

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0463 Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/24/2023 5:20 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by 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 FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Richard 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		Richard Goldstein	2
3	Signatory Title		EXECUTIVE DIRECTOR	3
4	Date		(Dated when report is electronic)	4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	14,977	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
7.10 SNF - BASED CORF I	0		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.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 5:20 pm				
1.00		2.00		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	Zip Code: 45940			2.00		
3.00	County: MERCER	CBSA Code: 45940	Urban/Rural: U			3.00		
3.01		CBSA Code: 0				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
		1.00	2.00	3.00	V	XVIII	XIX	
					4.00	5.00	6.00	
SNF and SNF-Based Component Identification:								
4.00	SNF	GREENWOOD HOUSE HOME FOR THE JEWISH	315215	02/01/1985	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00
				From:	To:			
14.00	Cost Reporting Period (mm/dd/yyyy)			1.00	2.00			
15.00	Type of Control (See Instructions)			01/01/2022	12/31/2022		14.00	
						2	15.00	
						Y/N		
						1.00		
Type of Freestanding Skilled Nursing Facility								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N	17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					N	18.00	
Miscellaneous Cost Reporting Information								
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.								
20.00	Straight Line					676,688	20.00	
21.00	Declining Balance					0	21.00	
22.00	Sum of the Year's Digits					0	22.00	
23.00	Sum of line 20 through 22					676,688	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N	28.00	
				Part A	Part B	Other		
				1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.								
29.00	Skilled Nursing Facility				N	N	N	29.00
30.00	Nursing Facility						N	30.00
31.00	ICF/IID						N	31.00
32.00	SNF-Based HHA				N	N		32.00
33.00	SNF-Based RHC							33.00
34.00	SNF-Based FQHC					N		34.00
35.00	SNF-Based CMHC					N		35.00
36.00	SNF-Based OLTC							36.00
				Y/N				
				1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			N			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.			1			39.00	
				Premiums	Paid Losses	Self Insurance		
				1.00	2.00	3.00		
41.00	List malpractice premiums and paid losses:			0	0	0	41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 5:20 pm
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		Y/N	
		1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?	N	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		44.00
	1.00	2.00	3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name:	Contractor's Name:	Contractor's Number:
46.00	Street:	PO Box:	
47.00	City:	State:	Zip Code:

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/24/2023 5:20 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)		N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.		N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.		N		8.00
			Y/N		
			1.00		
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			N	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.			N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.			N	11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.			N	12.00
			Part A		Part B
			Description	Date	Y/N
			0	1.00	2.00
			1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		Y	04/13/2023	Y
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N

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

Provider No. : 315215

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2023 5:20 pm

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

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

Provider No. : 315215

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2023 5:20 pm

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

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

Provider No. : 315215

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

Worksheet S-3
 Part I
 Date/Time Prepared:
 5/24/2023 5:20 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	137	50,005	0	3,629	13,498	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	137	50,005	0	3,629	13,498	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	19,771	36,898	0	121	4	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	19,771	36,898	0	121	4	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	187	312	0.00	29.99	3,374.50	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	187	312	0.00	29.99	3,374.50	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	118.26	0	129	5	197	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	118.26	0	129	5	197	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	331	153.02	0.00		1.00	
2.00	NURSING FACILITY	0	0.00	0.00		2.00	
3.00	ICF/IID	0	0.00	0.00		3.00	
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00		4.00	
5.00	Other Long Term Care	0	0.00	0.00		5.00	
6.00	SNF-Based CMHC	0	0.00	0.00		6.00	
6.10	SNF-Based CORF	0	0.00	0.00		6.10	
7.00	HOSPICE	0	0.00	0.00		7.00	
8.00	Total (Sum of lines 1-7)	331	153.02	0.00		8.00	

Provider No. : 315215

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2023 5:20 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	8,832,410	0	8,832,410	350,563.00	25.19
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	8,832,410	0	8,832,410	350,563.00	25.19
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
9.10	CORF					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	225,290	490,516	715,806	32,291.00	22.17
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	225,290	490,516	715,806	32,291.00	22.17
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,607,120	-490,516	8,116,604	318,272.00	25.50
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	610,795	0	610,795	9,851.00	62.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,950,158	0	1,950,158		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	49,743	108,302	158,045		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,900,415	-108,302	1,792,113		

Provider No. : 315215

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2023 5:20 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	908,155	0	908,155	24,407.00	2.00
3.00	Plant Operation, Maintenance & Repairs	190,732	0	190,732	8,614.00	3.00
4.00	Laundry & Linen Service	27,721	0	27,721	1,797.00	4.00
5.00	Housekeeping	605,777	0	605,777	40,105.00	5.00
6.00	Dietary	369,972	0	369,972	23,493.00	6.00
7.00	Nursing Administration	431,237	0	431,237	11,472.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	10.00
11.00	Social Service	126,794	0	126,794	4,360.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	217,510	0	217,510	14,269.00	13.00
14.00	Total (sum lines 1 thru 13)	2,877,898	0	2,877,898	128,517.00	14.00

SNF WAGE RELATED COSTS	Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2023 5:20 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	77,944	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	818,964	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-3,505	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	51,485	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	270,913	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	685,334	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	21,552	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,922,687	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	UNI FORMS, EMP BEN	27,471	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315215

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2023 5:20 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,422,270	314,031	1,736,301	37,869.00	45.85	1.00
2.00	Licensed Practical Nurses (LPNs)	1,641,569	362,451	2,004,020	54,278.00	36.92	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,512,171	554,676	3,066,847	112,610.00	27.23	3.00
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	182,776	40,356	223,132	4,233.00	52.71	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	160,198	35,371	195,569	4,170.00	46.90	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	95,310	21,044	116,354	2,080.00	55.94	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	382,474		382,474	5,694.00	67.17	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	228,321		228,321	4,157.00	54.92	16.00
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	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315215

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

Worksheet S-7
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
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315215

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

Worksheet S-7

Date/Time Prepared:
5/24/2023 5:20 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		Provider No. : 315215		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
Date/Time Prepared: 5/24/2023 5:20 pm							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		865,228	865,228	0	865,228	1.00
2.00	00200		78,185	78,185	0	78,185	2.00
3.00	00300	0	1,950,158	1,950,158	0	1,950,158	3.00
4.00	00400	908,155	2,125,211	3,033,366	0	3,033,366	4.00
5.00	00500	190,732	763,312	954,044	0	954,044	5.00
6.00	00600	27,721	30,395	58,116	0	58,116	6.00
7.00	00700	605,777	66,170	671,947	0	671,947	7.00
8.00	00800	369,972	2,121,621	2,491,593	0	2,491,593	8.00
9.00	00900	431,237	138,091	569,328	0	569,328	9.00
10.00	01000	0	298,916	298,916	0	298,916	10.00
11.00	01100	0	11,851	11,851	0	11,851	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	126,794	233	127,027	0	127,027	13.00
15.00	01500	217,510	29,575	247,085	0	247,085	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,290,938	681,138	5,972,076	-493,289	5,478,787	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	39,490	39,490	0	39,490	40.00
41.00	04100	0	15,085	15,085	0	15,085	41.00
42.00	04200	0	48,070	48,070	0	48,070	42.00
43.00	04300	0	29,755	29,755	0	29,755	43.00
44.00	04400	182,776	43,276	226,052	0	226,052	44.00
45.00	04500	160,198	0	160,198	0	160,198	45.00
46.00	04600	95,310	1,863	97,173	0	97,173	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	264,969	264,969	-2,550	262,419	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	0	0	0	0	0	80.00
81.00	08100	0	0	0	0	0	81.00
82.00	08200	0	0	0	0	0	82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		8,607,120	9,602,592	18,209,712	-495,839	17,713,873	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	10,604	1,239	11,843	0	11,843	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	70,721	0	70,721	495,839	566,560	95.00
95.01	09502	143,965	77,018	220,983	0	220,983	95.01
100.00		8,832,410	9,680,849	18,513,259	0	18,513,259	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/24/2023 5:20 pm
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Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	865,228	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	78,185	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,950,158	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-284,812	2,748,554	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	954,044	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	58,116	6.00
7.00	00700	HOUSEKEEPING	0	671,947	7.00
8.00	00800	DIETARY	-474	2,491,119	8.00
9.00	00900	NURSING ADMINISTRATION	0	569,328	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	298,916	10.00
11.00	01100	PHARMACY	0	11,851	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	127,027	13.00
15.00	01500	PATIENT ACTIVITIES	0	247,085	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	-55,971	5,422,816	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	39,490	40.00
41.00	04100	LABORATORY	0	15,085	41.00
42.00	04200	INTRAVENOUS THERAPY	0	48,070	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	29,755	43.00
44.00	04400	PHYSICAL THERAPY	0	226,052	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	160,198	45.00
46.00	04600	SPEECH PATHOLOGY	0	97,173	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	262,419	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF	0	0	72.00
73.00	07300	CMHC	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	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-341,257	17,372,616	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	11,843	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	ASSISTED LIVING	0	566,560	95.00
95.01	09502	DEVELOPMENT OFFICE	0	220,983	95.01
100.00		TOTAL	-341,257	18,172,002	100.00

RECLASSIFICATIONS

Provider No. : 315215

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

Worksheet A-6

Date/Time Prepared:
5/24/2023 5:20 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - TO RECLASS NURSING OTHER EXPENSE					
1.00		ASSISTED LIVING	95.00	0	2,773	1.00
	(1) B - TO RECLASS ALF NURSING SALARIES					
2.00		ASSISTED LIVING	95.00	490,516	0	2.00
	(1) C - TO RECLASS DRUGS					
3.00		ASSISTED LIVING	95.00	0	2,550	3.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		490,516	5,323	100.00

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

RECLASSIFICATIONS

Provider No. : 315215

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

Worksheet A-6

Date/Time Prepared:
5/24/2023 5:20 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - TO RECLASS NURSING OTHER EXPENSE					
1.00		SKILLED NURSING FACILITY	30.00	0	2,773	1.00
	(1) B - TO RECLASS ALF NURSING SALARIES					
2.00		SKILLED NURSING FACILITY	30.00	490,516	0	2.00
	(1) C - TO RECLASS DRUGS					
3.00		DRUGS CHARGED TO PATIENTS	49.00	0	2,550	3.00
	TOTALS					
100.00				490,516	5,323	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315215

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

Worksheet A-7

Date/Time Prepared:
5/24/2023 5:20 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	227,371	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	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	3,052,964	237,314	0	237,314	5.00
6.00	Movable Equipment	745,399	86,380	0	86,380	6.00
7.00	Subtotal (sum of lines 1-6)	15,607,597	396,784	0	396,784	7.00
8.00	Reconciling Items	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	15,607,597	396,784	0	396,784	9.00
Description		Ending Balance	Fully Depreciated 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	Fixed Equipment	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

ADJUSTMENTS TO EXPENSES

Provider No. : 315215

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

Worksheet A-8

Date/Time Prepared:
5/24/2023 5:20 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line No.	
			1.00	2.00	3.00	4.00
1.00 Investment income on restricted funds (chapter 2)		0			0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00 Television and radio service (chapter 21)		0			0.00	6.00
7.00 Parking lot (chapter 21)		0			0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0				8.00
9.00 Home office cost (chapter 21)		0			0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Revenue - Employee meals		0			0.00	14.00
15.00 Cost of meals - Guests		0			0.00	15.00
16.00 Sale of medical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Vending machines	B	-474	DIETARY		8.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW		82.00	22.00
23.00 Depreciation--buildings and fixtures			OCAP REL COSTS - BLDGS & FIXTURES		1.00	23.00
24.00 Depreciation--movable equipment			OCAP REL COSTS - MOVABLE EQUIPMENT		2.00	24.00
25.00		0			0.00	25.00
25.01 MISCELLANEOUS INCOME	B	-60,440	ADMINISTRATIVE & GENERAL		4.00	25.01
25.02 INSURANCE CLAIMS SETTLEMENT	B	-6,200	ADMINISTRATIVE & GENERAL		4.00	25.02
25.03 ADVERTISING	A	-891	ADMINISTRATIVE & GENERAL		4.00	25.03
25.04 PSYCHIATRIC CONSULTANT	A	-6,000	SKILLED NURSING FACILITY		30.00	25.04
25.05 DISTRIBUTION EXP, NET	A	-59,934	ADMINISTRATIVE & GENERAL		4.00	25.05
25.06 BAD DEBTS	A	-12,555	ADMINISTRATIVE & GENERAL		4.00	25.06
25.07 PHYSICIAN COST	A	-49,971	SKILLED NURSING FACILITY		30.00	25.07
25.08 FUNDRAISING	A	-52,593	ADMINISTRATIVE & GENERAL		4.00	25.08
25.09 SPECIAL EVENTS	A	-12,450	ADMINISTRATIVE & GENERAL		4.00	25.09
25.10 AMBULANCE	A	-7,188	ADMINISTRATIVE & GENERAL		4.00	25.10
25.11 MARKETING	A	-72,561	ADMINISTRATIVE & GENERAL		4.00	25.11
25.12		0			0.00	25.12
25.13		0			0.00	25.13
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-341,257				100.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315215

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	865,228	865,228			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	78,185		78,185		2.00
3.00 00300	EMPLOYEE BENEFITS	1,950,158	0	0	1,950,158	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	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	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	58,116	28,161	2,545	6,121	6.00
7.00 00700	HOUSEKEEPING	671,947	27,694	2,503	126,755	7.00
8.00 00800	DIETARY	2,491,119	130,047	11,751	75,729	8.00
9.00 00900	NURSING ADMINISTRATION	569,328	4,898	443	95,216	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	298,916	6,311	570	0	10.00
11.00 01100	PHARMACY	11,851	4,927	445	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	127,027	1,603	145	27,996	13.00
15.00 01500	PATIENT ACTIVITIES	247,085	38,539	3,482	41,901	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	5,422,816	505,769	45,703	1,059,920	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	39,490	0	0	0	40.00
41.00 04100	LABORATORY	15,085	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	48,070	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	29,755	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	226,052	9,008	814	40,356	44.00
45.00 04500	OCCUPATIONAL THERAPY	160,198	4,169	377	35,371	45.00
46.00 04600	SPEECH PATHOLOGY	97,173	4,169	377	21,044	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	262,419	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FQHC	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
72.00 07200	CORF	0	0	0	0	72.00
73.00 07300	CMHC	0	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	17,372,616	856,074	77,358	1,773,040	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	11,843	2,915	263	2,341	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	ASSISTED LIVING	566,560	3,440	311	142,990	95.00
95.01 09502	DEVELOPMENT OFFICE	220,983	2,799	253	31,787	95.01
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	18,172,002	865,228	78,185	1,950,158	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315215

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					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			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	18,870	44,956	158,769		6.00
7.00	00700	HOUSEKEEPING	164,743	44,211	0	1,037,853	7.00
8.00	00800	DIETARY	538,341	207,605	0	3,454,592	8.00
9.00	00900	NURSING ADMINISTRATION	133,139	7,818	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	60,777	10,075	0	0	10.00
11.00	01100	PHARMACY	3,423	7,865	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	31,158	2,560	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	65,787	61,523	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,398,044	807,407	154,988	988,457	2,946,132
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	7,849	0	0	0	40.00
41.00	04100	LABORATORY	2,998	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	9,554	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	5,914	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	54,900	14,380	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	39,773	6,655	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	24,399	6,655	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	52,156	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	2,816,804	1,221,710	154,988	988,457	2,946,132
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	3,451	4,654	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	ASSISTED LIVING	141,768	5,491	3,781	49,396	508,460
95.01	09502	DEVELOPMENT OFFICE	50,844	4,468	0	0	95.01
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	3,012,867	1,236,323	158,769	1,037,853	3,454,592

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315215

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	810,842					9.00
10.00	01000		376,649				10.00
11.00	01100			28,511			11.00
12.00	01200						12.00
13.00	01300					190,489	13.00
15.00	01500						15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	810,842	375,574	22,085		190,489	30.00
31.00	03100						31.00
32.00	03200						32.00
33.00	03300						33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000						40.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300						43.00
44.00	04400						44.00
45.00	04500						45.00
46.00	04600						46.00
47.00	04700						47.00
48.00	04800						48.00
49.00	04900						49.00
50.00	05000						50.00
51.00	05100						51.00
52.00	05200						52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000						60.00
61.00	06100						61.00
62.00	06200						62.00
63.00	06300						63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300						83.00
84.00	08400						84.00
89.00		810,842	375,574	22,085		190,489	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000						90.00
91.00	09100						91.00
92.00	09200						92.00
93.00	09300						93.00
94.00	09400						94.00
95.00	09500		1,075	6,426			95.00
95.01	09502						95.01
98.00							98.00
99.00							99.00
100.00		810,842	376,649	28,511		190,489	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315215

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Post Stepdown Adjustments	Total	
	PATIENT ACTIVITIES				
	15.00				
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				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	HOUSEKEEPING				7.00
8.00 00800	DIETARY				8.00
9.00 00900	NURSING ADMINISTRATION				9.00
10.00 01000	CENTRAL SERVICES & SUPPLY				10.00
11.00 01100	PHARMACY				11.00
12.00 01200	MEDICAL RECORDS & LIBRARY				12.00
13.00 01300	SOCIAL SERVICE				13.00
15.00 01500	PATIENT ACTIVITIES	458,317			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	380,840	15,109,066	0	15,109,066
31.00 03100	NURSING FACILITY	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	47,339	0	47,339
41.00 04100	LABORATORY	0	18,083	0	18,083
42.00 04200	INTRAVENOUS THERAPY	0	57,624	0	57,624
43.00 04300	OXYGEN (INHALATION) THERAPY	0	35,669	0	35,669
44.00 04400	PHYSICAL THERAPY	0	345,510	0	345,510
45.00 04500	OCCUPATIONAL THERAPY	0	246,543	0	246,543
46.00 04600	SPEECH PATHOLOGY	0	153,817	0	153,817
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	314,575	0	314,575
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00 06200	FOHC	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	71.00
72.00 07200	CORF	0	0	0	72.00
73.00 07300	CMHC	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW				82.00
83.00 08300	HOSPICE	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	380,840	16,328,226	0	16,328,226
NONREIMBURSABLE COST CENTERS					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	25,467	0	25,467
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00 09500	ASSISTED LIVING	77,477	1,507,175	0	1,507,175
95.01 09502	DEVELOPMENT OFFICE	0	311,134	0	311,134
98.00	Cross Foot Adjustments	0	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315215

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	58,508	5,287	63,795	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	32,271	2,916	35,187	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	28,161	2,545	30,706	6.00
7.00 00700	HOUSEKEEPING	0	27,694	2,503	30,197	7.00
8.00 00800	DIETARY	0	130,047	11,751	141,798	8.00
9.00 00900	NURSING ADMINISTRATION	0	4,898	443	5,341	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	6,311	570	6,881	10.00
11.00 01100	PHARMACY	0	4,927	445	5,372	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	1,603	145	1,748	13.00
15.00 01500	PATIENT ACTIVITIES	0	38,539	3,482	42,021	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	505,769	45,703	551,472	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	9,008	814	9,822	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	4,169	377	4,546	45.00
46.00 04600	SPEECH PATHOLOGY	0	4,169	377	4,546	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
72.00 07200	CORF	0	0	0	0	72.00
73.00 07300	CMHC	0	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	856,074	77,358	933,432	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	2,915	263	3,178	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	ASSISTED LIVING	0	3,440	311	3,751	95.00
95.01 09502	DEVELOPMENT OFFICE	0	2,799	253	3,052	95.01
98.00	Cross Foot Adjustments				0	98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	865,228	78,185	943,413	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315215		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/24/2023 5:20 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400	63,795					4.00
5.00	00500	4,340	39,527				5.00
6.00	00600	400	1,437	32,543			6.00
7.00	00700	3,488	1,413	0	35,098		7.00
8.00	00800	11,398	6,637	0	0	159,833	8.00
9.00	00900	2,819	250	0	0	0	9.00
10.00	01000	1,287	322	0	0	0	10.00
11.00	01100	72	251	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	660	82	0	0	0	13.00
15.00	01500	1,393	1,967	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	29,606	25,814	31,768	33,428	136,308	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	166	0	0	0	0	40.00
41.00	04100	63	0	0	0	0	41.00
42.00	04200	202	0	0	0	0	42.00
43.00	04300	125	0	0	0	0	43.00
44.00	04400	1,162	460	0	0	0	44.00
45.00	04500	842	213	0	0	0	45.00
46.00	04600	517	213	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	1,104	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		59,644	39,059	31,768	33,428	136,308	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	73	149	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	3,002	176	775	1,670	23,525	95.00
95.01	09502	1,076	143	0	0	0	95.01
98.00				0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		63,795	39,527	32,543	35,098	159,833	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315215

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
		ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY		
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	8,410					9.00
10.00	01000		8,490				10.00
11.00	01100			5,695			11.00
12.00	01200						12.00
13.00	01300					2,490	13.00
15.00	01500						15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,410	8,466	4,411		2,490	30.00
31.00	03100						31.00
32.00	03200						32.00
33.00	03300						33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000						40.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300						43.00
44.00	04400						44.00
45.00	04500						45.00
46.00	04600						46.00
47.00	04700						47.00
48.00	04800						48.00
49.00	04900						49.00
50.00	05000						50.00
51.00	05100						51.00
52.00	05200						52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000						60.00
61.00	06100						61.00
62.00	06200						62.00
63.00	06300						63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300						83.00
84.00	08400						84.00
89.00		8,410	8,466	4,411		2,490	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000						90.00
91.00	09100						91.00
92.00	09200						92.00
93.00	09300						93.00
94.00	09400						94.00
95.00	09500		24	1,284			95.00
95.01	09502						95.01
98.00							98.00
99.00							99.00
100.00		8,410	8,490	5,695		2,490	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315215

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Post Step-Down Adjustments	Total	
	PATIENT ACTIVITIES				
	15.00				
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				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	HOUSEKEEPING				7.00
8.00 00800	DIETARY				8.00
9.00 00900	NURSING ADMINISTRATION				9.00
10.00 01000	CENTRAL SERVICES & SUPPLY				10.00
11.00 01100	PHARMACY				11.00
12.00 01200	MEDICAL RECORDS & LIBRARY				12.00
13.00 01300	SOCIAL SERVICE				13.00
15.00 01500	PATIENT ACTIVITIES	45,381			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	37,709	869,882	0	869,882
31.00 03100	NURSING FACILITY	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	166	0	166
41.00 04100	LABORATORY	0	63	0	63
42.00 04200	INTRAVENOUS THERAPY	0	202	0	202
43.00 04300	OXYGEN (INHALATION) THERAPY	0	125	0	125
44.00 04400	PHYSICAL THERAPY	0	11,444	0	11,444
45.00 04500	OCCUPATIONAL THERAPY	0	5,601	0	5,601
46.00 04600	SPEECH PATHOLOGY	0	5,276	0	5,276
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
49.00 04900	DRUGS CHARGED TO PATIENTS	0	1,104	0	1,104
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	0	0
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0
62.00 06200	FOHC	0	0	0	0
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00 07100	AMBULANCE	0	0	0	0
72.00 07200	CORF	0	0	0	0
73.00 07300	CMHC	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW				82.00
83.00 08300	HOSPICE	0	0	0	0
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	37,709	893,863	0	893,863
NONREIMBURSABLE COST CENTERS					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	3,400	0	3,400
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0
95.00 09500	ASSISTED LIVING	7,672	41,879	0	41,879
95.01 09502	DEVELOPMENT OFFICE	0	4,271	0	4,271
98.00	Cross Foot Adjustments	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0
100.00	TOTAL	45,381	943,413	0	943,413

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315215

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

Worksheet B-1
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)					
	1.00	2.00	3.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	59,360					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		59,360				2.00
3.00 00300	EMPLOYEE BENEFITS	0	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
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	2,214	2,214	190,732	0	1,031,344	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	1,932	1,932	27,721	0	94,943	6.00
7.00 00700	HOUSEKEEPING	1,900	1,900	574,081	0	828,899	7.00
8.00 00800	DIETARY	8,922	8,922	342,982	0	2,708,646	8.00
9.00 00900	NURSING ADMINISTRATION	336	336	431,237	0	669,885	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	433	433	0	0	305,797	10.00
11.00 01100	PHARMACY	338	338	0	0	17,223	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	110	110	126,794	0	156,771	13.00
15.00 01500	PATIENT ACTIVITIES	2,644	2,644	189,773	0	331,007	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	SKILLED NURSING FACILITY	34,699	34,699	4,800,422	0	7,034,208	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00 04000	RADIOLOGY	0	0	0	0	39,490	40.00
41.00 04100	LABORATORY	0	0	0	0	15,085	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	48,070	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	29,755	43.00
44.00 04400	PHYSICAL THERAPY	618	618	182,776	0	276,230	44.00
45.00 04500	OCCUPATIONAL THERAPY	286	286	160,198	0	200,115	45.00
46.00 04600	SPEECH PATHOLOGY	286	286	95,310	0	122,763	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	262,419	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	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00 06000	CLINIC	0	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	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
72.00 07200	CORF	0	0	0	0	0	72.00
73.00 07300	CMHC	0	0	0	0	0	73.00
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
81.00 08100	INTEREST EXPENSE						81.00
82.00 08200	UTILIZATION REVIEW						82.00
83.00 08300	HOSPICE	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)	58,732	58,732	8,030,181	-3,012,867	14,172,650	89.00
NONREIMBURSABLE COST CENTERS							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	200	200	10,604	0	17,362	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00 09500	ASSISTED LIVING	236	236	647,610	0	713,301	95.00
95.01 09502	DEVELOPMENT OFFICE	192	192	143,965	0	255,822	95.01
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	865,228	78,185	1,950,158		3,012,867	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	14.575943	1.317133	0.220797		0.198749	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		63,795	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.004208	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315215

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

Worksheet B-1
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (DIRECT)	HOUSEKEEPING (DIRECT)	DIETARY (DIRECT)	NURSING ADMINISTRATION (PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	53,132					6.00
7.00	00700	1,932	58,116				7.00
8.00	00800	1,900	0	671,947			8.00
9.00	00900	8,922	0	0	2,491,593		9.00
10.00	01000	336	0	0	0	36,898	10.00
11.00	01100	433	0	0	0	0	11.00
12.00	01200	338	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	110	0	0	0	0	14.00
15.00	01500	2,644	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	34,699	56,732	639,966	2,124,871	36,898	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	618	0	0	0	0	44.00
45.00	04500	286	0	0	0	0	45.00
46.00	04600	286	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		52,504	56,732	639,966	2,124,871	36,898	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	200	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	236	1,384	31,981	366,722	0	95.00
95.01	09502	192	0	0	0	0	95.01
98.00							98.00
99.00							99.00
102.00		1,236,323	158,769	1,037,853	3,454,592	810,842	102.00
103.00		23.268896	2.731933	1.544546	1.386499	21.975229	103.00
104.00		39,527	32,543	35,098	159,833	8,410	104.00
105.00		0.743940	0.559966	0.052233	0.064149	0.227926	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315215

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

Worksheet B-1
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (DI RECT)	PHARMACY (DI RECT)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (DI RECT)	
	10.00	11.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES						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 HOUSEKEEPING						7.00
8.00 00800 DIETARY						8.00
9.00 00900 NURSING ADMINISTRATION						9.00
10.00 01000 CENTRAL SERVICES & SUPPLY	298,916					10.00
11.00 01100 PHARMACY	0	11,851				11.00
12.00 01200 MEDICAL RECORDS & LIBRARY	0	0	0			12.00
13.00 01300 SOCIAL SERVICE	0	0	0	36,898		13.00
15.00 01500 PATIENT ACTIVITIES	0	0	0	0	247,085	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 SKILLED NURSING FACILITY	298,063	9,180	0	36,898	205,316	30.00
31.00 03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00 03200 ICF/IID	0	0	0	0	0	32.00
33.00 03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000 RADIOLOGY	0	0	0	0	0	40.00
41.00 04100 LABORATORY	0	0	0	0	0	41.00
42.00 04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00 04400 PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00 04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00 04700 ELECTROCARDIOLOGY	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	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000 CLINIC	0	0	0	0	0	60.00
61.00 06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00 06200 FOHC	0	0	0	0	0	62.00
63.00 06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	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
72.00 07200 CORF	0	0	0	0	0	72.00
73.00 07300 CMHC	0	0	0	0	0	73.00
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
81.00 08100 INTEREST EXPENSE						81.00
82.00 08200 UTILIZATION REVIEW						82.00
83.00 08300 HOSPICE	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)	298,063	9,180	0	36,898	205,316	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00 09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00 09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00 09500 ASSISTED LIVING	853	2,671	0	0	41,769	95.00
95.01 09502 DEVELOPMENT OFFICE	0	0	0	0	0	95.01
98.00 Cross Foot Adjustments						98.00
99.00 Negative Cost Centers						99.00
102.00 Cost to be allocated (per Wkst. B, Part I)	376,649	28,511	0	190,489	458,317	102.00
103.00 Unit cost multiplier (Wkst. B, Part I)	1.260050	2.405789	0.000000	5.162583	1.854896	103.00
104.00 Cost to be allocated (per Wkst. B, Part II)	8,490	5,695	0	2,490	45,381	104.00
105.00 Unit cost multiplier (Wkst. B, Part II)	0.028403	0.480550	0.000000	0.067483	0.183666	105.00

RATIO OF COST TO CHARGES FOR ANCI LLARY AND OUTPATIENT COST CENTERS

Provi der No. : 315215

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

Worksheet C
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description			Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 di vi ded by col. 2)	
			1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	47,339	39,490	1.198759	40.00
41.00	04100	LABORATORY	18,083	15,085	1.198740	41.00
42.00	04200	INTRAVENOUS THERAPY	57,624	48,070	1.198752	42.00
43.00	04300	OXYGEN (I NHALATI ON) THERAPY	35,669	29,755	1.198757	43.00
44.00	04400	PHYSI CAL THERAPY	345,510	342,607	1.008473	44.00
45.00	04500	OCCUPATIONAL THERAPY	246,543	424,819	0.580348	45.00
46.00	04600	SPEECH PATHOLOGY	153,817	183,718	0.837245	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATI ENTS	314,575	290,994	1.081036	49.00
50.00	05000	DENTAL CARE - TITL E XI X ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCI LLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLI NI C	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLI NI C				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVI CE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	1,219,160	1,374,538		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/24/2023 5:20 pm
		Title XVIII (1)	Skilled Nursing Facility	PPS

	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost			
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)		
		1.00	2.00	3.00	4.00		5.00
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	1.198759	0	0	0	40.00
41.00	04100	LABORATORY	1.198740	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	1.198752	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.198757	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1.008473	157,743	0	159,080	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.580348	174,388	0	101,206	45.00
46.00	04600	SPEECH PATHOLOGY	0.837245	81,611	0	68,328	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.081036	137,276	0	148,400	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0.000000	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC					61.00
62.00	06200	FOHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000				71.00
100.00		Total (Sum of lines 40 - 71)		551,018	0	477,014	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Prepared: 5/24/2023 5:20 pm			
		Title XVIII	Skilled Nursing Facility	PPS			
Cost Center Description					1.00		
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)		1.081036	1.00		
2.00		Program vaccine charges (From your records, or the PS&R)		0	2.00		
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)		0	3.00		
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	47,339	0	0.000000	0	40.00
41.00	04100	LABORATORY	18,083	0	0.000000	0	41.00
42.00	04200	INTRAVENOUS THERAPY	57,624	0	0.000000	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	35,669	0	0.000000	0	43.00
44.00	04400	PHYSICAL THERAPY	345,510	0	0.000000	159,080	44.00
45.00	04500	OCCUPATIONAL THERAPY	246,543	0	0.000000	101,206	45.00
46.00	04600	SPEECH PATHOLOGY	153,817	0	0.000000	68,328	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	314,575	0	0.000000	148,400	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	52.00
100.00		Total (Sum of lines 40 - 52)	1,219,160	0		477,014	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 5/24/2023 5:20 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		36,898	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		3,629	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		15,109,066	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		15,109,066	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		409.48	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,486,003	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,486,003	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		869,882	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		23.58	21.00
22.00	Program capital related cost (Line 3 times line 21)		85,572	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,400,431	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,400,431	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		36,898	1.00
2.00	Program inpatient days (see instructions)		3,629	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.098352	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIIII		Provider No. : 315215	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/24/2023 5:20 pm
		Title XVIIII	Skilled Nursing Facility	PPS

			1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,270,629	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		2,270,629	3.00
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 instructions)		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	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		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	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 315215

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

Worksheet E-1

Date/Time Prepared:
5/24/2023 5:20 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		1,975,913		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,975,913		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		14,977		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,990,890		0	7.00
				Contractor Name		Contractor Number
				1.00		2.00
8.00	Name of Contractor					8.00

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

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

Provider No. : 315215

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

Worksheet G

Date/Time Prepared:
5/24/2023 5:20 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	8,085,467	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,256,092	0	0	0	4.00
5.00	Other receivables	-34,203	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-270,000	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	313,377	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	10,350,733	0	0	0	11.00
FIXED ASSETS						
12.00	Land	227,371	0	0	0	12.00
13.00	Land improvements	270,838	0	0	0	13.00
14.00	Less: Accumulated depreciation	-483,103	0	0	0	14.00
15.00	Buildings	11,084,115	0	0	0	15.00
16.00	Less Accumulated depreciation	-6,454,341	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	3,290,278	0	0	0	19.00
20.00	Less: Accumulated depreciation	-2,706,111	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	831,779	0	0	0	23.00
24.00	Less: Accumulated depreciation	-680,467	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	5,380,359	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	309,000	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	-279,017	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	29,983	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	15,761,075	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,160,172	0	0	0	35.00
36.00	Salaries, wages, and fees payable	664,167	0	0	0	36.00
37.00	Payroll taxes payable	26,256	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	345,000	0	0	0	41.00
42.00	Other current liabilities	535,047	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,730,642	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	2,730,642	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	13,030,433	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	13,030,433	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	15,761,075	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315215

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

Worksheet G-1

Date/Time Prepared:
5/24/2023 5:20 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		15,864,998		0	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		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		13,030,433		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		13,030,433		0	19.00
		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments)					4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315215

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

Worksheet G-2
Parts I-III
Date/Time Prepared:
5/24/2023 5:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	14,525,268		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	2,117,777		2,117,777	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	16,643,045		16,643,045	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	1,242,457	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	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	17,885,502	0	17,885,502	14.00
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	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,513,259	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315215

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

Worksheet G-3

Date/Time Prepared:
5/24/2023 5:20 pm

		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 accounts	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, line 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 discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	474	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS AND BARBER BEAUTY	-989,241	24.00
24.50	COVID-19 PHE Funding	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