ASSETS  | 3, 300, 337                  |                      | 0  |                 | 20.00            |
| 29. 00                               | Investments   | 309, 000                     | C                    | 0  | 0               | 29. 00           |
| 30.00                                | Deposits on Leases  | 0                            | C                    | 0  | 0               | 30.00            |
| 31. 00                               | Due from owners/officers  | 0                            | C                    | 0  | 0               |                  |
| 32. 00                               | Other assets  | -279, 017                    |                      | 0  | 0               | 1                |
| 33. 00                               | TOTAL OTHER ASSETS (Sum of lines 29 - 32)   | 29, 983                      | •                    | -  | 0               |                  |
| 34. 00                               | TOTAL ASSETS (Sum of lines 11, 28, and 33) Liabilities and Fund Balances  | 15, 761, 075                 |                      | <u> </u>                                       | 0               | 34.00            |
|                                      | CURRENT LIABILITIES   |                              |                      |  |                 | 1                |
| 35.00                                | Accounts payable  | 1, 160, 172                  | (                    | 0  | 0               | 35.00            |
| 36.00                                | Salaries, wages, and fees payable   | 664, 167                     | (                    | 0  | 0               | 36.00            |
| 37. 00                               | Payroll taxes payable   | 26, 256                      | C                    | 0  | 0               |                  |
| 38. 00                               | Notes & Loans payable (Short term)  | 0                            | (                    | 0  | 0               |                  |
| 39. 00                               | Deferred income   | 0                            | (                    | 0  | 0               |                  |
| 40. 00<br>41. 00                     | Accel erated payments Due to other funds  | 345, 000                     | (                    |  | 0               | 40.00            |
| 42.00                                | Other current liabilities   | 535, 047                     |                      | 1  |                 | 1                |
| 43. 00                               | TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)  | 2, 730, 642                  |                      |  |                 |                  |
| .0.00                                | LONG TERM LIABILITIES   | 2//00/012                    |                      | <u>,                                      </u> |                 | 10.00            |
| 44. 00                               | Mortgage payable  | 0                            | C                    | 0  | 0               | 44.00            |
| 45. 00                               | Notes payable   | 0                            | C                    | 0  | -               |                  |
| 46. 00                               | Unsecured Loans   | 0                            | C                    | -  | 0               |                  |
| 47. 00                               | Loans from owners:  | 0                            | C                    | 0  | 0               |                  |
| 48. 00                               | Other long term liabilities   | 0                            |                      | 0  | 0               |                  |
| 49. 00                               | OTHER   | 0                            |                      |  | 0               | 1                |
| 50. 00<br>51. 00                     | TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 TOTAL LIABILITIES (Sum of lines 43 and 50)  | 2, 730, 642                  |                      |  |                 |                  |
| 31.00                                | CAPITAL ACCOUNTS  | 2, 750, 042                  |                      | <u> </u>                                       |                 | 31.00            |
| 52. 00                               | General fund balance  | 13, 030, 433                 |                      |  |                 | 52.00            |
| 53.00                                | Specific purpose fund   |                              | C                    |  |                 | 53.00            |
|                                      | Donor created - endowment fund balance - restricted   |                              |                      | 0  |                 | 54.00            |
| 54.00                                | Donor created - endowment fund balance - unrestricted   |                              |                      | 0  |                 | 55. 00           |
| 55.00                                | · ·   | 1                            |                      |  | 1               | 1 5/ 0/          |
| 55. 00<br>56. 00                     | Governing body created - endowment fund balance   |                              |                      | 0  | l i             |                  |
| 55. 00<br>56. 00<br>57. 00           | Governing body created - endowment fund balance<br>Plant fund balance - invested in plant   |                              |                      | 0  | 0               | 57. 00           |
| 55. 00<br>56. 00                     | Governing body created - endowment fund balance Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,                            |                              |                      | 0  | 0               | 57. 00           |
| 55. 00<br>56. 00<br>57. 00<br>58. 00 | Governing body created - endowment fund balance Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement, replacement, and expansion | 13 030 422                   |                      | 0  | 0               | 57. 00<br>58. 00 |
| 55. 00<br>56. 00<br>57. 00           | Governing body created - endowment fund balance Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,                            | 13, 030, 433<br>15, 761, 075 |                      | 0 0  |                 | 58. 00<br>59. 00 |

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES

Provi der No.: 315215

|        |   |                |              |           | To 12/31/2022 | Date/Time Pre<br>5/24/2023 5:20 |        |
|--------|---|----------------|--------------|-----------|---------------|---------------------------------|--------|
|        |   | General        | Fund         | Special P | Purpose Fund  | Endowment Fund                  | o piii |
|        |   |                |              | '         | '             |                                 |        |
|        |   |                |              |           |               |                                 |        |
|        |   | 1.00           | 2. 00        | 3. 00     | 4. 00         | 5. 00                           |        |
| 1.00   | Fund balances at beginning of period        |                | 15, 864, 998 |           | (             |                                 | 1. 00  |
| 2.00   | Net income (loss) (from Wkst. G-3, line 31) |                | -2, 834, 565 |           |               |                                 | 2. 00  |
| 3.00   | Total (sum of line 1 and line 2)            |                | 13, 030, 433 |           | (             |                                 | 3. 00  |
| 4.00   | Additions (credit adjustments)              |                |              |           |               |                                 | 4. 00  |
| 5.00   |   | 0              |              |           | 0             | 0                               | 5. 00  |
| 6.00   |   | 0              |              |           | 0             | 0                               | 6. 00  |
| 7.00   |   | 0              |              |           | 0             | 0                               | 7. 00  |
| 8.00   |   | 0              |              |           | 0             | 0                               | 8. 00  |
| 9.00   |   | 0              |              |           | 0             | 0                               | 9. 00  |
| 10.00  | Total additions (sum of line 5 - 9)         |                | 0            |           | (             |                                 | 10.00  |
| 11.00  | Subtotal (line 3 plus line 10)              |                | 13, 030, 433 |           |               |                                 | 11. 00 |
| 12.00  | Deductions (debit adjustments)              |                |              |           |               |                                 | 12.00  |
| 13.00  |   | 0              |              |           | 0             | 0                               | 13.00  |
| 14.00  |   | O              |              |           | 0             | 0                               | 14. 00 |
| 15.00  |   | O              |              |           | 0             | 0                               | 15. 00 |
| 16.00  |   | o              |              |           | 0             | 0                               | 16. 00 |
| 17.00  |   | o              |              |           | 0             | 0                               | 17. 00 |
| 18. 00 | Total deductions (sum of lines 13 - 17)     |                | o            |           |               | ol                              | 18. 00 |
| 19.00  | Fund balance at end of period per balance   |                | 13, 030, 433 |           |               | ol                              | 19. 00 |
|        | sheet (Line 11 - line 18)                   |                |              |           |               |                                 |        |
|        |   | Endowment Fund | PI ant       | 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  |   |                | O            |           |               |                                 | 17. 00 |
| 18. 00 | Total deductions (sum of lines 13 - 17)     | O              |              |           | 0             |                                 | 18. 00 |
| 19. 00 | Fund balance at end of period per balance   | 1              |              | 1         |               |                                 |        |
|        | fruita barance at ena or perroa per barance | l Ol           |              |           | 0             |                                 | 19. 00 |
|        | sheet (Line 11 - Line 18)                   |                |              |           | 0             |                                 | 19.00  |

| Health Financial Systems | GREENWOOD HOUSE HOME FO | OR THE JEWISH | In Lie | u of Form CMS-2540-10 |
|--------------------------|-------------------------|---------------|--------|-----------------------|
|                          |                         |               |        |                       |

| Heal th | Financial Systems GREENWOOD HOUSE HOME F                        | OR THE JEW | I SH        | In Lie          | eu of Form CMS-2            | 2540-10        |
|---------|---|------------|-------------|-----------------|-----------------------------|----------------|
| STATEM  | ENT OF PATIENT REVENUES AND OPERATING EXPENSES                  | Provi der  |             | Peri od:        | Worksheet G-2               |                |
|         |   |            |             | From 01/01/2022 | Parts I-II                  |                |
|         |   |            |             | To 12/31/2022   | Date/Time Pre 5/24/2023 5:2 | pared:<br>O nm |
|         | Cost Center Description   |            | Inpatient   | Outpati ent     | Total                       | O piii         |
|         | 300 C 3011C3. 2003. F E C 311                                   |            | 1. 00       | 2.00            | 3. 00                       |                |
|         | PART I - PATIENT REVENUES                                       |            |             |                 |                             |                |
|         | General Inpatient Routine Care Services                         |            |             |                 |                             |                |
| 1.00    | SKILLED NURSING FACILITY  |            | 14, 525, 26 | 8               | 14, 525, 268                | 1.00           |
| 2.00    | NURSING FACILITY  |            |             | 0               | 0                           | 2.00           |
| 3.00    | ICF/IID   |            |             | 0               | 0                           | 3.00           |
| 4.00    | OTHER LONG TERM CARE  |            | 2, 117, 77  | 7               | 2, 117, 777                 | 4.00           |
| 5.00    | Total general inpatient care services (Sum of lines 1 - 4)      |            | 16, 643, 04 | .5              | 16, 643, 045                | 5.00           |
|         | All Other Care Services   |            |             |                 |                             |                |
| 6.00    | ANCI LLARY SERVI CES  |            | 1, 242, 45  | 7 0             | 1, 242, 457                 | 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          |
| 11. 10  | CORF  |            |             | 0               | 0                           | 11. 10         |
| 12.00   | HOSPI CE  |            |             | 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 | 3 to       | 17, 885, 50 | 2 0             | 17, 885, 502                |                |
|         | Worksheet G-3, Line 1)  |            |             |                 |                             |                |
|         | Cost Center Description   |            |             |                 |                             |                |
|         |   |            |             | 1. 00           | 2. 00                       |                |
|         | PART II - OPERATING EXPENSES                                    |            |             |                 |                             |                |
| 1.00    | Operating Expenses (Per Worksheet A, Col. 3, Line 100)          |            |             |                 | 18, 513, 259                | 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                           |                |
| 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         |
|         | Total Deductions (Sum of lines 9 - 13)                          |            |             |                 | 0                           |                |
| 15.00   | Total Operating Expenses (Sum of lines 1 and 8, minus line 14)  |            |             |                 | 18, 513, 259                | 15. 00         |

| Health Financial Systems      | GREENWOOD HOUSE HOME FO | R THE JEWISH |        | In Lie | u of Form CMS-2540-10 |
|-------------------------------|-------------------------|--------------|--------|--------|-----------------------|
| CTATEMENT OF DATIENT DEVENUES | AND ODERATING EVENICES  | D ' I N      | 045045 | D ' 1  | W 1 1 1 0 0           |

| Heal th | Financial Systems GREENWOOD HOUSE HOME                          | FOR THE JEWISH        | In Lie          | u of Form CMS-2              | 2540-10 |
|---------|---|-----------------------|-----------------|------------------------------|---------|
| STATEM  | ENT OF PATIENT REVENUES AND OPERATING EXPENSES                  | Provi der No.: 315215 | Peri od:        | Worksheet G-3                |         |
|         |   |                       | From 01/01/2022 | D-+- /T: D                   |         |
|         |   |                       | To 12/31/2022   | Date/Time Pre 5/24/2023 5: 2 |         |
|         |   |                       |                 | 7 37 247 2023 3. 2           | O piii  |
|         |   |                       |                 | 1. 00                        |         |
| 1. 00   | Total patient revenues (From Wkst. G-2, Part I, col. 3, line    | 14)                   |                 | 17, 885, 502                 | 1. 00   |
| 2.00    | Less: contractual allowances and discounts on patients account  |                       |                 | 2, 429, 844                  | 2.00    |
| 3.00    | Net patient revenues (Line 1 minus line 2)                      |                       |                 | 15, 455, 658                 | 3.00    |
| 4.00    | Less: total operating expenses (From Worksheet G-2, Part II, I  | ine 15)               |                 | 18, 513, 259                 | 4. 00   |
| 5.00    | Net income from service to patients (Line 3 minus 4)            | ,                     |                 | -3, 057, 601                 | 5.00    |
|         | Other income:   |                       |                 |                              |         |
| 6.00    | Contributions, donations, bequests, etc                         |                       |                 | 1, 087, 288                  | 6. 00   |
| 7.00    | Income from investments   |                       |                 | 124, 515                     | 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 di scounts   |                       |                 | 0                            | 10.00   |
| 11. 00  | Rebates and refunds of expenses                                 |                       |                 | 0                            | 11. 00  |
|         | Parking lot receipts  |                       |                 | 0                            | 12. 00  |
|         | Revenue from Laundry and Linen service                          |                       |                 | 0                            | 13. 00  |
| 14.00   | Revenue from meals sold to employees and guests                 |                       |                 | 0                            | 14. 00  |
|         | Revenue from rental of living quarters                          |                       |                 | 0                            | 15. 00  |
|         | Revenue from sale of medical and surgical supplies to other the | nan patients          |                 | 0                            | 16. 00  |
|         | Revenue from sale of drugs to other than patients               |                       |                 | 0                            | 17. 00  |
|         | Revenue from sale of medical records and abstracts              |                       |                 | 0                            | 18. 00  |
|         | Tuition (fees, sale of textbooks, uniforms, etc.)               |                       |                 | 0                            | 19. 00  |
|         | Revenue from gifts, flower, coffee shops, canteen               |                       |                 | 0                            | 20. 00  |
|         | Rental of vending machines                                      |                       |                 | 474                          | 21. 00  |
|         | Rental of skilled nursing space                                 |                       |                 | 0                            | 22. 00  |
|         | Governmental appropriations                                     |                       |                 | 0                            | 23. 00  |
| 24.00   | MI SCELLANEOUS AND BARBER BEAUTY                                |                       |                 | -989, 241                    |         |
| 24. 50  | COVI D-19 PHE Fundi ng  |                       |                 | 0                            | 24. 50  |
| 25.00   | Total other income (Sum of lines 6 - 24)                        |                       |                 | 223, 036                     | 25. 00  |
| 26.00   | Total (Line 5 plus line 25)                                     |                       |                 | -2, 834, 565                 | 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)     |                       |                 | -2, 834, 565                 | 31.00   |