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: 315356	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I, II & III Date/Time Prepared: 6/10/2024 12:19 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 6/10/2024 Time: 12:19 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
3.01 [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only

4. [1] 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. [N] First Cost Report for this Provider CCN
8. [N] Last Cost Report for this Provider CCN
9. NPR Date: _____
10. [0] If line 4, column 1 is "4": Enter number of times reopened
11. Contractor Vendor Code _____4
12. [F] 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 FELLOWSHIP VILLAGE, INC (315356) 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	Mark Mazzella		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	Mark Mazzella			2
3	Signatory Title	CHIEF FINANCIAL OFFICER			3
4	Date	(Dated when report is electronica			4

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	Title XIX	
		1.00	2.00	3.00	4.00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	4,617	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	4,617	0	0	100.00

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

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

Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 6/10/2024 12:19 pm

	1.00	2.00	3.00	
	Skilled Nursing Facility and Skilled Nursing Facility Complex Address:			
1.00	Street: 8000 FELLOWSHIP ROAD	PO Box:		1.00
2.00	City: BASKING RIDGE	State: NJ	Zip Code: 07920	2.00
3.00	County: SOMERSET	CBSA Code: 35154	Urban/Rural: U	3.00
3.01		CBSA Code:		3.01

		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
					V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
	SNF and SNF-Based Component Identification:							
4.00	SNF	FELLOWSHIP VILLAGE, INC	315356	07/01/1996	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00

		From:	To:	
		1.00	2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2023	12/31/2023	14.00
15.00	Type of Control (See Instructions)	2	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	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	7,161,326	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	7,161,326	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	Y	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00

		Part A	Part B	Other	
		1.00	2.00	3.00	
	If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.				
29.00	Skilled Nursing Facility	N	N		29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA	N	N		32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC		N		35.00
36.00	SNF-Based OLTC				36.00

		Y/N		
		1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	N		38.00
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:	13,987	0	0	41.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX INDENTIFICATION DATA	Provider No.: 315356	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 6/10/2024 12:19 pm

		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:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part II | Date/Time Prepared: 6/10/2024 12:19 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 Facilites			
	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	05/15/2024	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.	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.	Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.	N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.	N	11.00
	Bed Complement		
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.	N	12.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		Y	05/14/2024	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N	18.00

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

Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part II | Date/Time Prepared: 6/10/2024 12:19 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.	DEANDRA	FALLON	19.00
20.00	Enter the employer/company name of the cost report preparer.	BAKER TILLY US, LLP		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	570-820-0301	DEANDRA.FALLON@BAKERTILLY.COM	21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part II Date/Time Prepared: 6/10/2024 12:19 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.)	05/14/2024			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.		DIRECTOR		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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part I | Date/Time Prepared: 6/10/2024 12:19 pm

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits: Title V	Inpatient Days/Visits: Title XVIII	Inpatient Days/Visits: Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	67	24,455	0	3,922	0	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						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	67	24,455	0	3,922	0	8.00

	Component	Inpatient Days/Visits: Other	Inpatient Days/Visits: Total	Discharges: Title V	Discharges: Title XVIII	Discharges: Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	17,750	21,672	0	164	0	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						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	17,750	21,672	0	164	0	8.00

	Component	Discharges: Other	Discharges: Total	Average Length of Stay: Title V	Average Length of Stay: Title XVIII	Average Length of Stay: Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	291	455	0.00	23.91	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						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	291	455	0.00	23.91	0.00	8.00

	Component	Average Length of Stay: Total	Admissions: Title V	Admissions: Title XVIII	Admissions: Title XIX	Admissions: Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	47.63	0	228	0	230	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						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	47.63	0	228	0	230	8.00

	Component	Admissions: Total	Full Time Equivalent: Employees on Payroll	Full Time Equivalent: Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	458	118.76	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						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	458	118.76	0.00			8.00

SNF WAGE INDEX INFORMATION | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part II Date/Time Prepared: 6/10/2024 12:19 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)	19,776,730	0	19,776,730	673,859.00	29.35	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	19,776,730	0	19,776,730	673,859.00	29.35	6.00
7.00	Other Long Term Care						7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE						10.00
11.00	Other excluded areas	10,149,969	0	10,149,969	426,840.00	23.78	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	10,149,969	0	10,149,969	426,840.00	23.78	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,626,761	0	9,626,761	247,019.00	38.97	13.00
	OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	1,092,377	0	1,092,377	15,187.00	71.93	14.00
15.00	Contract Labor: Physician services-Part A	60,000	0	60,000	312.00	192.31	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	3,989,512	0	3,989,512			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	2,047,529	0	2,047,529			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,941,983	0	1,941,983			22.00

SNF WAGE INDEX INFORMATION | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part III Date/Time Prepared: 6/10/2024 12:19 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	0.00	0.00	1.00
2.00	Administrative & General	1,804,168	0	1,804,168	45,485.00	39.67	2.00
3.00	Plant Operation, Maintenance & Repairs	8,603	0	8,603	399.00	21.56	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	0	0	0	0.00	0.00	5.00
6.00	Dietary	70,660	0	70,660	2,051.00	34.45	6.00
7.00	Nursing Administration	1,146,578	0	1,146,578	24,552.00	46.70	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	129,017	0	129,017	3,673.00	35.13	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	319,051	0	319,051	12,399.00	25.73	13.00
14.00	Total (sum lines 1 thru 13)	3,478,077	0	3,478,077	88,559.00	39.27	14.00

SNF WAGE RELATED COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part IV Date/Time Prepared: 6/10/2024 12:19 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	219,972	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	1,331,434	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	593,864	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	1,515,759	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	328,483	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	3,989,512	24.00

		Amount Reported	
		1.00	
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part V | Date/Time Prepared: 6/10/2024 12:19 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)	836,262	168,674	1,004,936	16,615.00	60.48	1.00
2.00	Licensed Practical Nurses (LPNs)	728,681	146,975	875,656	17,864.00	49.02	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,413,305	285,064	1,698,369	55,129.00	30.81	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,978,248	600,713	3,578,961	89,608.00	39.94	4.00
5.00	Physical Therapists	1,086,001	219,046	1,305,047	21,424.00	60.92	5.00
6.00	Physical Therapy Assistants	363,996	73,418	437,414	10,406.00	42.03	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	656,930	132,503	789,433	14,864.00	53.11	8.00
9.00	Occupational Therapy Assistants	44,632	9,002	53,634	1,233.00	43.50	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	275,455	55,559	331,014	6,403.00	51.70	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)	413,024		413,024	4,161.00	99.26	14.00
15.00	Licensed Practical Nurses (LPNs)	378,712		378,712	5,188.00	73.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	232,618		232,618	4,653.00	49.99	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,024,354		1,024,354	14,002.00	73.16	17.00
18.00	Physical Therapists	6,091		6,091	101.52	60.00	18.00
19.00	Physical Therapy Assistants	7,177		7,177	159.49	45.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	34,574		34,574	576.23	60.00	21.00
22.00	Occupational Therapy Assistants	2,111		2,111	46.91	45.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	18,070		18,070	301.17	60.00	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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-7 | Date/Time Prepared: 6/10/2024 12:19 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.: 315356	Period: From 01/01/2023 To 12/31/2023	Worksheet S-7 Date/Time Prepared: 6/10/2024 12:19 pm

		Group	Days	
		1.00	2.00	
76.00		PA1		76.00
99.00		AAA		99.00
100.00	TOTAL			100.00

		Expenses	Percentage	Y/N	
		1.00	2.00	3.00	
	A notice published in the Federal 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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A | Date/Time Prepared: 6/10/2024 12:19 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	CAP REL COSTS - BLDGS & FIXTURES		9,963,828	9,963,828	0	9,963,828	1.00
3.00	00300	EMPLOYEE BENEFITS	0	3,989,512	3,989,512	0	3,989,512	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,804,168	7,467,900	9,272,068	0	9,272,068	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	8,603	4,295,708	4,304,311	0	4,304,311	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	244,577	244,577	0	244,577	6.00
7.00	00700	HOUSEKEEPING	0	1,223,742	1,223,742	0	1,223,742	7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	0	0	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	0	0	7.02
8.00	00800	DIETARY	70,660	7,236,562	7,307,222	0	7,307,222	8.00
9.00	00900	NURSING ADMINISTRATION	1,146,578	60,027	1,206,605	0	1,206,605	9.00
13.00	01300	SOCIAL SERVICE	129,017	0	129,017	0	129,017	13.00
15.00	01500	PATIENT ACTIVITIES	319,051	26,050	345,101	0	345,101	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	2,978,248	1,116,995	4,095,243	0	4,095,243	30.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	21,950	21,950	0	21,950	40.00
41.00	04100	LABORATORY	0	36,740	36,740	0	36,740	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,449,997	221,988	1,671,985	-54,755	1,617,230	44.00
45.00	04500	OCCUPATIONAL THERAPY	701,562	0	701,562	36,685	738,247	45.00
46.00	04600	SPEECH PATHOLOGY	275,455	0	275,455	18,070	293,525	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	184,152	184,152	0	184,152	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	209,470	209,470	0	209,470	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	743,422	493,016	1,236,438	0	1,236,438	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE		0	0	0	0	81.00
89.00		SUBTOTALS (sum of lines 1-84)	9,626,761	36,792,217	46,418,978	0	46,418,978	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	88,106	88,106	0	88,106	91.00
95.00	09500	NON-REIMBURSABLE	0	0	0	0	0	95.00
95.01	09501	PC/ILU	8,935,962	1,877,944	10,813,906	0	10,813,906	95.01
95.02	09502	NRCC HOSPICE	632,514	165,807	798,321	0	798,321	95.02
95.03	09503	CULTURAL ARTS CENTER	0	259,683	259,683	0	259,683	95.03
95.04	09504	WELLNESS CENTER	311,791	168,831	480,622	0	480,622	95.04
95.05	09505	MED SPA	269,702	335,876	605,578	0	605,578	95.05
100.00		TOTAL	19,776,730	39,688,464	59,465,194	0	59,465,194	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A | Date/Time Prepared: 6/10/2024 12:19 pm

		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	-2,102,589	7,861,239		1.00
3.00	00300	EMPLOYEE BENEFITS	-86,839	3,902,673		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-2,201,940	7,070,128		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-46,581	4,257,730		5.00
6.00	00600	LAUNDRY & LINEN SERVICE	-19,132	225,445		6.00
7.00	00700	HOUSEKEEPING	0	1,223,742		7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0		7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0		7.02
8.00	00800	DIETARY	-187,406	7,119,816		8.00
9.00	00900	NURSING ADMINISTRATION	0	1,206,605		9.00
13.00	01300	SOCIAL SERVICE	0	129,017		13.00
15.00	01500	PATIENT ACTIVITIES	0	345,101		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	4,095,243		30.00
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	21,950		40.00
41.00	04100	LABORATORY	0	36,740		41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0		43.00
44.00	04400	PHYSICAL THERAPY	0	1,617,230		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	738,247		45.00
46.00	04600	SPEECH PATHOLOGY	0	293,525		46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	184,152		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	209,470		49.00
		OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	1,236,438		60.00
		SPECIAL PURPOSE COST CENTERS				
81.00	08100	INTEREST EXPENSE	0	0		81.00
89.00		SUBTOTALS (sum of lines 1-84)	-4,644,487	41,774,491		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	88,106		91.00
95.00	09500	NON-REIMBURSABLE	0	0		95.00
95.01	09501	PC/ILU	0	10,813,906		95.01
95.02	09502	NRCC HOSPICE	0	798,321		95.02
95.03	09503	CULTURAL ARTS CENTER	0	259,683		95.03
95.04	09504	WELLNESS CENTER	0	480,622		95.04
95.05	09505	MED SPA	0	605,578		95.05
100.00		TOTAL	-4,644,487	54,820,707		100.00

RECLASSIFICATIONS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-6 | Date/Time Prepared: 6/10/2024 12:19 pm

			Increases			
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) B - CONTRACTED THERAPY					
1.00		OCCUPATIONAL THERAPY	45.00	0	36,685	1.00
2.00		SPEECH PATHOLOGY	46.00	0	18,070	2.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	54,755	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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-6 | Date/Time Prepared: 6/10/2024 12:19 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) B - CONTRACTED THERAPY					
1.00		PHYSICAL THERAPY	44.00	0	54,755	1.00
2.00			0.00	0	0	2.00
	TOTALS					
100.00				0	54,755	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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-7 | Date/Time Prepared: 6/10/2024 12:19 pm

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,838,577	0	0	0	0	1.00
2.00	Land Improvements	1,497,242	173,357	0	173,357	0	2.00
3.00	Buildings and Fixtures	170,308,076	14,395,434	0	14,395,434	329,919	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	13,526,962	2,979,362	0	2,979,362	0	5.00
6.00	Movable Equipment	14,553,313	4,839,542	0	4,839,542	0	6.00
7.00	Subtotal (sum of lines 1-6)	206,724,170	22,387,695	0	22,387,695	329,919	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	206,724,170	22,387,695	0	22,387,695	329,919	9.00

	Description	Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	6,838,577	0	1.00
2.00	Land Improvements	1,670,599	0	2.00
3.00	Buildings and Fixtures	184,373,591	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	16,506,324	0	5.00
6.00	Movable Equipment	19,392,855	0	6.00
7.00	Subtotal (sum of lines 1-6)	228,781,946	0	7.00
8.00	Reconciling Items	0	0	8.00
9.00	Total (line 7 minus line 8)	228,781,946	0	9.00

ADJUSTMENTS TO EXPENSES | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-8 | Date/Time Prepared: 6/10/2024 12:19 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)	B	-2,076,577	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)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)	B	-26,012	CAP REL COSTS - BLDGS & FIXTURES	1.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)	B	-37,018	ADMINISTRATIVE & GENERAL	4.00	5.00
6.00	Television and radio service (chapter 21)	A	-102,426	ADMINISTRATIVE & GENERAL	4.00	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	B	-19,132	LAUNDRY & LINEN SERVICE	6.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests	B	-187,406	DIETARY	8.00	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	Other adjustment (specify)		0		0.00	25.00
25.01	MISCELLANEOUS INCOME	B	-536,360	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	TRANSPORTATION INCOME	B	-39,854	ADMINISTRATIVE & GENERAL	4.00	25.02
25.04	SOLAR PANEL	A	-46,581	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.04
25.10	NON ALLOWABLE EXPENSE	A	-1,035,209	ADMINISTRATIVE & GENERAL	4.00	25.10
25.11	NON ALLOWABLE BENEFITS	A	-86,839	EMPLOYEE BENEFITS	3.00	25.11
25.12	NON ALLOWABLE SALARIES	A	-445,558	ADMINISTRATIVE & GENERAL	4.00	25.12
25.13	INVESTMENT EXPENSE	A	-5,515	ADMINISTRATIVE & GENERAL	4.00	25.13
25.14			0		0.00	25.14
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-4,644,487			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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
			0	1.00	3.00	3A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	7,861,239	7,861,239				1.00
3.00	00300	EMPLOYEE BENEFITS	3,902,673	0	3,902,673			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	7,070,128	352,201	274,283	7,696,612	7,696,612	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	4,257,730	337,913	1,737	4,597,380	750,872	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	225,445	56,046	0	281,491	45,975	6.00
7.00	00700	HOUSEKEEPING	1,223,742	48,707	0	1,272,449	207,824	7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	0	0	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	0	0	7.02
8.00	00800	DIETARY	7,119,816	269,464	14,265	7,403,545	1,209,191	8.00
9.00	00900	NURSING ADMINISTRATION	1,206,605	0	231,477	1,438,082	234,876	9.00
13.00	01300	SOCIAL SERVICE	129,017	2,431	26,047	157,495	25,723	13.00
15.00	01500	PATIENT ACTIVITIES	345,101	262,218	64,412	671,731	109,711	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,095,243	433,972	601,264	5,130,479	837,941	30.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	21,950	0	0	21,950	3,585	40.00
41.00	04100	LABORATORY	36,740	0	0	36,740	6,001	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,617,230	28,046	292,733	1,938,009	316,527	44.00
45.00	04500	OCCUPATIONAL THERAPY	738,247	8,040	141,635	887,922	145,021	45.00
46.00	04600	SPEECH PATHOLOGY	293,525	1,558	55,610	350,693	57,277	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	184,152	1,714	0	185,866	30,357	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	209,470	1,994	0	211,464	34,538	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	1,236,438	17,451	150,086	1,403,975	229,306	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	41,774,491	1,821,755	1,853,549	33,685,883	4,244,725	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	25,881	0	25,881	4,227	90.00
91.00	09100	BARBER AND BEAUTY SHOP	88,106	11,141	0	99,247	16,210	91.00
95.00	09500	NON-REIMBURSABLE	0	0	0	0	0	95.00
95.01	09501	PC/ILU	10,813,906	5,597,799	1,804,034	18,215,739	2,975,124	95.01
95.02	09502	NRCC HOSPICE	798,321	60,767	127,695	986,783	161,167	95.02
95.03	09503	CULTURAL ARTS CENTER	259,683	343,896	0	603,579	98,580	95.03
95.04	09504	WELLNESS CENTER	480,622	0	62,946	543,568	88,779	95.04
95.05	09505	MED SPA	605,578	0	54,449	660,027	107,800	95.05
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	54,820,707	7,861,239	3,902,673	54,820,707	7,696,612	100.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I | Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-NURSING FACILITY	HOUSEKEEPING-RESIDENTIAL	
			5.00	6.00	7.00	7.01	7.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5,348,252					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	41,799	369,265				6.00
7.00	00700	HOUSEKEEPING	36,326	0	1,516,599			7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	0		7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	0	0	7.02
8.00	00800	DIETARY	200,967	48,772	57,833	0	0	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	0	9.00
13.00	01300	SOCIAL SERVICE	1,813	0	522	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	195,563	0	56,278	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	323,658	148,084	93,140	0	0	30.00
		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
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	20,917	0	6,019	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	5,996	0	1,726	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,162	0	334	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,278	0	368	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1,487	0	428	0	0	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	13,015	0	3,745	0	0	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	843,981	196,856	220,393	0	0	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	19,302	0	5,555	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	8,309	9,075	2,391	0	0	91.00
95.00	09500	NON-REIMBURSABLE	0	163,334	0	0	0	95.00
95.01	09501	PC/ILU	4,174,861	0	1,201,410	0	0	95.01
95.02	09502	NRCC HOSPICE	45,320	0	13,042	0	0	95.02
95.03	09503	CULTURAL ARTS CENTER	256,479	0	73,808	0	0	95.03
95.04	09504	WELLNESS CENTER	0	0	0	0	0	95.04
95.05	09505	MED SPA	0	0	0	0	0	95.05
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	5,348,252	369,265	1,516,599	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	DIETARY	NURSING ADMINISTRATION	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	
			8.00	9.00	13.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY						7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL						7.02
8.00	00800	DIETARY	8,920,308					8.00
9.00	00900	NURSING ADMINISTRATION	0	1,672,958				9.00
13.00	01300	SOCIAL SERVICE	0	0	185,553			13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	1,033,283		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	2,293,830	1,672,958	185,553	1,033,283	11,718,926	30.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	25,535	40.00
41.00	04100	LABORATORY	0	0	0	0	42,741	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	2,281,472	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	1,040,665	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	409,466	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	217,869	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	247,917	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0	1,650,041	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	2,293,830	1,672,958	185,553	1,033,283	17,634,632	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	54,965	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	135,232	91.00
95.00	09500	NON-REIMBURSABLE	0	0	0	0	163,334	95.00
95.01	09501	PC/ILU	6,626,478	0	0	0	33,193,612	95.01
95.02	09502	NRCC HOSPICE	0	0	0	0	1,206,312	95.02
95.03	09503	CULTURAL ARTS CENTER	0	0	0	0	1,032,446	95.03
95.04	09504	WELLNESS CENTER	0	0	0	0	632,347	95.04
95.05	09505	MED SPA	0	0	0	0	767,827	95.05
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	8,920,308	1,672,958	185,553	1,033,283	54,820,707	100.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	Post Stepdown Adjustments	Total		
			17.00	18.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS				3.00
4.00	00400	ADMINISTRATIVE & GENERAL				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	00600	LAUNDRY & LINEN SERVICE				6.00
7.00	00700	HOUSEKEEPING				7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY				7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL				7.02
8.00	00800	DIETARY				8.00
9.00	00900	NURSING ADMINISTRATION				9.00
13.00	01300	SOCIAL SERVICE				13.00
15.00	01500	PATIENT ACTIVITIES				15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	11,718,926		30.00
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	25,535		40.00
41.00	04100	LABORATORY	0	42,741		41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0		43.00
44.00	04400	PHYSICAL THERAPY	0	2,281,472		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	1,040,665		45.00
46.00	04600	SPEECH PATHOLOGY	0	409,466		46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	217,869		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	247,917		49.00
		OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	1,650,041		60.00
		SPECIAL PURPOSE COST CENTERS				
81.00	08100	INTEREST EXPENSE				81.00
89.00		SUBTOTALS (sum of lines 1-84)	0	17,634,632		89.00
		NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	54,965		90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	135,232		91.00
95.00	09500	NON-REIMBURSABLE	0	163,334		95.00
95.01	09501	PC/ILU	0	33,193,612		95.01
95.02	09502	NRCC HOSPICE	0	1,206,312		95.02
95.03	09503	CULTURAL ARTS CENTER	0	1,032,446		95.03
95.04	09504	WELLNESS CENTER	0	632,347		95.04
95.05	09505	MED SPA	0	767,827		95.05
98.00		Cross Foot Adjustments	0	0		98.00
99.00		Negative Cost Centers	0	0		99.00
100.00		TOTAL	0	54,820,707		100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
			0	1.00	2A	3.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	352,201	352,201	0	352,201	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	337,913	337,913	0	34,361	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	56,046	56,046	0	2,104	6.00
7.00	00700	HOUSEKEEPING	0	48,707	48,707	0	9,510	7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	0	0	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	0	0	7.02
8.00	00800	DIETARY	0	269,464	269,464	0	55,334	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	10,748	9.00
13.00	01300	SOCIAL SERVICE	0	2,431	2,431	0	1,177	13.00
15.00	01500	PATIENT ACTIVITIES	0	262,218	262,218	0	5,021	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	0	433,972	433,972	0	38,345	30.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	164	40.00
41.00	04100	LABORATORY	0	0	0	0	275	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	28,046	28,046	0	14,485	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	8,040	8,040	0	6,636	45.00
46.00	04600	SPEECH PATHOLOGY	0	1,558	1,558	0	2,621	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,714	1,714	0	1,389	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	1,994	1,994	0	1,580	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	17,451	17,451	0	10,493	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	0	1,821,755	1,821,755	0	194,243	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	25,881	25,881	0	193	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	11,141	11,141	0	742	91.00
95.00	09500	NON-REIMBURSABLE	0	0	0	0	0	95.00
95.01	09501	PC/ILU	0	5,597,799	5,597,799	0	136,141	95.01
95.02	09502	NRCC HOSPICE	0	60,767	60,767	0	7,375	95.02
95.03	09503	CULTURAL ARTS CENTER	0	343,896	343,896	0	4,511	95.03
95.04	09504	WELLNESS CENTER	0	0	0	0	4,063	95.04
95.05	09505	MED SPA	0	0	0	0	4,933	95.05
98.00		Cross Foot Adjustments			0			98.00
99.00		Negative Cost Centers		0	0	0	0	99.00
100.00		TOTAL	0	7,861,239	7,861,239	0	352,201	100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-NURSING FACILITY	HOUSEKEEPING-RESIDENTIAL	
			5.00	6.00	7.00	7.01	7.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	372,274					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,910	61,060				6.00
7.00	00700	HOUSEKEEPING	2,529	0	60,746			7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	0		7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	0	0	7.02
8.00	00800	DIETARY	13,989	8,065	2,316	0	0	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	0	9.00
13.00	01300	SOCIAL SERVICE	126	0	21	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	13,613	0	2,254	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	22,529	24,487	3,731	0	0	30.00
		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
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,456	0	241	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	417	0	69	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	81	0	13	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	89	0	15	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	104	0	17	0	0	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	906	0	150	0	0	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	58,749	32,552	8,827	0	0	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1,344	0	222	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	578	1,501	96	0	0	91.00
95.00	09500	NON-REIMBURSABLE	0	27,007	0	0	0	95.00
95.01	09501	PC/ILU	290,595	0	48,123	0	0	95.01
95.02	09502	NRCC HOSPICE	3,155	0	522	0	0	95.02
95.03	09503	CULTURAL ARTS CENTER	17,853	0	2,956	0	0	95.03
95.04	09504	WELLNESS CENTER	0	0	0	0	0	95.04
95.05	09505	MED SPA	0	0	0	0	0	95.05
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	372,274	61,060	60,746	0	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	DIETARY	NURSING ADMINISTRATION	SOCIAL SERVICE	OTHER GENERAL SERVICE / PATIENT ACTIVITIES	Subtotal	
			8.00	9.00	13.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY						7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL						7.02
8.00	00800	DIETARY	349,168					8.00
9.00	00900	NURSING ADMINISTRATION	0	10,748				9.00
13.00	01300	SOCIAL SERVICE	0	0	3,755			13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	283,106		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	89,788	10,748	3,755	283,106	910,461	30.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0	164	40.00
41.00	04100	LABORATORY	0	0	0	0	275	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44,228	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	15,162	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	4,273	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,207	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,695	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0	29,000	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	89,788	10,748	3,755	283,106	1,010,465	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	27,640	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	14,058	91.00
95.00	09500	NON-REIMBURSABLE	0	0	0	0	27,007	95.00
95.01	09501	PC/ILU	259,380	0	0	0	6,332,038	95.01
95.02	09502	NRCC HOSPICE	0	0	0	0	71,819	95.02
95.03	09503	CULTURAL ARTS CENTER	0	0	0	0	369,216	95.03
95.04	09504	WELLNESS CENTER	0	0	0	0	4,063	95.04
95.05	09505	MED SPA	0	0	0	0	4,933	95.05
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	349,168	10,748	3,755	283,106	7,861,239	100.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	Post Step-Down Adjustments	Total		
			17.00	18.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS				3.00
4.00	00400	ADMINISTRATIVE & GENERAL				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	00600	LAUNDRY & LINEN SERVICE				6.00
7.00	00700	HOUSEKEEPING				7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY				7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL				7.02
8.00	00800	DIETARY				8.00
9.00	00900	NURSING ADMINISTRATION				9.00
13.00	01300	SOCIAL SERVICE				13.00
15.00	01500	PATIENT ACTIVITIES				15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	910,461		30.00
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	164		40.00
41.00	04100	LABORATORY	0	275		41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0		43.00
44.00	04400	PHYSICAL THERAPY	0	44,228		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	15,162		45.00
46.00	04600	SPEECH PATHOLOGY	0	4,273		46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,207		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	3,695		49.00
		OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	29,000		60.00
		SPECIAL PURPOSE COST CENTERS				
81.00	08100	INTEREST EXPENSE				81.00
89.00		SUBTOTALS (sum of lines 1-84)	0	1,010,465		89.00
		NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	27,640		90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	14,058		91.00
95.00	09500	NON-REIMBURSABLE	0	27,007		95.00
95.01	09501	PC/ILU	0	6,332,038		95.01
95.02	09502	NRCC HOSPICE	0	71,819		95.02
95.03	09503	CULTURAL ARTS CENTER	0	369,216		95.03
95.04	09504	WELLNESS CENTER	0	4,063		95.04
95.05	09505	MED SPA	0	4,933		95.05
98.00		Cross Foot Adjustments	0	0		98.00
99.00		Negative Cost Centers	0	0		99.00
100.00		TOTAL	0	7,861,239		100.00

COST ALLOCATION - STATISTICAL BASIS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
			1.00	3.00	4A	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	504,529					1.00
3.00	00300	EMPLOYEE BENEFITS	0	19,331,172				3.00
4.00	00400	ADMINISTRATIVE & GENERAL	22,604	1,358,610	-7,696,612	47,124,095		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	21,687	8,603	0	4,597,380	460,238	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	3,597	0	0	281,491	3,597	6.00
7.00	00700	HOUSEKEEPING	3,126	0	0	1,272,449	3,126	7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	0	0	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	0	0	7.02
8.00	00800	DIETARY	17,294	70,660	0	7,403,545	17,294	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,146,578	0	1,438,082	0	9.00
13.00	01300	SOCIAL SERVICE	156	129,017	0	157,495	156	13.00
15.00	01500	PATIENT ACTIVITIES	16,829	319,051	0	671,731	16,829	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	27,852	2,978,248	0	5,130,479	27,852	30.00
		ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	21,950	0	40.00
41.00	04100	LABORATORY	0	0	0	36,740	0	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,800	1,449,997	0	1,938,009	1,800	44.00
45.00	04500	OCCUPATIONAL THERAPY	516	701,562	0	887,922	516	45.00
46.00	04600	SPEECH PATHOLOGY	100	275,455	0	350,693	100	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	110	0	0	185,866	110	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	128	0	0	211,464	128	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	1,120	743,422	0	1,403,975	1,120	60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	116,919	9,181,203	-7,696,612	25,989,271	72,628	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1,661	0	0	25,881	1,661	90.00
91.00	09100	BARBER AND BEAUTY SHOP	715	0	0	99,247	715	91.00
95.00	09500	NON-REIMBURSABLE	0	0	0	0	0	95.00
95.01	09501	PC/ILU	359,263	8,935,962	0	18,215,739	359,263	95.01
95.02	09502	NRCC HOSPICE	3,900	632,514	0	986,783	3,900	95.02
95.03	09503	CULTURAL ARTS CENTER	22,071	0	0	603,579	22,071	95.03
95.04	09504	WELLNESS CENTER	0	311,791	0	543,568	0	95.04
95.05	09505	MED SPA	0	269,702	0	660,027	0	95.05
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)	7,861,239	3,902,673		7,696,612	5,348,252	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	15.581342	0.201885		0.163326	11.620622	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)		0		352,201	372,274	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)		0.000000		0.007474	0.808873	105.00

COST ALLOCATION - STATISTICAL BASIS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-NURSING FACILITY (SQ FT NURSING)	HOUSEKEEPING-RESIDENTIAL (SQ FT RES)	DIETARY (MEALS SERVED)	
			6.00	7.00	7.01	7.02	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE	191,894					6.00
7.00	00700	HOUSEKEEPING	0	453,515				7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	27,852			7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	384,608		7.02
8.00	00800	DIETARY	25,345	17,294	0	0	241,255	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	0	9.00
13.00	01300	SOCIAL SERVICE	0	156	0	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	16,829	0	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	76,954	27,852	27,852	0	62,038	30.00
		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
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	1,800	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	516	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	100	0	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	128	0	0	0	49.00
		OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	1,120	0	0		60.00
		SPECIAL PURPOSE COST CENTERS						
81.00	08100	INTEREST EXPENSE						81.00
89.00		SUBTOTALS (sum of lines 1-84)	102,299	65,905	27,852	0	62,038	89.00
		NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	1,661	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	4,716	715	0	0	0	91.00
95.00	09500	NON-REIMBURSABLE	84,879	0	0	0	0	95.00
95.01	09501	PC/ILU	0	359,263	0	358,637	179,217	95.01
95.02	09502	NRCC HOSPICE	0	3,900	0	3,900	0	95.02
95.03	09503	CULTURAL ARTS CENTER	0	22,071	0	22,071	0	95.03
95.04	09504	WELLNESS CENTER	0	0	0	0	0	95.04
95.05	09505	MED SPA	0	0	0	0	0	95.05
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)	369,265	1,516,599	0	0	8,920,308	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.924318	3.344099	0.000000	0.000000	36.974604	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	61,060	60,746	0	0	349,168	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.318197	0.133945	0.000000	0.000000	1.447299	105.00

COST ALLOCATION - STATISTICAL BASIS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	NURSING ADMINISTRATION (RESIDENT DAYS)	SOCIAL SERVICE (RESIDENT DAYS)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (RESIDENT DAYS)		
			9.00	13.00	15.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY					7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL					7.02
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	21,672				9.00
13.00	01300	SOCIAL SERVICE	0	21,672			13.00
15.00	01500	PATIENT ACTIVITIES	0	0	21,672		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	21,672	21,672	21,672		30.00
		ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	0	0		40.00
41.00	04100	LABORATORY	0	0	0		41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0		43.00
44.00	04400	PHYSICAL THERAPY	0	0	0		44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0		45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0		46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0		49.00
		OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	0		60.00
		SPECIAL PURPOSE COST CENTERS					
81.00	08100	INTEREST EXPENSE					81.00
89.00		SUBTOTALS (sum of lines 1-84)	21,672	21,672	21,672		89.00
		NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0		90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0		91.00
95.00	09500	NON-REIMBURSABLE	0	0	0		95.00
95.01	09501	PC/ILU	0	0	0		95.01
95.02	09502	NRCC HOSPICE	0	0	0		95.02
95.03	09503	CULTURAL ARTS CENTER	0	0	0		95.03
95.04	09504	WELLNESS CENTER	0	0	0		95.04
95.05	09505	MED SPA	0	0	0		95.05
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)	1,672,958	185,553	1,033,283		102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	77.194444	8.561877	47.678248		103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	10,748	3,755	283,106		104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.495939	0.173265	13.063215		105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet C | Date/Time Prepared: 6/10/2024 12:19 pm

		Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
		ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	25,535	21,950	1.163326	40.00
41.00	04100	LABORATORY	42,741	36,740	1.163337	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	2,281,472	2,435,288	0.936839	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,040,665	1,414,189	0.735874	45.00
46.00	04600	SPEECH PATHOLOGY	409,466	376,458	1.087680	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	217,869	184,152	1.183093	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	247,917	209,470	1.183544	49.00
		OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	1,650,041	1,539,428	1.071853	60.00
100.00		Total	5,915,706	6,217,675		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part I Date/Time Prepared: 6/10/2024 12:19 pm

Title XVIII (1) | Skilled Nursing Facility | PPS

				Health Care Program Charges		Health Care Program Cost		
			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	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	1.163326	0	0	0	0	40.00
41.00	04100	LABORATORY	1.163337	0	0	0	0	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0.936839	287,609	0	269,443	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.735874	312,426	0	229,906	0	45.00
46.00	04600	SPEECH PATHOLOGY	1.087680	127,981	0	139,202	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.183093	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.183544	0	0	0	0	49.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	1.071853	0	0	0	0	60.00
100.00		Total (Sum of lines 40 - 71)		728,016	0	638,551	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.: 315356	Period: From 01/01/2023 To 12/31/2023	Worksheet D Parts II-III Date/Time Prepared: 6/10/2024 12:19 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)	1.183544	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	25,535	0	0.000000	0	0	40.00
41.00	04100	LABORATORY	42,741	0	0.000000	0	0	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,281,472	0	0.000000	269,443	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,040,665	0	0.000000	229,906	0	45.00
46.00	04600	SPEECH PATHOLOGY	409,466	0	0.000000	139,202	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	217,869	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	247,917	0	0.000000	0	0	49.00
100.00		Total (Sum of lines 40 - 52)	4,265,665	0		638,551	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No.: 315356	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Parts I-II Date/Time Prepared: 6/10/2024 12:19 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	21,672	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	3,922	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	11,718,926	5.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	9,103,902	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.287242	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	9,103,902	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	420.08	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)	11,718,926	15.00
	PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	540.74	16.00
17.00	Program routine service cost (Line 3 times line 16)	2,120,782	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)	2,120,782	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)	910,461	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	42.01	21.00
22.00	Program capital related cost (Line 3 times line 21)	164,763	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,956,019	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)	1,956,019	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	21,672	1.00
2.00	Program inpatient days (see instructions)	3,922	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)	0.180971	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.: 315356	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part I Date/Time Prepared: 6/10/2024 12:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
1.00	Inpatient PPS amount (See Instructions)	2,793,318	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)	2,793,318	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	171,400	5.00
6.00	Allowable bad debts (From your records)	7,248	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	4,711	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)	2,626,629	11.00
12.00	Interim payments (See instructions)	2,569,480	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)	94	14.75
14.99	Sequestration amount (see instructions)	52,438	14.99
15.00	Balance due provider/program (see Instructions)	4,617	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E-1 | Date/Time Prepared: 6/10/2024 12:19 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		2,569,480		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		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)		2,569,480		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		4,617		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,574,097		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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G | Date/Time Prepared: 6/10/2024 12:19 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	2,709,828	0	0	0	1.00
2.00	Temporary investments	501,051	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	5,693,196	0	0	0	4.00
5.00	Other receivables	814,943	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-251,433	0	0	0	6.00
7.00	Inventory	7,731	0	0	0	7.00
8.00	Prepaid expenses	762,581	0	0	0	8.00
9.00	Other current assets	578,832	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)	10,816,729	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	6,838,577	0	0	0	12.00
13.00	Land improvements	1,670,599	0	0	0	13.00
14.00	Less: Accumulated depreciation	-648,320	0	0	0	14.00
15.00	Buildings	184,373,592	0	0	0	15.00
16.00	Less Accumulated depreciation	-61,970,736	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	16,506,324	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,083,680	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	18,309,173	0	0	0	23.00
24.00	Less: Accumulated depreciation	-19,290,654	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	4,901,876	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	151,774,111	0	0	0	28.00
	OTHER ASSETS					
29.00	Investments	26,799,884	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	5,129,840	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	31,929,724	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	194,520,564	0	0	0	34.00
	Liabilities and Fund Balances					
	CURRENT LIABILITIES					
35.00	Accounts payable	10,027,196	0	0	0	35.00
36.00	Salaries, wages, and fees payable	804,959	0	0	0	36.00
37.00	Payroll taxes payable	80,328	0	0	0	37.00
38.00	Notes & loans payable (Short term)	3,011,957	0	0	0	38.00
39.00	Deferred income	68,099	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	-29,597	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	13,962,942	0	0	0	43.00
	LONG TERM LIABILITIES					
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	87,084,812	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	57,114,556	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	144,199,368	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	158,162,310	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	36,358,254				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	36,358,254	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	194,520,564	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G-1 | Date/Time Prepared: 6/10/2024 12:19 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		41,606,774		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		3,866,549				2.00
3.00	Total (sum of line 1 and line 2)		45,473,323		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00	CHANGE IN INTEREST IN FOUNDATION	0		0		0	5.00
6.00	ROUNDING	2		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		2		0		10.00
11.00	Subtotal (line 3 plus line 10)		45,473,325		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00	EQUITY TRANSFER	1,071,278		0		0	13.00
14.00	FELLOWSHIP FOUNDATION	3,813,212		0		0	14.00
15.00	CHANGE IN NET ASSETS	4,230,581		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		9,115,071		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		36,358,254		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	CHANGE IN INTEREST IN FOUNDATION		0			5.00
6.00	ROUNDING		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	EQUITY TRANSFER		0			13.00
14.00	FELLOWSHIP FOUNDATION		0			14.00
15.00	CHANGE IN NET ASSETS		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.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G-2 Parts I-II | Date/Time Prepared: 6/10/2024 12:19 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	9,103,902		9,103,902	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	9,103,902		9,103,902	5.00
	All Other Care Services				
6.00	ANCILLARY SERVICES	3,540,783	0	3,540,783	6.00
7.00	CLINIC		1,539,428	1,539,428	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	40,769,374	0	40,769,374	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	53,414,059	1,539,428	54,953,487	14.00

	Cost Center Description			
		1.00	2.00	
	PART II - OPERATING EXPENSES			
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		59,465,194	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)		59,465,194	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider No.: 315356 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G-3 | Date/Time Prepared: 6/10/2024 12:19 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	54,953,487	1.00
2.00	Less: contractual allowances and discounts on patients accounts	3,767,571	2.00
3.00	Net patient revenues (Line 1 minus line 2)	51,185,916	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	59,465,194	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-8,279,278	5.00
	Other income:		
6.00	Contributions, donations, bequests, etc	6,096,587	6.00
7.00	Income from investments	2,880,559	7.00
8.00	Revenues from communications (Telephone and Internet service)	37,018	8.00
9.00	Revenue from television and radio service	474,113	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	19,132	13.00
14.00	Revenue from meals sold to employees and guests	33,534	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	153,872	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	26,012	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER INCOME	118,578	24.00
24.01	OTHER MISC INCOME	536,360	24.01
24.02	TRANSPORTATION INCOME	39,854	24.02
24.03	SPA REVENUE	300,159	24.03
24.04	SOLAR ELECTRIC REVENUE	46,581	24.04
24.05	MASSAGE INCOME	173,263	24.05
24.06	HOUSEKEEPING INCOME	4,653	24.06
24.07	HOSPICE INCOME	838,414	24.07
24.08	CULTURAL ARTS INCOME	351,273	24.08
24.09		0	24.09
24.10	FINANCE CHARGES	46,716	24.10
24.11		0	24.11
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	12,176,678	25.00
26.00	Total (Line 5 plus line 25)	3,897,400	26.00
27.00	MISC ACTIVITY EXPENSE	142	27.00
28.00	LOSS ON SALE OF ASSETS	30,709	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	30,851	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	3,866,549	31.00