

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
HAMILTON PLACE AT PINES AT WHITING Provider CCN: 315347	Period: From: 01/01/2024 To: 12/31/2024 Run Date Time: 6/13/2025 4:18 pm MCRIF32 2540-10 Version: 11.1.179.2



**SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
 COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

**Worksheet S  
 Parts I, II & III**

**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.	Date:	Time:
Contractor use only:	4. <input 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. If line 4, column 1 is "4": Enter number of times reopened <u>0</u>	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 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 HAMILTON PLACE AT PINES AT WHITING, {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that 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	1	2		
1	<i>Mark Mazzella</i>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to 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	Signature Date: (Dated when report is electronically signed.)			4

**PART III - SETTLEMENT SUMMARY**

	Cost Center Description	Title V	Title XVIII			
			Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00	NURSING FACILITY	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				5.00
6.00	SNF - BASED FQHC I	0				6.00
7.00	SNF - BASED CMHC I	0				7.00
7.10	SNF - BASED CORF I	0				7.10
100.00	TOTAL	0	0	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 this information collection is estimated 202 hours per response, including the time to review instructions, search existing data 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 this 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.

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm	
Provider CCN:	315347	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	

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

**Worksheet S-2**  
**Part I**  
**PPS**

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street:	509 ROUTE 530	P.O. Box:				1.00	
2.00	City:	WHITING	State:	NJ	ZIP Code:	08759	2.00	
3.00	County:	OCEAN	CBSA Code:	35154	Urban / Rural:	U	3.00	
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01


SNF and SNF-Based Component Identification:								
Component	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		
4.00	SNF	HAMILTON PLACE AT PINES AT WHITING	315347	08/08/1995	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)		01/01/2024	12/31/2024				14.00
15.00	Type of Control (See Instructions)		2 - Voluntary Nonprofit, Other					15.00
							Y/N	
							1.00	

Type of Freestanding Skilled Nursing Facility				
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?		N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?		N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.		Y	18.00

Miscellaneous Cost Reporting Information				
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.		N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.		N	19.01

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.				
20.00	Straight Line		6,159,474	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		6,159,474	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.		0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)		N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)		N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)		N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)		N	28.00
		Part A	Part B	Other
		1.00	2.00	3.00

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					
29.00	Skilled Nursing Facility		N	N	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)		Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)		N		38.00

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

**Worksheet S-2**  
**Part I**  
**PPS**

		Y/N		
		1.00	2.00	
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:	77,479	0	0 41.00
			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
			Provider CCN	
			1.00	
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.		HB2611	44.00
<b>If this facility is part of a chain organization, enter the name and address of the home office on the lines below.</b>				
45.00	Name: FELLOWSHIPLIFE,INC.	Contractor Name: NOVITAS SOLUTIONS, INC.	Contractor Number: 12001	45.00
46.00	Street: 8000 FELLOWSHIP ROAD	P.O. Box:		46.00
47.00	City: BASKING RIDGE	State: NJ	ZIP Code: 07920	47.00

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

Worksheet S-2  
Part II  
PPS

**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**

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00

**Financial Data and Reports**

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/02/2025	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.		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
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		Part A		Part B	
Description		Y/N	Date	Y/N	Date
0		1.00	2.00	3.00	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.)	Y	04/30/2025	Y	04/30/2025	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
		1.00	2.00	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.	DEANDRA	FALLON	DIRECTOR	19.00
20.00	Enter the employer/company name of the cost report preparer.	BAKER TILLY ADVISORY GROUP, LP			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

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

**Worksheet S-3**  
**Part I**  
**PPS**

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					Discharges					
				Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	66	24,156	0	3,069	5,825	9,989	<b>18,883</b>	0	108	25	104	<b>237</b>	1.00
2.00	NURSING FACILITY	0	0	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>	2.00
3.00	ICF/IID	0	0	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	<b>0</b>						4.00
5.00	Other Long Term Care	0	0				0	<b>0</b>				0	<b>0</b>	5.00
6.00	SNF-Based CMHC													6.00
6.10	SNF-Based CORF													6.10
7.00	HOSPICE	0	0	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>	7.00
8.00	Total (Sum of lines 1-7)	<b>66</b>	<b>24,156</b>	<b>0</b>	<b>3,069</b>	<b>5,825</b>	<b>9,989</b>	<b>18,883</b>	<b>0</b>	<b>108</b>	<b>25</b>	<b>104</b>	<b>237</b>	8.00
		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	28.42	233.00	<b>79.68</b>	0	144	18	84	<b>246</b>	155.71	0.00	1.00	
2.00	NURSING FACILITY	0.00		0.00	<b>0.00</b>	0		0	0	<b>0</b>	0.00	0.00	2.00	
3.00	ICF/IID			0.00	<b>0.00</b>			0	0	<b>0</b>	0.00	0.00	3.00	
4.00	HOME HEALTH AGENCY COST										0.00	0.00	4.00	
5.00	Other Long Term Care				<b>0.00</b>				0	<b>0</b>	0.00	0.00	5.00	
6.00	SNF-Based CMHC										0.00	0.00	6.00	
6.10	SNF-Based CORF										0.00	0.00	6.10	
7.00	HOSPICE	0.00	0.00	0.00	<b>0.00</b>	0	0	0	0	<b>0</b>	0.00	0.00	7.00	
8.00	Total (Sum of lines 1-7)	<b>0.00</b>	<b>28.42</b>	<b>233.00</b>	<b>79.68</b>	<b>0</b>	<b>144</b>	<b>18</b>	<b>84</b>	<b>246</b>	<b>155.71</b>	<b>0.00</b>	8.00	

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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part II**  
**PPS**

<b>PART II - DIRECT SALARIES</b>							
		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>SALARIES</b>							
1.00	Total salaries (See Instructions)	8,122,593	0	<b>8,122,593</b>	323,879.00	25.08	1.00
2.00	Physician salaries-Part A	0	0	<b>0</b>	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	<b>0</b>	0.00	0.00	3.00
4.00	Home office personnel	0	0	<b>0</b>	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	8,122,593	0	<b>8,122,593</b>	323,879.00	25.08	6.00
7.00	Other Long Term Care	0	0	<b>0</b>	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	<b>0</b>	0.00	0.00	8.00
9.00	CMHC	0	0	<b>0</b>	0.00	0.00	9.00
9.10	CORF						9.10
10.00	HOSPICE	0	0	<b>0</b>	0.00	0.00	10.00
11.00	Other excluded areas	1,682,472	0	<b>1,682,472</b>	70,219.00	23.96	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	<b>1,682,472</b>	<b>0</b>	<b>1,682,472</b>	<b>70,219.00</b>	23.96	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	<b>6,440,121</b>	<b>0</b>	<b>6,440,121</b>	<b>253,660.00</b>	25.39	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
14.00	Contract Labor: Patient Related & Mgmt	1,537,741	0	<b>1,537,741</b>	30,736.00	50.03	14.00
15.00	Contract Labor: Physician services-Part A	0	0	<b>0</b>	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	<b>0</b>	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs core (See Part IV)	1,491,230	0	<b>1,491,230</b>			17.00
18.00	Wage-related costs other (See Part IV)	0	0	<b>0</b>			18.00
19.00	Wage related costs (excluded units)	308,886	0	<b>308,886</b>			19.00
20.00	Physician Part A - WRC	0	0	<b>0</b>			20.00
21.00	Physician Part B - WRC	0	0	<b>0</b>			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	<b>1,182,344</b>	<b>0</b>	<b>1,182,344</b>			22.00


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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part III**  
**PPS**

<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>							
		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	
1.00	Employee Benefits	0	0	<b>0</b>	0.00	0.00	1.00
2.00	Administrative & General	767,932	0	<b>767,932</b>	22,535.00	34.08	2.00
3.00	Plant Operation, Maintenance & Repairs	315,091	0	<b>315,091</b>	11,543.00	27.30	3.00
4.00	Laundry & Linen Service	49,442	0	<b>49,442</b>	3,261.00	15.16	4.00
5.00	Housekeeping	476,870	0	<b>476,870</b>	28,355.00	16.82	5.00
6.00	Dietary	1,609,107	0	<b>1,609,107</b>	93,947.00	17.13	6.00
7.00	Nursing Administration	665,210	<b>-35,085</b>	<b>630,125</b>	12,680.00	49.69	7.00
8.00	Central Services and Supply	0	0	<b>0</b>	0.00	0.00	8.00
9.00	Pharmacy	0	0	<b>0</b>	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	<b>0</b>	0.00	0.00	10.00
11.00	Social Service	45,465	35,085	<b>80,550</b>	1,930.00	41.74	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	261,356	0	<b>261,356</b>	13,394.00	19.51	13.00
14.00	Total (sum lines 1 thru 13)	<b>4,190,473</b>	<b>0</b>	<b>4,190,473</b>	<b>187,645.00</b>	22.33	14.00

HAMILTON PLACE AT PINES AT WHITING	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 6/13/2025 4:18 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315347			

SNF WAGE RELATED COSTS

**Worksheet S-3**  
**Part IV**  
**PPS**

<b>PART IV - WAGE RELATED COSTS</b>			Amount Reported	
			1.00	
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		111,984	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
<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)		494,663	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)		-3,482	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		156,696	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		485,565	17.00
18.00	Medicare Taxes - Employers Portion Only		113,898	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		131,906	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)		<b>1,491,230</b>	24.00
			Amount Reported	
			1.00	
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00


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SNF REPORTING OF DIRECT CARE EXPENDITURES

**Worksheet S-3**  
**Part V**  
**PPS**

	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)	510,113	93,657	603,770	10,760.00	56.11	1.00
2.00	Licensed Practical Nurses (LPNs)	418,024	76,749	494,773	11,889.00	41.62	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	756,285	138,854	895,139	31,547.00	28.37	3.00
4.00	Total Nursing (sum of lines 1 through 3)	1,684,422	309,260	1,993,682	54,196.00	36.79	4.00
5.00	Physical Therapists	261,858	48,077	309,935	4,717.00	65.71	5.00
6.00	Physical Therapy Assistants	38,308	7,033	45,341	982.00	46.17	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	187,101	34,352	221,453	4,197.00	52.76	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	20,931	3,843	24,774	330.00	75.07	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)	607,567		607,567	8,101.00	75.00	14.00
15.00	Licensed Practical Nurses (LPNs)	123,907		123,907	2,478.00	50.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	806,267		806,267	20,157.00	40.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,537,741		1,537,741	30,736.00	50.03	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00


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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	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

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		To: 12/31/2024	Version:	11.1.179.2	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days		
	1.00	2.00		
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	
76.00	PA1		76.00	
99.00	AAA		99.00	
100.00			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

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		6,422,950	6,422,950	0	6,422,950	-292,254	6,130,696	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		0	0	0	0	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,491,230	1,491,230	0	1,491,230	-51,949	1,439,281	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	767,932	2,524,481	3,292,413	0	3,292,413	-954,677	2,337,736	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	315,091	1,160,790	1,475,881	0	1,475,881	-111,723	1,364,158	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	49,442	36,376	85,818	0	85,818	-13,670	72,148	6.00
7.00	00700	HOUSEKEEPING	476,870	51,308	528,178	0	528,178	0	528,178	7.00
8.00	00800	DIETARY	1,609,107	1,625,220	3,234,327	0	3,234,327	-45,259	3,189,068	8.00
9.00	00900	NURSING ADMINISTRATION	665,210	25,434	690,644	-35,085	655,559	0	655,559	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	45,465	0	45,465	35,085	80,550	0	80,550	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
15.00	01501	ACTIVITIES	261,356	30,605	291,961	0	291,961	0	291,961	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY	1,684,422	2,019,371	3,703,793	-51,584	3,652,209	0	3,652,209	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY	0	34,159	34,159	0	34,159	0	34,159	40.00
41.00	04100	LABORATORY	0	29,821	29,821	0	29,821	0	29,821	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	7,726	7,726	-7,726	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	300,166	69,387	369,553	-32,039	337,514	0	337,514	44.00
45.00	04500	OCCUPATIONAL THERAPY	187,101	0	187,101	29,975	217,076	0	217,076	45.00
46.00	04600	SPEECH PATHOLOGY	20,931	0	20,931	2,064	22,995	0	22,995	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,402	3,402	59,310	62,712	0	62,712	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	44,206	44,206	0	44,206	0	44,206	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	06000	CLINIC	57,028	0	57,028	0	57,028	0	57,028	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	6,440,121	15,576,466	22,016,587	0	22,016,587	-1,469,532	20,547,055	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries 1.00	Other 2.00	Total (col. 1 + col. 2) 3.00	Reclassifications Increase/Decrease (Fr Wkst A-6) 4.00	Reclassified Trial Balance (col. 3 +- col. 4) 5.00	Adjustments to Expenses (Fr Wkst A-8) 6.00	Net Expenses For Allocation (col. 5 +- col. 6) 7.00	
91.00	09100	BARBER AND BEAUTY SHOP	0	162	<b>162</b>	0	162	0	<b>162</b>	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	<b>0</b>	0	0	0	<b>0</b>	92.00
93.00	09300	NONPAID WORKERS	0	0	<b>0</b>	0	0	0	<b>0</b>	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	<b>0</b>	0	0	0	<b>0</b>	94.00
95.00	09500	OTHER NONREIMBURSABLE	0	0	<b>0</b>	0	0	0	<b>0</b>	95.00
95.01	09501	PC/ILU	1,682,472	1,210,180	<b>2,892,652</b>	0	2,892,652	0	<b>2,892,652</b>	95.01
95.02	09502	OTHER NONREIMBURSABLE COST CENTERS	0	0	<b>0</b>	0	0	0	<b>0</b>	95.02
100.00		TOTAL	<b>8,122,593</b>	<b>16,786,808</b>	<b>24,909,401</b>	<b>0</b>	<b>24,909,401</b>	<b>-1,469,532</b>	<b>23,439,869</b>	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases					
Line #	Cost Center	Line #	Salary	Non Salary	Line #	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
<b>A - MEDICAL SUPPLIES</b>										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	0	59,310		SKILLED NURSING FACILITY	30.00	0	59,310	1.00
<b>B - RECLASSIFY OXYGEN COSTS</b>										
1.00	SKILLED NURSING FACILITY	30.00	0	7,726		OXYGEN (INHALATION) THERAPY	43.00	0	7,726	1.00
<b>C - THERAPY RECLASS</b>										
1.00	OCCUPATIONAL THERAPY	45.00	0	29,975		PHYSICAL THERAPY	44.00	0	32,039	1.00
2.00	SPEECH PATHOLOGY	46.00	0	2,064			0.00	0	0	2.00
<b>D - SOCIAL SERVICES</b>										
1.00	SOCIAL SERVICE	13.00	35,085	0		NURSING ADMINISTRATION	9.00	35,085	0	1.00
100.00	<b>TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))</b>		<b>35,085</b>	<b>99,075</b>				<b>35,085</b>	<b>99,075</b>	100.00

- (1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
- (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.


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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

		Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>									
1.00	Land	6,400,000	0	0	0	0	6,400,000	0	1.00
2.00	Land Improvements	2,600,001	0	0	0	0	2,600,001	0	2.00
3.00	Buildings and Fixtures	58,735,608	5,271,685	0	5,271,685	0	64,007,293	0	3.00
4.00	Building Improvements	0	0	0	0	0	0	0	4.00
5.00	Fixed Equipment	982,871	167,422	0	167,422	0	1,150,293	0	5.00
6.00	Movable Equipment	339,486	47,845	0	47,845	0	387,331	0	6.00
7.00	Subtotal (sum of lines 1-6)	69,057,966	5,486,952	0	5,486,952	0	74,544,918	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	69,057,966	5,486,952	0	5,486,952	0	74,544,918	0	9.00

HAMILTON PLACE AT PINES AT WHITING	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 6/13/2025 4:18 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315347			

ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

	Description (1)	(2) Basis For Adjustment		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		1.00	2.00	Cost Center	Line No.
				3.00	4.00
1.00	Investment income on restricted funds (chapter 2)	B	-241,073	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)		0		0.00 4.00
5.00	Telephone services (pay stations excluded) (chapter 21)	B	-47,918	ADMINISTRATIVE & GENERAL	4.00 5.00
6.00	Television and radio service (chapter 21)	A	-107,047	PLANT OPERATION, MAINT. & REPAIRS	5.00 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	-200,257		12.00
13.00	Laundry and linen service	B	-13,670	LAUNDRY & LINEN SERVICE	6.00 13.00
14.00	Revenue - Employee meals	B	-17,843	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	UTILIZATION REVIEW	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	CAP REL COSTS - MOVABLE EQUIPMENT	2.00 24.00
25.00	MISC INCOME	B	-1,738	ADMINISTRATIVE & GENERAL	4.00 25.00
25.01	GIFTS	A	-421	ADMINISTRATIVE & GENERAL	4.00 25.01
25.03	BAD DEBT EXPENSE	A	-48,000	ADMINISTRATIVE & GENERAL	4.00 25.03
25.04	ADVERTISING	A	-605,402	ADMINISTRATIVE & GENERAL	4.00 25.04
25.05	TRAVEL	A	-3,019	ADMINISTRATIVE & GENERAL	4.00 25.05
25.06	MARKETING BENEFITS	A	-51,949	EMPLOYEE BENEFITS	3.00 25.06
25.07	HOUSEKEEPING	B	-4,676	PLANT OPERATION, MAINT. & REPAIRS	5.00 25.07
25.08	EMPLOYEE RECOGNITION	A	-27,037	ADMINISTRATIVE & GENERAL	4.00 25.08
25.09	CAFE/BISTRO INCOME	B	-27,416	DIETARY	8.00 25.09
25.10	GIFT SHOP REVENUE	B	-2,061	ADMINISTRATIVE & GENERAL	4.00 25.10
25.11	FINANCE CHARGES	B	-6,742	ADMINISTRATIVE & GENERAL	4.00 25.11
25.13	BANK AND TRUSTEE CHARGES	A	-12,082	ADMINISTRATIVE & GENERAL	4.00 25.13
25.14	MISC INCOME	B	-51,181	CAP REL COSTS - BLDGS & FIXTURES	1.00 25.14
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,469,532		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.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1  
Parts I & II  
PPS

**PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
1.00	4.00	ADMINISTRATIVE & GENERAL	809,401	1,009,658	-200,257	1.00
2.00	0.00		0	0	0	2.00
3.00	0.00		0	0	0	3.00
4.00	0.00		0	0	0	4.00
5.00	0.00		0	0	0	5.00
6.00	0.00		0	0	0	6.00
7.00	0.00		0	0	0	7.00
8.00	0.00		0	0	0	8.00
9.00	0.00		0	0	0	9.00
10.00	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>		<b>809,401</b>	<b>1,009,658</b>	<b>-200,257</b>	<b>10.00</b>

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	Type of Business
1.00	2.00	3.00	4.00	5.00	6.00
1.00	B	0.00	FELLOWSHIPLIFE,INC.	100.00	HOME OFFICE
2.00		0.00		0.00	
3.00		0.00		0.00	
4.00		0.00		0.00	
5.00		0.00		0.00	
6.00		0.00		0.00	
7.00		0.00		0.00	
8.00		0.00		0.00	
9.00		0.00		0.00	
10.00		0.00		0.00	

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or organization.
- E. Individual is director, officer, administrator or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial or non-financial) specify:

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	6,130,696	6,130,696							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	0		0						2.00
3.00	EMPLOYEE BENEFITS	1,439,281	0	0	1,439,281					3.00
4.00	ADMINISTRATIVE & GENERAL	2,337,736	125,140	0	136,074	2,598,950	2,598,950			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,364,158	193,018	0	55,833	1,613,009	201,149	1,814,158		5.00
6.00	LAUNDRY & LINEN SERVICE	72,148	73,404	0	8,761	154,313	19,243	22,910	196,466	6.00
7.00	HOUSEKEEPING	528,178	65,686	0	84,499	678,363	84,595	20,501	0	7.00
8.00	DIETARY	3,189,068	351,123	0	285,126	3,825,317	477,032	109,589	0	8.00
9.00	NURSING ADMINISTRATION	655,559	7,060	0	111,655	774,274	96,555	2,204	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	80,550	1,972	0	14,273	96,795	12,071	615	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	291,961	73,453	0	46,311	411,725	51,344	22,925	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	3,652,209	345,986	0	298,468	4,296,663	535,811	107,986	150,602	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	34,159	3,457	0	0	37,616	4,691	1,079	0	40.00
41.00	LABORATORY	29,821	3,457	0	0	33,278	4,150	1,079	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	337,514	14,340	0	53,188	405,042	50,510	4,476	0	44.00
45.00	OCCUPATIONAL THERAPY	217,076	13,926	0	33,153	264,155	32,941	4,346	0	45.00
46.00	SPEECH PATHOLOGY	22,995	0	0	3,709	26,704	3,330	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,712	3,555	0	0	66,267	8,264	1,109	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	44,206	0	0	0	44,206	5,513	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	57,028	0	0	10,105	67,133	8,372	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00

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		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
89.00	SUBTOTALS (sum of lines 1-84)	0	1.00	2.00	3.00	3A	4.00	5.00	6.00	89.00
		<b>20,547,055</b>	<b>1,275,577</b>	<b>0</b>	<b>1,141,155</b>	<b>15,393,810</b>	<b>1,595,571</b>	<b>298,819</b>	<b>150,602</b>	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	7,158	0	0	<b>7,158</b>	893	2,234	0	90.00
91.00	BARBER AND BEAUTY SHOP	162	21,108	0	0	<b>21,270</b>	2,652	6,588	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	<b>0</b>	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	<b>0</b>	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	<b>0</b>	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE	0	4,826,853	0	0	<b>4,826,853</b>	601,931	1,506,517	45,864	95.00
95.01	PC/ILU	2,892,652	0	0	298,126	<b>3,190,778</b>	397,903	0	0	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	<b>0</b>	0	0	0	95.02
98.00	Cross Foot Adjustments	0	0	0	0	<b>0</b>	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	<b>0</b>	0	0	0	99.00
100.00	TOTAL	<b>23,439,869</b>	<b>6,130,696</b>	<b>0</b>	<b>1,439,281</b>	<b>23,439,869</b>	<b>2,598,950</b>	<b>1,814,158</b>	<b>196,466</b>	100.00


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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	783,459								7.00
8.00	DIETARY	0	4,411,938							8.00
9.00	NURSING ADMINISTRATION	1,039	0	874,072						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
13.00	SOCIAL SERVICE	290	0	0	0	0	0	109,771		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	10,812	0	0	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	50,930	1,527,647	874,072	0	0	0	109,771	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	509	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	509	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	2,111	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	2,050	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	523	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	68,773	1,527,647	874,072	0	0	0	109,771	0	89.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time: 6/13/2025 4:18 pm	
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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1,054	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	3,107	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE	710,525	2,884,291	0	0	0	0	0	0	95.00
95.01	PC/ILU	0	0	0	0	0	0	0	0	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.02
98.00	Cross Foot Adjustments	0	0	0	0					98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	783,459	4,411,938	874,072	0	0	0	109,771	0	100.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
		15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.00
15.00	ACTIVITIES	496,806				15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	SKILLED NURSING FACILITY	496,806	8,150,288	0	8,150,288	30.00
31.00	NURSING FACILITY	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0	43,895	0	43,895	40.00
41.00	LABORATORY	0	39,016	0	39,016	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	462,139	0	462,139	44.00
45.00	OCCUPATIONAL THERAPY	0	303,492	0	303,492	45.00
46.00	SPEECH PATHOLOGY	0	30,034	0	30,034	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	76,163	0	76,163	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	49,719	0	49,719	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	CLINIC	0	75,505	0	75,505	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	FQHC					62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	71.00
72.00	CORF	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW					82.00
83.00	HOSPICE	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	496,806	9,230,251	0	9,230,251	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
		15.00	16.00	17.00	18.00	
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	<b>11,339</b>	0	<b>11,339</b>	90.00
91.00	BARBER AND BEAUTY SHOP	0	<b>33,617</b>	0	<b>33,617</b>	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	<b>0</b>	0	<b>0</b>	92.00
93.00	NONPAID WORKERS	0	<b>0</b>	0	<b>0</b>	93.00
94.00	PATIENTS LAUNDRY	0	<b>0</b>	0	<b>0</b>	94.00
95.00	OTHER NONREIMBURSABLE	0	<b>10,575,981</b>	0	<b>10,575,981</b>	95.00
95.01	PC/ILU	0	<b>3,588,681</b>	0	<b>3,588,681</b>	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	<b>0</b>	0	<b>0</b>	95.02
98.00	Cross Foot Adjustments	0	<b>0</b>	0	<b>0</b>	98.00
99.00	Negative Cost Centers	0	<b>0</b>	0	<b>0</b>	99.00
100.00	<b>TOTAL</b>	<b>496,806</b>	<b>23,439,869</b>	<b>0</b>	<b>23,439,869</b>	100.00


HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	0	0	0	0				3.00
4.00	ADMINISTRATIVE & GENERAL	0	125,140	0	125,140	0	125,140			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	193,018	0	193,018	0	9,686	202,704		5.00
6.00	LAUNDRY & LINEN SERVICE	0	73,404	0	73,404	0	927	2,560	76,891	6.00
7.00	HOUSEKEEPING	0	65,686	0	65,686	0	4,074	2,291	0	7.00
8.00	DIETARY	0	351,123	0	351,123	0	22,971	12,245	0	8.00
9.00	NURSING ADMINISTRATION	0	7,060	0	7,060	0	4,650	246	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	1,972	0	1,972	0	581	69	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	73,453	0	73,453	0	2,472	2,562	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	345,986	0	345,986	0	25,801	12,066	58,941	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	3,457	0	3,457	0	226	121	0	40.00
41.00	LABORATORY	0	3,457	0	3,457	0	200	121	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	14,340	0	14,340	0	2,432	500	0	44.00
45.00	OCCUPATIONAL THERAPY	0	13,926	0	13,926	0	1,586	486	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	160	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,555	0	3,555	0	398	124	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	265	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	403	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,275,577	0	1,275,577	0	76,832	33,391	58,941	89.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm	
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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	7,158	0	7,158	0	43	250	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	21,108	0	21,108	0	128	736	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE	0	4,826,853	0	4,826,853	0	28,976	168,327	17,950	95.00
95.01	PC/ILU	0	0	0	0	0	19,161	0	0	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.02
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	6,130,696	0	6,130,696	0	125,140	202,704	76,891	100.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	72,051								7.00
8.00	DIETARY	0	386,339							8.00
9.00	NURSING ADMINISTRATION	96	0	12,052						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
13.00	SOCIAL SERVICE	27	0	0	0	0	0	2,649		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	994	0	0	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	4,684	133,771	12,052	0	0	0	2,649	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	47	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	47	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	194	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	189	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	48	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	6,326	133,771	12,052	0	0	0	2,649	0	89.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	97	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	286	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE	65,342	252,568	0	0	0	0	0	0	95.00
95.01	PC/ILU	0	0	0	0	0	0	0	0	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.02
98.00	Cross Foot Adjustments	0	0	0	0	0			0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	72,051	386,339	12,052	0	0	0	2,649	0	100.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total	
		15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.00
15.00	ACTIVITIES	79,481				15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	SKILLED NURSING FACILITY	79,481	675,431	0	675,431	30.00
31.00	NURSING FACILITY	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0	3,851	0	3,851	40.00
41.00	LABORATORY	0	3,825	0	3,825	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	17,466	0	17,466	44.00
45.00	OCCUPATIONAL THERAPY	0	16,187	0	16,187	45.00
46.00	SPEECH PATHOLOGY	0	160	0	160	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,125	0	4,125	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	265	0	265	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	CLINIC	0	403	0	403	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	FQHC					62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	71.00
72.00	CORF	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW					82.00
83.00	HOSPICE	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	79,481	721,713	0	721,713	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
Provider CCN: 315347		From: 01/01/2024	MCRIF32	<b>2540-10</b>
		To: 12/31/2024	Version:	11.1.179.2



ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
PPS

	Cost Center Description	ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total	
		15.00	16.00	17.00	18.00	
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	7,548	0	7,548	90.00
91.00	BARBER AND BEAUTY SHOP	0	22,258	0	22,258	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE	0	5,360,016	0	5,360,016	95.00
95.01	PC/ILU	0	19,161	0	19,161	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.02
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	79,481	6,130,696	0	6,130,696	100.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
Provider CCN:	315347	From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ. FEET)	MOVABLE EQUIPMENT (SQ. FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	251,812								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		251,812							2.00
3.00	EMPLOYEE BENEFITS	0	0	8,122,593						3.00
4.00	ADMINISTRATIVE & GENERAL	5,140	5,140	767,932	-2,598,950	20,840,919				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	7,928	7,928	315,091	0	1,613,009	238,744			5.00
6.00	LAUNDRY & LINEN SERVICE	3,015	3,015	49,442	0	154,313	3,015	299,344		6.00
7.00	HOUSEKEEPING	2,698	2,698	476,870	0	678,363	2,698	0	218,609	7.00
8.00	DIETARY	14,422	14,422	1,609,107	0	3,825,317	14,422	0	0	8.00
9.00	NURSING ADMINISTRATION	290	290	630,125	0	774,274	290	0	290	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	81	81	80,550	0	96,795	81	0	81	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	3,017	3,017	261,356	0	411,725	3,017	0	3,017	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	14,211	14,211	1,684,422	0	4,296,663	14,211	229,464	14,211	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	142	142	0	0	37,616	142	0	142	40.00
41.00	LABORATORY	142	142	0	0	33,278	142	0	142	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	589	589	300,166	0	405,042	589	0	589	44.00
45.00	OCCUPATIONAL THERAPY	572	572	187,101	0	264,155	572	0	572	45.00
46.00	SPEECH PATHOLOGY	0	0	20,931	0	26,704	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	146	146	0	0	66,267	146	0	146	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	44,206	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	57,028	0	67,133	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
Provider CCN: 315347		From: 01/01/2024	MCRIF32	2540-10
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	52,393	52,393	6,440,121	-2,598,950	12,794,860	39,325	229,464	19,190	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	294	294	0	0	7,158	294	0	294	90.00
91.00	BARBER AND BEAUTY SHOP	867	867	0	0	21,270	867	0	867	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE	198,258	198,258	0	0	4,826,853	198,258	69,880	198,258	95.00
95.01	PC/ILU	0	0	1,682,472	0	3,190,778	0	0	0	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.02
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)	6,130,696	0	1,439,281		2,598,950	1,814,158	196,466	783,459	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	24.346322	0.000000	0.177195		0.124704	7.598759	0.656322	3.583837	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		125,140	202,704	76,891	72,051	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.006005	0.849043	0.256865	0.329588	105.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
Provider CCN:	315347	From: 01/01/2024	MCRIF32	2540-10
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITIES (TOTAL PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	162,982								8.00
9.00	NURSING ADMINISTRATION	0	54,196							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	18,883						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	18,883				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	18,883			13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0		14.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	18,883	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	56,433	54,196	18,883	0	18,883	18,883	0	18,883	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC		0	0		0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
Provider CCN: 315347		From: 01/01/2024	MCRIF32	2540-10
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITIES (TOTAL PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	56,433	54,196	18,883	0	18,883	18,883	0	18,883	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE	106,549	0	0	0	0	0	0	0	95.00
95.01	PC/ILU	0	0	0	0	0	0	0	0	95.01
95.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.02
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)	4,411,938	874,072	0	0	0	109,771	0	496,806	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	27.070094	16.127980	0.000000	0.000000	0.000000	5.813218	0.000000	26.309697	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	386,339	12,052	0	0	0	2,649	0	79,481	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	2.370440	0.222378	0.000000	0.000000	0.000000	0.140285	0.000000	4.209130	105.00


HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm	
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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	43,895	34,159	1.285020	40.00
41.00	LABORATORY	39,016	29,821	1.308340	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	PHYSICAL THERAPY	462,139	1,100,717	0.419853	44.00
45.00	OCCUPATIONAL THERAPY	303,492	883,397	0.343551	45.00
46.00	SPEECH PATHOLOGY	30,034	60,819	0.493826	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,163	62,712	1.214488	48.00
49.00	DRUGS CHARGED TO PATIENTS	49,719	94,914	0.523832	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	CLINIC	75,505	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	<b>1,079,963</b>	<b>2,266,539</b>		100.00

HAMILTON PLACE AT PINES AT WHITING	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 6/13/2025 4:18 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315347			

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D


Title XVIII Skilled Nursing Facility

Part I  
PPS

**PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST**

		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>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	1.285020	12,311	0	15,820	0	40.00
41.00	LABORATORY	1.308340	15,726	0	20,575	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.419853	490,000	0	205,728	0	44.00
45.00	OCCUPATIONAL THERAPY	0.343551	480,625	0	165,119	0	45.00
46.00	SPEECH PATHOLOGY	0.493826	21,850	0	10,790	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.214488	5,073	0	6,161	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0.523832	61,998	0	32,477	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	AMBULANCE (2)	0.000000					71.00
100.00	Total (Sum of lines 40 - 71)		<b>1,087,583</b>	<b>0</b>	<b>456,670</b>	<b>0</b>	<b>100.00</b>

(1) For titles 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.

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm	
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		To: 12/31/2024	Version:	11.1.179.2	

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS


**Worksheet D**  
**Parts II-III**  
PPS

Title XVIII Skilled Nursing Facility

PART II - APPORTIONMENT OF VACCINE COST		
		1.00
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	0.523832
2.00	Program vaccine charges (From your records, or the PS&R)	0
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH						
	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

ANCILLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	43,895	0	0.000000	15,820	0
41.00	LABORATORY	39,016	0	0.000000	20,575	0
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0
44.00	PHYSICAL THERAPY	462,139	0	0.000000	205,728	0
45.00	OCCUPATIONAL THERAPY	303,492	0	0.000000	165,119	0
46.00	SPEECH PATHOLOGY	30,034	0	0.000000	10,790	0
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,163	0	0.000000	6,161	0
49.00	DRUGS CHARGED TO PATIENTS	49,719	0	0.000000	32,477	0
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0
51.00	SUPPORT SURFACES	0	0	0.000000	0	0
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0
100.00	Total (Sum of lines 40 - 52)	<b>1,004,458</b>	<b>0</b>		<b>456,670</b>	<b>0</b>

HAMILTON PLACE AT PINES AT WHITING	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 6/13/2025 4:18 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315347			

COMPUTATION OF INPATIENT ROUTINE COSTS

**Worksheet D-1**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

**PART I CALCULATION OF INPATIENT ROUTINE COSTS**

		1.00	
<b>INPATIENT DAYS</b>			
1.00	Inpatient days including private room days	18,883	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	3,069	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	<b>8,150,288</b>	5.00

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**


6.00	General inpatient routine service charges	7,722,387	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1,055,410	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	7,722,387	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	408,96	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)	8,150,288	15.00

**PROGRAM INPATIENT ROUTINE SERVICE COSTS**

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	431.62	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,324,642	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)	<b>1,324,642</b>	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)	675,431	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	35.77	21.00
22.00	Program capital related cost (Line 3 times line 21)	109,778	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,214,864	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)	<b>1,214,864</b>	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

**PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH**

		1.00	
1.00	Total SNF inpatient days	18,883	1.00
2.00	Program inpatient days (see instructions)	3,069	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)	0.162527	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00


HAMILTON PLACE AT PINES AT WHITING	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 6/13/2025 4:18 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315347			

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

**Worksheet E**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
		1.00
1.00	Inpatient PPS amount (See Instructions)	2,310,176
2.00	Nursing and Allied Health Education Activities (pass through payments)	0
3.00	Subtotal (Sum of lines 1 and 2)	<b>2,310,176</b>
4.00	Primary payor amounts	0
5.00	Coinsurance	276,420
6.00	Allowable bad debts (From your records)	0
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0
8.00	Adjusted reimbursable bad debts. (See instructions)	0
9.00	Recovery of bad debts - for statistical records only	0
10.00	Utilization review	0
11.00	Subtotal (See instructions)	<b>2,033,756</b>
12.00	Interim payments (See instructions)	1,993,081
13.00	Tentative adjustment	0
14.00	OTHER adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (see instructions)	0
14.99	Sequestration amount (see instructions)	40,675
15.00	Balance due provider/program (see Instructions)	<b>0</b>
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0
19.00	Total reasonable costs (Sum of lines 17 and 18)	<b>0</b>
20.00	Medicare Part B ancillary charges (See instructions)	0
21.00	Cost of covered services (Lesser of line 19 or line 20)	0
22.00	Primary payor amounts	0
23.00	Coinsurance and deductibles	0
24.00	Allowable bad debts (From your records)	0
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	<b>0</b>
26.00	Interim payments (See instructions)	0
27.00	Tentative adjustment	0
28.00	Other Adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0
29.00	Balance due provider/program (see instructions)	<b>0</b>
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0

HAMILTON PLACE AT PINES AT WHITING	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 6/13/2025 4:18 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315347			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	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		1,993,081		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
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,993,081		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,993,081		0	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						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.

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		To: 12/31/2024	Version:	11.1.179.2




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

Worksheet G

PPS

		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	2,700,746	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,315,728	0	0	0	4.00
5.00	Other receivables	-8,832,230	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-80,001	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	139,795	0	0	0	8.00
9.00	Other current assets	69,515	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)	-4,686,447	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,400,000	0	0	0	12.00
13.00	Land improvements	2,600,001	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	64,007,293	0	0	0	15.00
16.00	Less Accumulated depreciation	-6,891,800	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	1,150,293	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	387,331	0	0	0	23.00
24.00	Less: Accumulated depreciation	0	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	1,393,674	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	69,046,792	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	1,936,240	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	1,284,067	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	3,220,307	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	67,580,652	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	2,045,923	0	0	0	35.00
36.00	Salaries, wages, and fees payable	1,426,189	0	0	0	36.00
37.00	Payroll taxes payable	27,365	0	0	0	37.00
38.00	Notes & loans payable (Short term)	1,446,725	0	0	0	38.00
39.00	Deferred income	0	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	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	4,946,202	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	6,210,014	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	8,781,954	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)	14,991,968	0	0	0	50.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm	
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		To: 12/31/2024	Version:	11.1.179.2	


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

**Worksheet G**

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	<b>19,938,170</b>	<b>0</b>	<b>0</b>	<b>0</b>	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	47,642,482				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)	<b>47,642,482</b>	<b>0</b>	<b>0</b>	<b>0</b>	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	<b>67,580,652</b>	<b>0</b>	<b>0</b>	<b>0</b>	60.00

( ) = contra amount


HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm	
Provider CCN: 315347		From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	

STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

	General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period	52,692,845		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)	-5,105,643							2.00
3.00	Total (sum of line 1 and line 2)	47,587,202		0		0		0	3.00
4.00	Additions (credit adjustments)								4.00
5.00	CHANGE IN EQUITY	55,280		0		0		0	5.00
6.00		0		0		0		0	6.00
7.00		0		0		0		0	7.00
8.00		0		0		0		0	8.00
9.00		0		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)	55,280		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)	47,642,482		0		0		0	11.00
12.00	Deductions (debit adjustments)								12.00
13.00	OPENING BALANCE ADJUSTMENT	0		0		0		0	13.00
14.00	ROUNDING	0		0		0		0	14.00
15.00		0		0		0		0	15.00
16.00		0		0		0		0	16.00
17.00		0		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	47,642,482		0		0		0	19.00

HAMILTON PLACE AT PINES AT WHITING	Period: 01/01/2024	Run Date Time: 6/13/2025 4:18 pm	
Provider CCN: 315347	To: 12/31/2024	MCRIF32 2540-10	
		Version: 11.1.179.2	

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**Worksheet G-2**  
**Part I**  
**PPS**

<b>PART I - PATIENT REVENUES</b>					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	7,722,387		7,722,387	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)	7,722,387		7,722,387	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	2,245,519	0	2,245,519	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	ASSISTED AND INDEPENDENT LIVING	11,317,221	0	11,317,221	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	21,285,127	0	21,285,127	14.00
<b>PART II - OPERATING EXPENSES</b>					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			24,909,401	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)			24,909,401	15.00

HAMILTON PLACE AT PINES AT WHITING		Period:	Run Date Time:	6/13/2025 4:18 pm
Provider CCN: 315347		From: 01/01/2024	MCRIF32	2540-10
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	21,285,127	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,670,797	2.00
3.00	Net patient revenues (Line 1 minus line 2)	18,614,330	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	24,909,401	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-6,295,071	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	524,949	6.00
7.00	Income from investments	241,073	7.00
8.00	Revenues from communications ( Telephone and Internet service)	47,918	8.00
9.00	Revenue from television and radio service	136,624	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	13,670	13.00
14.00	Revenue from meals sold to employees and guests	17,843	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	29,477	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	MISCELLANEOUS	0	24.00
24.01	BARBER AND BEAUTY	68,564	24.01
24.02	FINANCE CHARGES	0	24.02
24.03	OTHER MISCELLANEOUS	92,653	24.03
24.04	TRANSPORTATION	5,239	24.04
24.05	RESTRICTED INVESTMENT INCOME	0	24.05
24.06	GAIN / LOSS ON ASSET DISPOSAL	0	24.06
24.07	NET ASSETS RELEASED	0	24.07
24.08	CARE TO SHARE INVESTORS REVENUE	0	24.08
24.09	INTEREST ON PROMISSORY NOTE	0	24.09
24.10	HOUSEKEEPING	4,676	24.10
24.11	Other miscellaneous revenue (specify)	0	24.11
24.12	INSURANCE RECOVERY	0	24.12
24.13	OTHER	0	24.13
24.14	FINANCE CHARGES	6,742	24.14
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,189,428	25.00
26.00	Total (Line 5 plus line 25)	-5,105,643	26.00
27.00	RESTRICTED INVESTMENT LOSS	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-5,105,643	31.00