

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: 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I, II & III Date/Time Prepared: 5/28/2024 3:39 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 MASONIC CHARITY FOUNDATION OF NEW JE ( 315166 ) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	57,624	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
100.00 TOTAL	0	57,624	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. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/28/2024 3:39 pm				
1.00		2.00		3.00				
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 902 JACKSONVILLE ROAD	PO Box:				1.00		
2.00	City: BURLINGTON	State: NJ	Zip Code: 08016			2.00		
3.00	County: BURLINGTON	CBSA Code: 15804	Urban/Rural: U			3.00		
3.01		CBSA Code:				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)			
		1.00	2.00	3.00	V	XVIII	XIX	
					4.00	5.00	6.00	
SNF and SNF-Based Component Identification:								
4.00	SNF	MASONIC CHARITY FOUNDATION OF NEW JE	315166	01/01/1980	N	P	N	
5.00	Nursing Facility							
6.00	ICF/IID							
7.00	SNF-Based HHA							
8.00	SNF-Based RHC							
9.00	SNF-Based FQHC							
10.00	SNF-Based CMHC							
11.00	SNF-Based OLTC							
12.00	SNF-Based HOSPICE							
13.00	SNF-Based CORF							
				From:	To:			
				1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2023	12/31/2023		14.00	
15.00	Type of Control (See Instructions)			CORPORATION			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		
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		
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		
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		
19.01	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		
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.								
20.00	Straight Line					5,994,290		
21.00	Declining Balance					0		
22.00	Sum of the Year's Digits					0		
23.00	Sum of line 20 through 22					5,994,290		
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					Y		
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		
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		
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		
				Part A	Part B	Other		
				1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.								
29.00	Skilled Nursing Facility					N	N	N
30.00	Nursing Facility							
31.00	ICF/IID							
32.00	SNF-Based HHA					N	N	
33.00	SNF-Based RHC							
34.00	SNF-Based FQHC							
35.00	SNF-Based CMHC						N	
36.00	SNF-Based OLTC							
				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		
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		
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		
			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. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/28/2024 3:39 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. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/28/2024 3:39 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.		Y	A	06/30/2024
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.		Y		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	Y/N	Date
			0	1.00	2.00
					3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		Y	04/15/2024	N
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. : 315166

Period:  
 From 01/01/2023  
 To 12/31/2023

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/28/2024 3:39 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
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.	JAMIE	RAPPS	19.00
20.00	Enter the employer/company name of the cost report preparer.	GRASSI CPAS		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	212-223-5072	JRAPPS@GRASSI CPAS.COM	21.00

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

Provider No. : 315166

Period:  
 From 01/01/2023  
 To 12/31/2023

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
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		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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.)		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	
<b>Cost Report Preparer Contact Information</b>			
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.	PARTNER	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. : 315166

Period:  
 From 01/01/2023  
 To 12/31/2023

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
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Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	264	96,360	0	9,151	11,823	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	264	96,360	0	9,151	11,823	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	12,071	33,045	0	318	19	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	12,071	33,045	0	318	19	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	199	536	0.00	28.78	622.26	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	199	536	0.00	28.78	622.26	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	61.65	0	365	8	1,920	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	61.65	0	365	8	1,920	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	2,293	159.46	0.00		1.00	
2.00	NURSING FACILITY					2.00	
3.00	ICF/IID					3.00	
4.00	HOME HEALTH AGENCY COST					4.00	
5.00	Other Long Term Care	0	0.00	0.00		5.00	
6.00	SNF-Based CMHC					6.00	
7.00	HOSPICE	0	0.00	0.00		7.00	
8.00	Total (Sum of lines 1-7)	2,293	159.46	0.00		8.00	

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-3  
Part II  
Date/Time Prepared:  
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	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	13,163,943	0	13,163,943	330,288.61	39.86
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)	13,163,943	0	13,163,943	330,288.61	39.86
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST					
9.00	CMHC					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	13,163,943	0	13,163,943	330,288.61	39.86
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	1,484,230	0	1,484,230	20,256.00	73.27
15.00	Contract Labor: Physician services-Part A	25,200	0	25,200	120.00	210.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	3,861,080	0	3,861,080		
18.00	Wage-related costs other (See Part IV)	42,092	0	42,092		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	3,903,172	0	3,903,172		



Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-3  
Part III  
Date/Time Prepared:  
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	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	2,245,645	0	2,245,645	25,823.27	2.00
3.00	Plant Operation, Maintenance & Repairs	845,515	0	845,515	27,888.18	3.00
4.00	Laundry & Linen Service	0	176,258	176,258	12,349.00	4.00
5.00	Housekeeping	970,671	-176,258	794,413	19,113.43	5.00
6.00	Dietary	1,987,558	0	1,987,558	55,934.51	6.00
7.00	Nursing Administration	1,090,436	0	1,090,436	22,880.00	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	125,089	0	125,089	4,160.00	10.00
11.00	Social Service	123,596	0	123,596	2,704.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	190,828	0	190,828	6,848.00	13.00
14.00	Total (sum lines 1 thru 13)	7,579,338	0	7,579,338	177,700.39	14.00

SNF WAGE RELATED COSTS	Provider No. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2024 3:39 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	236,908	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	552,009	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	1,144,435	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	66,686	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	12,986	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	429,645	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	971,104	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	393,335	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	3,807,108	24.00
		Amount Reported	
		1.00	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER COSTS	42,092	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/28/2024 3:39 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	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	722,227	242,668	964,895	17,038.59	56.63	1.00
2.00	Licensed Practical Nurses (LPNs)	1,765,009	593,042	2,358,051	46,268.00	50.97	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,372,791	797,256	3,170,047	89,021.59	35.61	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,860,027	1,632,966	6,492,993	152,328.18	42.63	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	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
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	333,015		333,015	5,452.00	61.08	18.00
19.00	Physical Therapy Assistants	366,147		366,147	2,955.00	123.91	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	360,481		360,481	4,948.00	72.85	21.00
22.00	Occupational Therapy Assistants	231,816		231,816	3,855.00	60.13	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	192,771		192,771	3,046.00	63.29	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. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-7  
Date/Time Prepared:  
5/28/2024 3:39 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. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-7

Date/Time Prepared:  
5/28/2024 3:39 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
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)				
101.00	Staffing			101.00
102.00	Recruitment			102.00
103.00	Retention of employees			103.00
104.00	Training			104.00
105.00	OTHER (SPECIFY)			105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)			106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A  
Date/Time Prepared:  
5/28/2024 3:39 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		8,981,633	0	8,981,633	1.00
3.00	00300	EMPLOYEE BENEFITS	0	3,849,200	0	3,849,200	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,245,645	5,356,395	0	7,602,040	4.00
5.00	00500	PLANT OPERATION MAINT. & REPAIRS	845,515	4,314,892	0	5,160,407	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	176,258	176,258	6.00
7.00	00700	HOUSEKEEPING	970,671	161,126	-176,258	955,539	7.00
8.00	00800	DIETARY	1,987,558	1,843,109	0	3,830,667	8.00
9.00	00900	NURSING ADMINISTRATION	1,090,436	0	0	1,090,436	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	125,089	0	0	125,089	12.00
13.00	01300	SOCIAL SERVICE	123,596	0	0	123,596	13.00
15.00	01500	ACTIVITIES	190,828	17,539	0	208,367	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	5,584,605	756,210	0	6,340,815	30.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	40,344	0	40,344	40.00
41.00	04100	LABORATORY	0	65,049	0	65,049	41.00
42.00	04200	INTRAVENOUS THERAPY	0	26,647	0	26,647	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	32,405	0	32,405	43.00
44.00	04400	PHYSICAL THERAPY	0	594,770	0	594,770	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	592,297	0	592,297	45.00
46.00	04600	SPEECH PATHOLOGY	0	192,771	0	192,771	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	191,628	0	191,628	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	378,187	0	378,187	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100	INTEREST EXPENSE	0	0	0	0	81.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	13,163,943	27,394,202	0	40,558,145	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	23,699	0	23,699	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	OTHER NON-REIMBURSABLE	0	0	0	0	95.00
100.00		TOTAL	13,163,943	27,417,901	0	40,581,844	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-468,825	8,512,808	1.00
3.00	00300	EMPLOYEE BENEFITS	-80,787	3,768,413	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-2,552,971	5,049,069	4.00
5.00	00500	PLANT OPERATION MAINT. & REPAIRS	0	5,160,407	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	-3,403	172,855	6.00
7.00	00700	HOUSEKEEPING	0	955,539	7.00
8.00	00800	DIETARY	0	3,830,667	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,090,436	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	125,089	12.00
13.00	01300	SOCIAL SERVICE	0	123,596	13.00
15.00	01500	ACTIVITIES	0	208,367	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	6,340,815	30.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	40,344	40.00
41.00	04100	LABORATORY	0	65,049	41.00
42.00	04200	INTRAVENOUS THERAPY	0	26,647	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	32,405	43.00
44.00	04400	PHYSICAL THERAPY	0	594,770	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	592,297	45.00
46.00	04600	SPEECH PATHOLOGY	0	192,771	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	191,628	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	378,187	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
81.00	08100	INTEREST EXPENSE	0	0	81.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	-3,105,986	37,452,159	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	23,699	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	OTHER NON-REIMBURSABLE	0	0	95.00
100.00		TOTAL	-3,105,986	37,475,858	100.00

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A-6

Date/Time Prepared:  
5/28/2024 3:39 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) C - RECLASS LAUNDRY					
		LAUNDRY & LINEN SERVICE	6.00	176,258	0	1.00
100.00	TOTALS			176,258	0	100.00
		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)				

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



Provider No. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet A-6 Date/Time Prepared: 5/28/2024 3:39 pm
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		Decreases				
		Cost Center	Line #	Salary	Non Salary	
	(1) C - RECLASS LAUNDRY	6.00	7.00	8.00	9.00	
1.00		HOUSEKEEPING	7.00	176,258	0	1.00
100.00	TOTALS			176,258	0	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A-7

Date/Time Prepared:  
5/28/2024 3:39 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	5,909,617	0	0	0	0	1.00
2.00 Land Improvements	1,968,894	14,145	0	14,145	0	2.00
3.00 Buildings and Fixtures	144,024,633	183,900	0	183,900	0	3.00
4.00 Building Improvements	29,837,061	993,502	0	993,502	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	16,432,559	481,801	0	481,801	0	6.00
7.00 Subtotal (sum of lines 1-6)	198,172,764	1,673,348	0	1,673,348	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	198,172,764	1,673,348	0	1,673,348	0	9.00
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	5,909,617	0				
2.00 Land Improvements	1,983,039	0				
3.00 Buildings and Fixtures	144,208,533	0				
4.00 Building Improvements	30,830,563	0				
5.00 Fixed Equipment	0	0				
6.00 Movable Equipment	16,914,360	0				
7.00 Subtotal (sum of lines 1-6)	199,846,112	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	199,846,112	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A-8

Date/Time Prepared:  
5/28/2024 3:39 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
1.00 Investment income on restricted funds (chapter 2)	B	-468,825	CAP REL COSTS - BLDGS & FIXTURES		1.00 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)	B	0	ADMINISTRATIVE & GENERAL		4.00 3.00
4.00 Rental of provider space by suppliers (chapter 8)	B	0	CAP REL COSTS - BLDGS & FIXTURES		1.00 4.00
5.00 Telephone services (pay stations excluded) (chapter 21)	B	-3,093	ADMINISTRATIVE & GENERAL		4.00 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			
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			
13.00 Laundry and linen service	B	-3,403	LAUNDRY & LINEN SERVICE		6.00 13.00
14.00 Revenue - Employee meals	B	0	DIETARY		8.00 14.00
15.00 Cost of meals - Guests		0			0.00 15.00
16.00 Sale of medical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts		0			0.00 18.00
19.00 Vending machines		0			0.00 19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		82.00 22.00
23.00 Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES		1.00 23.00
24.00 Depreciation--movable equipment		0	*** Cost Center Deleted ***		2.00 24.00
25.00 LATE FEES	A	-64,891	ADMINISTRATIVE & GENERAL		4.00 25.00
25.01 ADMIN MISC INCOME	B	-495,517	ADMINISTRATIVE & GENERAL		4.00 25.01
25.02 MISC. INCOME	B	-8,599	ADMINISTRATIVE & GENERAL		4.00 25.02
25.03 DEVELOPMENT SAL	A	-223,775	ADMINISTRATIVE & GENERAL		4.00 25.03
25.04 MARKETING SAL	A	-466,072	ADMINISTRATIVE & GENERAL		4.00 25.04
25.05 BAD DEBT EXPENSE	A	-758,311	ADMINISTRATIVE & GENERAL		4.00 25.05
25.06 NON-ALLOWABLE EXPENSES	A	-532,713	ADMINISTRATIVE & GENERAL		4.00 25.06
25.07 DEVELOPMENT BEN	A	-23,029	EMPLOYEE BENEFITS		3.00 25.07
25.08 MARKETING BEN	A	-57,758	EMPLOYEE BENEFITS		3.00 25.08
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-3,105,986			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. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	3.00	3A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	8,512,808	8,512,808			1.00
3.00 00300	EMPLOYEE BENEFITS	3,768,413	0	3,768,413		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	5,049,069	667,288	513,558	6,229,915	4.00
5.00 00500	PLANT OPERATION MAINT. & REPAIRS	5,160,407	1,269,730	264,909	6,695,046	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	172,855	385,692	44,035	602,582	6.00
7.00 00700	HOUSEKEEPING	955,539	199,090	209,168	1,363,797	7.00
8.00 00800	DIETARY	3,830,667	597,080	402,216	4,829,963	8.00
9.00 00900	NURSING ADMINISTRATION	1,090,436	35,724	250,578	1,376,738	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	99,855	0	99,855	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	125,089	14,776	52,233	192,098	12.00
13.00 01300	SOCIAL SERVICE	123,596	21,639	12,480	157,715	13.00
15.00 01500	ACTIVITIES	208,367	294,798	230,634	733,799	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	6,340,815	1,774,438	1,788,602	9,903,855	30.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	40,344	0	0	40,344	40.00
41.00 04100	LABORATORY	65,049	0	0	65,049	41.00
42.00 04200	INTRAVENOUS THERAPY	26,647	0	0	26,647	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	32,405	0	0	32,405	43.00
44.00 04400	PHYSICAL THERAPY	594,770	101,499	0	696,269	44.00
45.00 04500	OCCUPATIONAL THERAPY	592,297	1,192	0	593,489	45.00
46.00 04600	SPEECH PATHOLOGY	192,771	3,432	0	196,203	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,628	0	0	191,628	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	378,187	0	0	378,187	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE	0	14,657	0	14,657	81.00
83.00 08300	HOSPICE	0	14,657	0	14,657	83.00
89.00	SUBTOTALS (sum of lines 1-84)	37,452,159	5,480,890	3,768,413	34,420,241	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	70,161	0	70,161	90.00
91.00 09100	BARBER AND BEAUTY SHOP	23,699	16,492	0	40,191	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	55,671	0	55,671	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	OTHER NON-REIMBURSABLE	0	2,889,594	0	2,889,594	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	37,475,858	8,512,808	3,768,413	37,475,858	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description		PLANT OPERATION MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL					4.00	
5.00	00500	PLANT OPERATION MAINT. & REPAIRS	8,029,924				5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	470,982	1,193,709			6.00	
7.00	00700	HOUSEKEEPING	243,116	0	1,878,831		7.00	
8.00	00800	DIETARY	729,115	0	187,249	6,709,340	8.00	
9.00	00900	NURSING ADMINISTRATION	43,623	0	11,203	0	1,706,062	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	121,936	0	31,315	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	18,043	0	4,634	0	0	12.00
13.00	01300	SOCIAL SERVICE	26,424	0	6,786	0	0	13.00
15.00	01500	ACTIVITIES	359,988	0	92,451	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	2,166,828	1,193,709	556,479	6,709,340	1,706,062	30.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
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	123,944	0	31,831	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,455	0	374	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	4,191	0	1,076	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
<b>SPECIAL PURPOSE COST CENTERS</b>								
81.00	08100	INTEREST EXPENSE						81.00
83.00	08300	HOSPICE	17,898	0	4,596	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	4,327,543	1,193,709	927,994	6,709,340	1,706,062	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	85,675	0	22,003	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	20,138	0	5,172	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	67,982	0	17,459	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	OTHER NON-REIMBURSABLE	3,528,586	0	906,203	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	8,029,924	1,193,709	1,878,831	6,709,340	1,706,062	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES	Subtotal	
	10.00	12.00	13.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	273,015				10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	253,076			12.00
13.00 01300	SOCIAL SERVICE	0	0	222,371		13.00
15.00 01500	ACTIVITIES	0	0	0	1,332,545	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	273,015	253,076	222,371	1,332,545	26,291,945
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	48,388
41.00 04100	LABORATORY	0	0	0	0	78,019
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	31,960
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	38,866
44.00 04400	PHYSICAL THERAPY	0	0	0	0	990,868
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	713,650
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	240,590
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	229,835
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	453,591
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE					81.00
83.00 08300	HOSPICE	0	0	0	0	40,073
89.00	SUBTOTALS (sum of lines 1-84)	273,015	253,076	222,371	1,332,545	29,157,785
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	0	0	191,828
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	73,514
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	152,212
93.00 09300	NONPAID WORKERS	0	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00 09500	OTHER NON-REIMBURSABLE	0	0	0	0	7,900,519
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	273,015	253,076	222,371	1,332,545	37,475,858

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description		Post Stepdown Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0	26,291,945
33.00	03300	OTHER LONG TERM CARE	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	0	48,388
41.00	04100	LABORATORY	0	78,019
42.00	04200	INTRAVENOUS THERAPY	0	31,960
43.00	04300	OXYGEN (INHALATION) THERAPY	0	38,866
44.00	04400	PHYSICAL THERAPY	0	990,868
45.00	04500	OCCUPATIONAL THERAPY	0	713,650
46.00	04600	SPEECH PATHOLOGY	0	240,590
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	229,835
49.00	04900	DRUGS CHARGED TO PATIENTS	0	453,591
<b>SPECIAL PURPOSE COST CENTERS</b>				
81.00	08100	INTEREST EXPENSE		81.00
83.00	08300	HOSPICE	0	40,073
89.00		SUBTOTALS (sum of lines 1-84)	0	29,157,785
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	191,828
91.00	09100	BARBER AND BEAUTY SHOP	0	73,514
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	152,212
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NON-REIMBURSABLE	0	7,900,519
98.00		Cross Foot Adjustments	0	0
99.00		Negative Cost Centers	0	0
100.00		TOTAL	0	37,475,858

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		0	BLDGS & FIXTURES				
	0	1.00		2A	3.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	667,288	667,288	0	667,288	4.00
5.00 00500	PLANT OPERATION MAINT. & REPAIRS	0	1,269,730	1,269,730	0	142,979	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	385,692	385,692	0	12,869	6.00
7.00 00700	HOUSEKEEPING	0	199,090	199,090	0	29,125	7.00
8.00 00800	DIETARY	0	597,080	597,080	0	103,149	8.00
9.00 00900	NURSING ADMINISTRATION	0	35,724	35,724	0	29,402	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	99,855	99,855	0	2,133	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	14,776	14,776	0	4,102	12.00
13.00 01300	SOCIAL SERVICE	0	21,639	21,639	0	3,368	13.00
15.00 01500	ACTIVITIES	0	294,798	294,798	0	15,671	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	SKILLED NURSING FACILITY	0	1,774,438	1,774,438	0	211,506	30.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	RADIOLOGY	0	0	0	0	862	40.00
41.00 04100	LABORATORY	0	0	0	0	1,389	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	569	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	692	43.00
44.00 04400	PHYSICAL THERAPY	0	101,499	101,499	0	14,870	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	1,192	1,192	0	12,675	45.00
46.00 04600	SPEECH PATHOLOGY	0	3,432	3,432	0	4,190	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	4,092	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,077	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00 08100	INTEREST EXPENSE						81.00
83.00 08300	HOSPICE	0	14,657	14,657	0	313	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	5,480,890	5,480,890	0	602,033	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	70,161	70,161	0	1,498	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	16,492	16,492	0	858	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	55,671	55,671	0	1,189	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	OTHER NON-REIMBURSABLE	0	2,889,594	2,889,594	0	61,710	95.00
98.00	Cross Foot Adjustments			0			98.00
99.00	Negative Cost Centers			0			99.00
100.00	TOTAL	0	8,512,808	8,512,808	0	667,288	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description		PLANT OPERATION MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL					4.00	
5.00	00500	PLANT OPERATION MAINT. & REPAIRS	1,412,709				5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	82,860	481,421			6.00	
7.00	00700	HOUSEKEEPING	42,772	0	270,987		7.00	
8.00	00800	DIETARY	128,274	0	27,007	855,510	8.00	
9.00	00900	NURSING ADMINISTRATION	7,675	0	1,616	0	74,417	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	21,452	0	4,517	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	3,174	0	668	0	0	12.00
13.00	01300	SOCIAL SERVICE	4,649	0	979	0	0	13.00
15.00	01500	ACTIVITIES	63,333	0	13,334	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	381,211	481,421	80,262	855,510	74,417	30.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
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	21,806	0	4,591	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	256	0	54	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	737	0	155	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
<b>SPECIAL PURPOSE COST CENTERS</b>								
81.00	08100	INTEREST EXPENSE						81.00
83.00	08300	HOSPICE	3,149	0	663	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	761,348	481,421	133,846	855,510	74,417	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	15,073	0	3,174	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	3,543	0	746	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	11,960	0	2,518	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	OTHER NON-REIMBURSABLE	620,785	0	130,703	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,412,709	481,421	270,987	855,510	74,417	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES	Subtotal		
	10.00	12.00	13.00	15.00	16.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00	
3.00 00300 EMPLOYEE BENEFITS						3.00	
4.00 00400 ADMINISTRATIVE & GENERAL						4.00	
5.00 00500 PLANT OPERATION MAINT. & REPAIRS						5.00	
6.00 00600 LAUNDRY & LINEN SERVICE						6.00	
7.00 00700 HOUSEKEEPING						7.00	
8.00 00800 DIETARY						8.00	
9.00 00900 NURSING ADMINISTRATION						9.00	
10.00 01000 CENTRAL SERVICES & SUPPLY	127,957					10.00	
12.00 01200 MEDICAL RECORDS & LIBRARY	0	22,720				12.00	
13.00 01300 SOCIAL SERVICE	0	0	30,635			13.00	
15.00 01500 ACTIVITIES	0	0	0	387,136		15.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 SKILLED NURSING FACILITY	127,957	22,720	30,635	387,136	4,427,213	30.00	
33.00 03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000 RADIOLOGY	0	0	0	0	862	40.00	
41.00 04100 LABORATORY	0	0	0	0	1,389	41.00	
42.00 04200 INTRAVENOUS THERAPY	0	0	0	0	569	42.00	
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	692	43.00	
44.00 04400 PHYSICAL THERAPY	0	0	0	0	142,766	44.00	
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	0	14,177	45.00	
46.00 04600 SPEECH PATHOLOGY	0	0	0	0	8,514	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	4,092	48.00	
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	8,077	49.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00 08100 INTEREST EXPENSE						81.00	
83.00 08300 HOSPICE	0	0	0	0	18,782	83.00	
89.00	SUBTOTALS (sum of lines 1-84)					4,627,133	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000 GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	0	0	89,906	90.00	
91.00 09100 BARBER AND BEAUTY SHOP	0	0	0	0	21,639	91.00	
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	71,338	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 OTHER NON-REIMBURSABLE	0	0	0	0	3,702,792	95.00	
98.00	Cross Foot Adjustments					0	98.00
99.00	Negative Cost Centers					0	99.00
100.00	127,957	22,720	30,635	387,136	8,512,808	100.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description		Post Step-Down Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0	4,427,213
33.00	03300	OTHER LONG TERM CARE	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	0	862
41.00	04100	LABORATORY	0	1,389
42.00	04200	INTRAVENOUS THERAPY	0	569
43.00	04300	OXYGEN (INHALATION) THERAPY	0	692
44.00	04400	PHYSICAL THERAPY	0	142,766
45.00	04500	OCCUPATIONAL THERAPY	0	14,177
46.00	04600	SPEECH PATHOLOGY	0	8,514
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,092
49.00	04900	DRUGS CHARGED TO PATIENTS	0	8,077
<b>SPECIAL PURPOSE COST CENTERS</b>				
81.00	08100	INTEREST EXPENSE		
83.00	08300	HOSPICE	0	18,782
89.00		SUBTOTALS (sum of lines 1-84)	0	4,627,133
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	89,906
91.00	09100	BARBER AND BEAUTY SHOP	0	21,639
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	71,338
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NON-REIMBURSABLE	0	3,702,792
98.00		Cross Foot Adjustments	0	0
99.00		Negative Cost Centers	0	0
100.00		TOTAL	0	8,512,808

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B-1  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION MAINT. & REPAIRS (SQUARE FEET)	
	BLDGS & FIXTURES (SQUARE FEET)					
	1.00	3.00	4A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	357,205				1.00
3.00 00300	EMPLOYEE BENEFITS	0	12,979,428			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	28,000	1,768,833	-6,229,915	31,245,943	4.00
5.00 00500	PLANT OPERATION MAINT. & REPAIRS	53,279	912,419	0	6,695,046	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	16,184	151,668	0	602,582	6.00
7.00 00700	HOUSEKEEPING	8,354	720,431	0	1,363,797	7.00
8.00 00800	DIETARY	25,054	1,385,342	0	4,829,963	8.00
9.00 00900	NURSING ADMINISTRATION	1,499	863,058	0	1,376,738	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	4,190	0	0	99,855	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	620	179,904	0	192,098	12.00
13.00 01300	SOCIAL SERVICE	908	42,983	0	157,715	13.00
15.00 01500	ACTIVITIES	12,370	794,368	0	733,799	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	74,457	6,160,422	0	9,903,855	30.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	40,344	40.00
41.00 04100	LABORATORY	0	0	0	65,049	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	26,647	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	32,405	43.00
44.00 04400	PHYSICAL THERAPY	4,259	0	0	696,269	44.00
45.00 04500	OCCUPATIONAL THERAPY	50	0	0	593,489	45.00
46.00 04600	SPEECH PATHOLOGY	144	0	0	196,203	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	191,628	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	378,187	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE					81.00
83.00 08300	HOSPICE	615	0	0	14,657	83.00
89.00	SUBTOTALS (sum of lines 1-84)	229,983	12,979,428	-6,229,915	28,190,326	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	2,944	0	0	70,161	90.00
91.00 09100	BARBER AND BEAUTY SHOP	692	0	0	40,191	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	2,336	0	0	55,671	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	OTHER NON-REIMBURSABLE	121,250	0	0	2,889,594	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	8,512,808	3,768,413		6,229,915	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	23.831716	0.290337		0.199383	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		667,288	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.021356	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B-1

Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	33,045				6.00
7.00	00700	HOUSEKEEPING	0	251,388			7.00
8.00	00800	DIETARY	0	25,054	98,756		8.00
9.00	00900	NURSING ADMINISTRATION	0	1,499	0	10,400	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	4,190	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	620	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	908	0	0	13.00
15.00	01500	ACTIVITIES	0	12,370	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	33,045	74,457	98,756	10,400	14,560
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	4,259	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	0	50	0	0	0
46.00	04600	SPEECH PATHOLOGY	0	144	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100	INTEREST EXPENSE					81.00
83.00	08300	HOSPICE	0	615	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	33,045	124,166	98,756	10,400	14,560
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	2,944	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	692	0	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	2,336	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NON-REIMBURSABLE	0	121,250	0	0	0
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	1,193,709	1,878,831	6,709,340	1,706,062	273,015
103.00		Unit cost multiplier (Wkst. B, Part I)	36.123740	7.473829	67.938556	164.044423	18.751030
104.00		Cost to be allocated (per Wkst. B, Part II)	481,421	270,987	855,510	74,417	127,957
105.00		Unit cost multiplier (Wkst. B, Part II)	14.568649	1.077963	8.662866	7.155481	8.788255

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B-1

Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE ACTIVITIES (TOTAL PATIENT DAYS)	
	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00 00300	EMPLOYEE BENEFITS			3.00
4.00 00400	ADMINISTRATIVE & GENERAL			4.00
5.00 00500	PLANT OPERATION MAINT. & REPAIRS			5.00
6.00 00600	LAUNDRY & LINEN SERVICE			6.00
7.00 00700	HOUSEKEEPING			7.00
8.00 00800	DIETARY			8.00
9.00 00900	NURSING ADMINISTRATION			9.00
10.00 01000	CENTRAL SERVICES & SUPPLY			10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	33,045		12.00
13.00 01300	SOCIAL SERVICE	0	33,045	13.00
15.00 01500	ACTIVITIES	0	0	15.00
			33,045	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	SKILLED NURSING FACILITY	33,045	33,045	30.00
33.00 03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00 04000	RADIOLOGY	0	0	40.00
41.00 04100	LABORATORY	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	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	0	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
81.00 08100	INTEREST EXPENSE			81.00
83.00 08300	HOSPICE	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	33,045	33,045	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00 09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	94.00
95.00 09500	OTHER NON-REIMBURSABLE	0	0	95.00
98.00	Cross Foot Adjustments			98.00
99.00	Negative Cost Centers			99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	253,076	222,371	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	7.658526	6.729339	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	22,720	30,635	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.687547	0.927069	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS			Provider No. : 315166		Period: From 01/01/2023 To 12/31/2023		Worksheet C Date/Time Prepared: 5/28/2024 3:39 pm	
Cost Center Description			Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)			
			1.00	2.00	3.00			
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	48,388	33,897	1.427501	40.00		
41.00	04100	LABORATORY	78,019	37,853	2.061105	41.00		
42.00	04200	INTRAVENOUS THERAPY	31,960	18,275	1.748837	42.00		
43.00	04300	OXYGEN (INHALATION) THERAPY	38,866	1,725	22.531014	43.00		
44.00	04400	PHYSICAL THERAPY	990,868	1,438,220	0.688954	44.00		
45.00	04500	OCCUPATIONAL THERAPY	713,650	1,432,100	0.498324	45.00		
46.00	04600	SPEECH PATHOLOGY	240,590	533,350	0.451092	46.00		
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00		
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	229,835	9,766	23.534200	48.00		
49.00	04900	DRUGS CHARGED TO PATIENTS	453,591	279,599	1.622291	49.00		
100.00		Total	2,825,767	3,784,785		100.00		

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/28/2024 3:39 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	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>							
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	1.427501	26,941	0	38,458	0	40.00
41.00	04100 LABORATORY	2.061105	36,079	0	74,363	0	41.00
42.00	04200 INTRAVENOUS THERAPY	1.748837	18,060	0	31,584	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	22.531014	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0.688954	798,160	0	549,896	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.498324	859,650	0	428,384	0	45.00
46.00	04600 SPEECH PATHOLOGY	0.451092	304,100	0	137,177	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	23.534200	7,393	0	173,988	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.622291	267,805	0	434,458	0	49.00
100.00	Total (Sum of lines 40 - 71)		2,318,188	0	1,868,308	0	100.00

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

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



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet D Parts II-III Date/Time Prepared: 5/28/2024 3:39 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)				1.622291	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	48,388	0	0.000000	38,458	0 40.00
41.00	04100	LABORATORY	78,019	0	0.000000	74,363	0 41.00
42.00	04200	INTRAVENOUS THERAPY	31,960	0	0.000000	31,584	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	38,866	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	990,868	0	0.000000	549,896	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	713,650	0	0.000000	428,384	0 45.00
46.00	04600	SPEECH PATHOLOGY	240,590	0	0.000000	137,177	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	229,835	0	0.000000	173,988	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	453,591	0	0.000000	434,458	0 49.00
100.00		Total (Sum of lines 40 - 52)	2,825,767	0		1,868,308	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Parts I-III Date/Time Prepared: 5/28/2024 3:39 pm
	Title XVIII	Skilled Nursing Facility	PPS

	1.00	
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PART I CALCULATION OF INPATIENT ROUTINE COSTS			
INPATIENT DAYS			
1.00	Inpatient days including private room days	33,045	1.00
2.00	Private room days	33,045	2.00
3.00	Inpatient days including private room days applicable to the Program	9,151	3.00
4.00	Medically necessary private room days applicable to the Program	9,151	4.00
5.00	Total general inpatient routine service cost	26,291,945	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	12,635,699	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	2.080767	7.00
8.00	Enter private room charges from your records	4,117,950	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	124.62	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)	124.62	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	259.31	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	8,568,899	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	17,723,046	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	536.33	16.00
17.00	Program routine service cost (Line 3 times line 16)	4,907,956	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	2,372,946	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	7,280,902	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)	4,427,213	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	133.98	21.00
22.00	Program capital related cost (Line 3 times line 21)	1,226,051	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	6,054,851	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)	6,054,851	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	
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PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
1.00	Total SNF inpatient days	33,045	1.00
2.00	Program inpatient days (see instructions)	9,151	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)	0.276925	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part I Date/Time Prepared: 5/28/2024 3:39 pm
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		5,758,788	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		5,758,788	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		826,400	5.00
6.00	Allowable bad debts (From your records)		90,461	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		58,800	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)		4,991,188	11.00
12.00	Interim payments (See instructions)		4,833,740	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		1,176	14.75
14.99	Sequestration amount (see instructions)		98,648	14.99
15.00	Balance due provider/program (see Instructions)		57,624	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
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. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet E-1  
Date/Time Prepared:  
5/28/2024 3:39 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		4,833,740		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)		4,833,740		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		57,624		0	6.01	
6.02	PROVIDER TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		4,891,364		0	7.00	
			Contractor Name		Contractor Number		
			1.00		2.00		
8.00	Name of Contractor	NOVITAS SOLUTIONS			12001		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. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet G

Date/Time Prepared:  
5/28/2024 3:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	717,734	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	2,189,279	0	0	0	3.00
4.00	Accounts receivable	394,639	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	104,284	0	0	0	7.00
8.00	Prepaid expenses	272,950	0	0	0	8.00
9.00	Other current assets	246,136	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	<b>3,925,022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	5,909,617	0	0	0	12.00
13.00	Land improvements	1,983,039	0	0	0	13.00
14.00	Less: Accumulated depreciation	-1,329,174	0	0	0	14.00
15.00	Buildings	144,208,533	0	0	0	15.00
16.00	Less Accumulated depreciation	-76,367,112	0	0	0	16.00
17.00	Leasehold improvements	30,830,563	0	0	0	17.00
18.00	Less: Accumulated Amortization	-19,479,589	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	994,790	0	0	0	21.00
22.00	Less: Accumulated depreciation	-988,434	0	0	0	22.00
23.00	Major movable equipment	15,919,570	0	0	0	23.00
24.00	Less: Accumulated depreciation	-13,608,744	0	0	0	24.00
25.00	Minor equipment - Depreciable	21,254	0	0	0	25.00
26.00	Minor equipment nondepreciable	-16,965	0	0	0	26.00
27.00	Other fixed assets	87,451	0	0	0	27.00
28.00	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>88,164,799</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28.00</b>
<b>OTHER ASSETS</b>						
29.00	Investments	46,701,739	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	303,230	0	0	0	32.00
33.00	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	<b>47,004,969</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33.00</b>
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	<b>139,094,790</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34.00</b>
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	3,233,921	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	155,249	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	8,992,176	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	4,829,167	0	0	0	42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>17,210,513</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	72,366,554	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	6,891,255	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>79,257,809</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	<b>96,468,322</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	42,626,468				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	<b>42,626,468</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59.00</b>
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	<b>139,094,790</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet G-1

Date/Time Prepared:  
5/28/2024 3:39 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		47,415,189		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-11,313,107			2.00
3.00	Total (sum of line 1 and line 2)		36,102,082		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00	UNREALIZE GAIN ON INVESTMENTS	1,853,440		0		5.00
6.00	ESTATES AND DONATIONS	1,513,019		0		6.00
7.00	INVESTMENT INCOME	1,418,583		0		7.00
8.00	SPLIT INTEREST AGREEMENTS	29,889		0		8.00
9.00	BENEFICIAL INTEREST IN TRUSTS	1,543,149		0		9.00
10.00	Total additions (sum of line 5 - 9)		6,358,080		0	10.00
11.00	Subtotal (line 3 plus line 10)		42,460,162		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00	PERIODIC PENSION COSTS	-166,306		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)		-166,306		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		42,626,468		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	UNREALIZE GAIN ON INVESTMENTS		0			5.00
6.00	ESTATES AND DONATIONS		0			6.00
7.00	INVESTMENT INCOME		0			7.00
8.00	SPLIT INTEREST AGREEMENTS		0			8.00
9.00	BENEFICIAL INTEREST IN TRUSTS		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	PERIODIC PENSION COSTS		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. : 315166

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
5/28/2024 3:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	12,635,699		12,635,699	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	7,359,835		7,359,835	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	19,995,534		19,995,534	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	3,804,174	0	3,804,174	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER PATIENT REVENUES	0	10,004,043	10,004,043	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	23,799,708	10,004,043	33,803,751	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			40,581,844	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)			40,581,844	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider No. : 315166	Period: From 01/01/2023 To 12/31/2023	Worksheet G-3 Date/Time Prepared: 5/28/2024 3:39 pm
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		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	33,803,751	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,419,014	2.00
3.00	Net patient revenues (Line 1 minus line 2)	27,384,737	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	40,581,844	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-13,197,107	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-143,888	7.00
8.00	Revenues from communications ( Telephone and Internet service)	17,960	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	36,902	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	20,393	13.00
14.00	Revenue from meals sold to employees and guests	-325,500	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	102,603	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	961,712	24.00
24.01	INVESTMENT INCOME - NON OPERATING	437,850	24.01
24.02	HOSPICE REVENUE	427,119	24.02
24.03	MISC. RECONCILING ITEMS	332,605	24.03
24.50	COVID-19 PHE Funding	39,943	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,907,699	25.00
26.00	Total (Line 5 plus line 25)	-11,289,408	26.00
27.00	BARBER AND BEAUTY	23,699	27.00
28.00	NURSING HOME ASSESSMENT	0	28.00
29.00	MISC FEES	0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	23,699	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-11,313,107	31.00