

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0463  
Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/31/2022 11:59 am
---	----------------------	---	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/31/2022	Time: 11:59 am
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No. _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN
	5. Date Received: _____	8. <input type="checkbox"/> Last Cost Report for this Provider CCN	9. NPR Date: _____
		10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened	11. Contractor Vendor Code <u>4</u>
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FELLOWSHIP VILLAGE, INC ( 315356 ) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	1  <b>Mark Mazzella</b>	2  Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Mark Mazzella		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date	(Dated when report is electronically)		4

Cost Center Description	Title XVIII			Title XIX	
	Title V	Part A	Part B		
	1.00	2.00	3.00	4.00	
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	15,226	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID	0			0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	15,226	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete and review the information collection is estimated 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 11:59 am					
1.00		2.00		3.00					
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 8000 FELLOWSHIP ROAD	PO Box:				1.00			
2.00	City: BASKING RIDGE	State: NJ	Zip Code: 07920			2.00			
3.00	County: SOMERSET	CBSA Code: 35154	Urban/Rural: U			3.00			
3.01		CBSA Code:				3.01			
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	FELLOWSHIP VILLAGE, INC	315356	07/01/1996	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FOHC							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)			01/01/2021	12/31/2021		14.00		
15.00	Type of Control (See Instructions)			CORPORATION			15.00		
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					N		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					5,710,875		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					5,710,875		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					Y		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
29.00	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.					N	N	N	29.00
30.00	Skilled Nursing Facility					N	N	N	30.00
31.00	Nursing Facility					N	N	N	31.00
32.00	ICF/IID					N	N	N	32.00
33.00	SNF-Based HHA					N	N	N	33.00
34.00	SNF-Based RHC					N	N	N	34.00
35.00	SNF-Based FOHC					N	N	N	35.00
36.00	SNF-Based CMHC					N	N	N	36.00
36.00	SNF-Based OLTC					N	N	N	36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					N		37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					1		39.00	
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:		211,870	0	0			41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 11:59 am
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
	1.00	2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/31/2022 11:59 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/12/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.			N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.			N	11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.			N	12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	05/09/2022	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N	18.00

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

Provider No. : 315356

Period:  
 From 01/01/2021  
 To 12/31/2021

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/31/2022 11:59 am

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEANDRA	FALLON	19.00
20.00	Enter the employer/company name of the cost report preparer.	BAKER TILLY US, LLP		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	570-820-0301	DEANDRA.FALLON@BAKERTILLY.COM	21.00

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

Provider No. : 315356

Period:  
 From 01/01/2021  
 To 12/31/2021

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/31/2022 11:59 am

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	05/09/2022		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.			14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:			17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.			18.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		19.00
20.00	Enter the employer/company name of the cost report preparer.			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			21.00

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

Provider No. : 315356

Period:  
 From 01/01/2021  
 To 12/31/2021

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 5/31/2022 11:59 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Vsits			
				Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	54	19,710	0	2,422	0	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	54	19,710	0	2,422	0	8.00
Component		Inpatient Days/Vsits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	10,910	13,332	0	99	0	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	10,910	13,332	0	99	0	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	182	281	0.00	24.46	0.00	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	182	281	0.00	24.46	0.00	8.00
Component		Average Length of Stay	Admissions				
		Total	Title V	Title XVIII	Title XIX		Other
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	47.44	0	143	0	174	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care						5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of Lines 1-7)	47.44	0	143	0	174	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	317	112.49	0.00		1.00	
2.00	NURSING FACILITY					2.00	
3.00	ICF/IID					3.00	
4.00	HOME HEALTH AGENCY COST					4.00	
5.00	Other Long Term Care					5.00	
6.00	SNF-Based CMHC					6.00	
7.00	HOSPICE					7.00	
8.00	Total (Sum of Lines 1-7)	317	112.49	0.00		8.00	

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2022 11:59 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	17,817,911	0	17,817,911	651,400.00	27.35
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	17,817,911	0	17,817,911	651,400.00	27.35
7.00	Other Long Term Care					
8.00	HOME HEALTH AGENCY COST					
9.00	CMHC					
10.00	HOSPICE					
11.00	Other excluded areas	8,559,061	0	8,559,061	417,421.00	20.50
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	8,559,061	0	8,559,061	417,421.00	20.50
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,258,850	0	9,258,850	233,979.00	39.57
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	42,066	0	42,066	813.00	51.74
15.00	Contract Labor: Physician services-Part A	60,000	0	60,000	416.00	144.23
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	3,426,342	0	3,426,342		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	1,645,887	0	1,645,887		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,780,455	0	1,780,455		



Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2022 11:59 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	3,278,618	0	3,278,618	60,213.00	2.00
3.00	Plant Operation, Maintenance & Repairs	6,592	0	6,592	321.00	3.00
4.00	Laundry & Linen Service	0	0	0.00	0.00	4.00
5.00	Housekeeping	0	0	0.00	0.00	5.00
6.00	Dietary	68,872	0	68,872	2,141.00	6.00
7.00	Nursing Administration	1,071,998	0	1,071,998	25,775.00	7.00
8.00	Central Services and Supply	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0.00	0.00	10.00
11.00	Social Service	83,217	0	83,217	2,345.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	324,463	0	324,463	13,173.00	13.00
14.00	Total (sum lines 1 thru 13)	4,833,760	0	4,833,760	103,968.00	14.00

SNF WAGE RELATED COSTS		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2022 11:59 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		435,228	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)		1,155,902	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		358,518	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		1,234,906	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		169,954	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		71,834	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		3,426,342	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

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/31/2022 11:59 am

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)	1,238,020	238,068	1,476,088	32,301.00	45.70	1.00
2.00	Licensed Practical Nurses (LPNs)	289,939	55,755	345,694	8,281.00	41.75	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	805,214	154,841	960,055	42,974.00	22.34	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,333,173	448,664	2,781,837	83,556.00	33.29	4.00
5.00	Physical Therapists	574,637	110,501	685,138	12,151.00	56.39	5.00
6.00	Physical Therapy Assistants	275,494	52,977	328,471	7,903.00	41.56	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	426,892	82,090	508,982	9,214.00	55.24	8.00
9.00	Occupational Therapy Assistants	117,091	22,516	139,607	3,337.00	41.84	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	170,698	32,825	203,523	3,356.00	60.64	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)	3,926		3,926	44.00	89.23	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	3,489		3,489	105.00	33.23	16.00
17.00	Total Nursing (sum of lines 14 through 16)	7,415		7,415	149.00	49.77	17.00
18.00	Physical Therapists	11,001		11,001	183.00	60.11	18.00
19.00	Physical Therapy Assistants	1,858		1,858	41.00	45.32	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	8,104		8,104	135.00	60.03	21.00
22.00	Occupational Therapy Assistants	13,688		13,688	304.00	45.03	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-7

Date/Time Prepared:  
5/31/2022 11:59 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-7

Date/Time Prepared:  
5/31/2022 11:59 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		8,057,293	8,057,293	0	8,057,293	1.00
3.00	00300		0	3,426,342	0	3,426,342	3.00
4.00	00400	3,278,618		3,505,220	0	6,783,838	4.00
5.00	00500	6,592		3,432,944	0	3,439,536	5.00
6.00	00600	0	197,617	197,617	0	197,617	6.00
7.00	00700	0	0	0	0	0	7.00
7.01	00701	0	353,594	353,594	0	353,594	7.01
7.02	00702	0	642,535	642,535	0	642,535	7.02
8.00	00800	68,872	5,887,478	5,956,350	0	5,956,350	8.00
9.00	00900	1,071,998	54,617	1,126,615	0	1,126,615	9.00
13.00	01300	83,217	24,484	107,701	0	107,701	13.00
15.00	01500	324,463	20,543	345,006	0	345,006	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,333,173	78,115	2,411,288	0	2,411,288	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	9,669	9,669	0	9,669	40.00
41.00	04100	0	32,234	32,234	0	32,234	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	850,131	171,942	1,022,073	-21,791	1,000,282	44.00
45.00	04500	543,983	0	543,983	21,791	565,774	45.00
46.00	04600	170,698	0	170,698	0	170,698	46.00
48.00	04800	0	150,855	150,855	0	150,855	48.00
49.00	04900	0	97,616	97,616	0	97,616	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	527,105	287,023	814,128	0	814,128	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100		0	0	0	0	81.00
89.00		9,258,850	26,430,121	35,688,971	0	35,688,971	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	73,634	73,634	0	73,634	91.00
95.00	09500	0	0	0	0	0	95.00
95.01	09501	7,934,707	1,925,229	9,859,936	0	9,859,936	95.01
95.02	09502	624,354	212,386	836,740	0	836,740	95.02
95.03	09503	0	57,482	57,482	0	57,482	95.03
100.00		17,817,911	28,698,852	46,516,763	0	46,516,763	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-2,570,125	5,487,168	1.00
3.00	00300	EMPLOYEE BENEFITS	-108,612	3,317,730	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-1,774,695	5,009,143	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-65,532	3,374,004	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	-20,694	176,923	6.00
7.00	00700	HOUSEKEEPING	0	0	7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	353,594	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	642,535	7.02
8.00	00800	DIETARY	-114,107	5,842,243	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,126,615	9.00
13.00	01300	SOCIAL SERVICE	0	107,701	13.00
15.00	01500	PATIENT ACTIVITIES	0	345,006	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	2,411,288	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	9,669	40.00
41.00	04100	LABORATORY	0	32,234	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	1,000,282	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	565,774	45.00
46.00	04600	SPEECH PATHOLOGY	0	170,698	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	150,855	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	97,616	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	814,128	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
81.00	08100	INTEREST EXPENSE	0	0	81.00
89.00		SUBTOTALS (sum of lines 1-84)	-4,653,765	31,035,206	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	73,634	91.00
95.00	09500	NON-REIMBURSABLE	0	0	95.00
95.01	09501	PC/ILU	0	9,859,936	95.01
95.02	09502	NRCC HOSPICE	0	836,740	95.02
95.03	09503	CULTURAL ARTS CENTER	0	57,482	95.03
100.00		TOTAL	-4,653,765	41,862,998	100.00

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6

Date/Time Prepared:  
5/31/2022 11:59 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) B - CONTRACTED THERAPY					
		OCCUPATIONAL THERAPY	45.00	0	21,791	1.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	21,791	100.00

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



Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6

Date/Time Prepared:  
5/31/2022 11:59 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
	(1) B - CONTRACTED THERAPY	6.00	7.00	8.00	9.00	
1.00		PHYSICAL THERAPY	44.00	0	21,791	1.00
100.00	TOTALS			0	21,791	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-7

Date/Time Prepared:  
5/31/2022 11:59 am

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	6,400,000	438,577	0	438,577	0	1.00
2.00 Land Improvements	1,145,422	336,639	0	336,639	3,800	2.00
3.00 Buildings and Fixtures	146,325,544	5,453,343	0	5,453,343	577,365	3.00
4.00 Building Improvements	0	0	0	0	0	4.00
5.00 Fixed Equipment	13,907,883	1,212,205	0	1,212,205	435,531	5.00
6.00 Movable Equipment	13,762,860	504,328	0	504,328	431,552	6.00
7.00 Subtotal (sum of lines 1-6)	181,541,709	7,945,092	0	7,945,092	1,448,248	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	181,541,709	7,945,092	0	7,945,092	1,448,248	9.00
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	6,838,577	0				
2.00 Land Improvements	1,478,261	0				
3.00 Buildings and Fixtures	151,201,522	0				
4.00 Building Improvements	0	0				
5.00 Fixed Equipment	14,684,557	0				
6.00 Movable Equipment	13,835,636	0				
7.00 Subtotal (sum of lines 1-6)	188,038,553	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	188,038,553	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8

Date/Time Prepared:  
5/31/2022 11:59 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line No.
			Cost Center	Line No.	
			1.00	2.00	
1.00 Investment income on restricted funds (chapter 2)	B	-2,494,816	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)	B	-75,309	CAP REL COSTS - BLDGS & FIXTURES	1.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)	A	-45,297	ADMINISTRATIVE & GENERAL	4.00	5.00
6.00 Television and radio service (chapter 21)	A	-87,767	ADMINISTRATIVE & GENERAL	4.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service	B	-20,694	LAUNDRY & LINEN SERVICE	6.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests	B	-114,107	DIETARY	8.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines		0		0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	82.00	22.00
23.00 Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00 Other adjustment (specify)		0		0.00	25.00
25.01 MISCELLANEOUS INCOME	B	-82,829	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 TRANSPORTATION INCOME	B	-25,067	ADMINISTRATIVE & GENERAL	4.00	25.02
25.04 SOLAR PANEL	A	-65,532	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.04
25.10 NON ALLOWABLE EXPENSE	A	-960,548	ADMINISTRATIVE & GENERAL	4.00	25.10
25.11 NON ALLOWABLE BENEFITS	A	-108,612	EMPLOYEE BENEFITS	3.00	25.11
25.12 NON ALLOWABLE SALARIES	A	-566,717	ADMINISTRATIVE & GENERAL	4.00	25.12
25.15 INVESTMENT EXPENSE	A	-6,470	ADMINISTRATIVE & GENERAL	4.00	25.15
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-4,653,765			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADM INI STRATI V E & GENERAL	
		BLDGS & FI XTURES				
	0	1.00	3.00	3A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	5,487,168	5,487,168			1.00
3.00 00300	EMPLOYEE BENEFITS	3,317,730	0	3,317,730		3.00
4.00 00400	ADM INI STRATI VE & GENERAL	5,009,143	245,837	521,550	5,776,530	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	3,374,004	235,864	1,268	3,611,136	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	176,923	39,120	0	216,043	6.00
7.00 00700	HOUSEKEEPING	0	33,998	0	33,998	7.00
7.01 00701	HOUSEKEEPING-NURSING FACILITY	353,594	0	0	353,594	7.01
7.02 00702	HOUSEKEEPING-RESIDENTIAL	642,535	0	0	642,535	7.02
8.00 00800	DIETARY	5,842,243	188,086	13,245	6,043,574	8.00
9.00 00900	NURSING ADM INI STRATION	1,126,615	0	206,166	1,332,781	9.00
13.00 01300	SOCIAL SERVICE	107,701	1,697	16,004	125,402	13.00
15.00 01500	PATIENT ACTIVITIES	345,006	183,029	62,400	590,435	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	2,411,288	302,913	448,713	3,162,914	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	9,669	0	0	9,669	40.00
41.00 04100	LABORATORY	32,234	0	0	32,234	41.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	1,000,282	19,576	163,496	1,183,354	44.00
45.00 04500	OCCUPATIONAL THERAPY	565,774	5,612	104,618	676,004	45.00
46.00 04600	SPEECH PATHOLOGY	170,698	1,088	32,828	204,614	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	150,855	1,196	0	152,051	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	97,616	1,392	0	99,008	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	CLINIC	814,128	12,181	101,372	927,681	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE					81.00
89.00	SUBTOTALS (sum of lines 1-84)	31,035,206	1,271,589	1,671,660	25,173,557	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	18,065	0	18,065	90.00
91.00 09100	BARBER AND BEAUTY SHOP	73,634	7,776	0	81,410	91.00
95.00 09500	NON-REIMBURSABLE	0	0	0	0	95.00
95.01 09501	PC/ILU	9,859,936	3,907,282	1,525,995	15,293,213	95.01
95.02 09502	NRCC HOSPICE	836,740	42,416	120,075	999,231	95.02
95.03 09503	CULTURAL ARTS CENTER	57,482	240,040	0	297,522	95.03
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	41,862,998	5,487,168	3,317,730	41,862,998	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- NURSING FACILITY	HOUSEKEEPING- RESIDENTIAL	
		5.00	6.00	7.00	7.01	7.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	4,189,189				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	32,741	283,367			6.00
7.00	00700	HOUSEKEEPING	28,454	0	67,894		7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	410,196	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	745,389	7.02
8.00	00800	DIETARY	157,414	36,412	2,589	0	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
13.00	01300	SOCIAL SERVICE	1,420	0	23	0	13.00
15.00	01500	PATIENT ACTIVITIES	153,181	0	2,519	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	253,515	124,144	4,170	410,196	0 30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0 40.00
41.00	04100	LABORATORY	0	0	0	0	0 41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0 43.00
44.00	04400	PHYSICAL THERAPY	16,384	0	269	0	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	4,697	0	77	0	0 45.00
46.00	04600	SPEECH PATHOLOGY	910	0	15	0	0 46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,001	0	16	0	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1,165	0	19	0	0 49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	10,194	0	168	0	0 60.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100	INTEREST EXPENSE					81.00
89.00		SUBTOTALS (sum of lines 1-84)	661,076	160,556	9,865	410,196	0 89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	15,119	0	249	0	0 90.00
91.00	09100	BARBER AND BEAUTY SHOP	6,508	6,964	107	0	0 91.00
95.00	09500	NON-REIMBURSABLE	0	115,847	0	0	0 95.00
95.01	09501	PC/ILU	3,270,092	0	53,785	0	695,056 95.01
95.02	09502	NRCC HOSPICE	35,499	0	584	0	7,558 95.02
95.03	09503	CULTURAL ARTS CENTER	200,895	0	3,304	0	42,775 95.03
98.00		Cross Foot Adjustments	0	0	0	0	0 98.00
99.00		Negative Cost Centers	0	0	0	0	0 99.00
100.00		TOTAL	4,189,189	283,367	67,894	410,196	745,389 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description	DIETARY	NURSING ADMINISTRATION	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	
				PATIENT ACTIVITIES		
	8.00	9.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
3.00 00300						3.00
4.00 00400						4.00
5.00 00500						5.00
6.00 00600						6.00
7.00 00700						7.00
7.01 00701						7.01
7.02 00702						7.02
8.00 00800	7,207,414					8.00
9.00 00900	0	1,546,126				9.00
13.00 01300	0	0	146,919			13.00
15.00 01500	0	0	0	840,649		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	1,574,911	1,546,126	146,919	840,649	8,569,847	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	0	0	0	0	11,217	40.00
41.00 04100	0	0	0	0	37,394	41.00
43.00 04300	0	0	0	0	0	43.00
44.00 04400	0	0	0	0	1,389,432	44.00
45.00 04500	0	0	0	0	788,989	45.00
46.00 04600	0	0	0	0	238,293	46.00
48.00 04800	0	0	0	0	177,408	48.00
49.00 04900	0	0	0	0	116,041	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	0	0	0	0	1,086,542	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100						81.00
89.00 08900	1,574,911	1,546,126	146,919	840,649	12,415,163	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	0	0	0	0	36,325	90.00
91.00 09100	0	0	0	0	108,021	91.00
95.00 09500	0	0	0	0	115,847	95.00
95.01 09501	5,632,503	0	0	0	27,392,696	95.01
95.02 09502	0	0	0	0	1,202,824	95.02
95.03 09503	0	0	0	0	592,122	95.03
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00
100.00	7,207,414	1,546,126	146,919	840,649	41,862,998	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		Post Stepdown Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
3.00	00300			3.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
7.01	00701			7.01
7.02	00702			7.02
8.00	00800			8.00
9.00	00900			9.00
13.00	01300			13.00
15.00	01500			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	0	8,569,847	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	0	11,217	40.00
41.00	04100	0	37,394	41.00
43.00	04300	0	0	43.00
44.00	04400	0	1,389,432	44.00
45.00	04500	0	788,989	45.00
46.00	04600	0	238,293	46.00
48.00	04800	0	177,408	48.00
49.00	04900	0	116,041	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00	06000	0	1,086,542	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
81.00	08100			81.00
89.00		0	12,415,163	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	0	36,325	90.00
91.00	09100	0	108,021	91.00
95.00	09500	0	115,847	95.00
95.01	09501	0	27,392,696	95.01
95.02	09502	0	1,202,824	95.02
95.03	09503	0	592,122	95.03
98.00		0	0	98.00
99.00		0	0	99.00
100.00		0	41,862,998	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADM NI STRATI V E & GENERAL	
		BLDGS & FI XTURES				
	0	1.00	2A	3.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	245,837	245,837	0	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	235,864	235,864	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	39,120	39,120	0	6.00
7.00	00700	HOUSEKEEPING	33,998	33,998	0	7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	7.02
8.00	00800	DIETARY	188,086	188,086	0	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	9.00
13.00	01300	SOCIAL SERVICE	1,697	1,697	0	13.00
15.00	01500	PATIENT ACTIVITIES	183,029	183,029	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	SKILLED NURSING FACILITY	302,913	302,913	0	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	19,576	19,576	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	5,612	5,612	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,088	1,088	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,196	1,196	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1,392	1,392	0	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000	CLINIC	12,181	12,181	0	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00	08100	INTEREST EXPENSE				81.00
89.00		SUBTOTALS (sum of lines 1-84)	1,271,589	1,271,589	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	18,065	18,065	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	7,776	7,776	0	91.00
95.00	09500	NON-REIMBURSABLE	0	0	0	95.00
95.01	09501	PC/ILU	3,907,282	3,907,282	0	95.01
95.02	09502	NRCC HOSPICE	42,416	42,416	0	95.02
95.03	09503	CULTURAL ARTS CENTER	240,040	240,040	0	95.03
98.00		Cross Foot Adjustments	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	99.00
100.00		TOTAL	5,487,168	5,487,168	0	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- NURSING FACILITY	HOUSEKEEPING- RESIDENTIAL	
		5.00	6.00	7.00	7.01	7.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	260,463				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,036	42,628			6.00
7.00	00700	HOUSEKEEPING	1,769	0	35,999		7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	2,409	7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	4,377	7.02
8.00	00800	DIETARY	9,787	5,478	1,373	0	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
13.00	01300	SOCIAL SERVICE	88	0	12	0	13.00
15.00	01500	PATIENT ACTIVITIES	9,524	0	1,336	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	15,762	18,675	2,211	2,409	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,019	0	143	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	292	0	41	0	45.00
46.00	04600	SPEECH PATHOLOGY	57	0	8	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	62	0	9	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	72	0	10	0	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	634	0	89	0	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100	INTEREST EXPENSE					81.00
89.00		SUBTOTALS (sum of lines 1-84)	41,102	24,153	5,232	2,409	0
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	940	0	132	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	405	1,048	57	0	91.00
95.00	09500	NON-REIMBURSABLE	0	17,427	0	0	95.00
95.01	09501	PC/ILU	203,318	0	28,516	0	4,082
95.02	09502	NRCC HOSPICE	2,207	0	310	0	44
95.03	09503	CULTURAL ARTS CENTER	12,491	0	1,752	0	251
98.00		Cross Foot Adjustments		0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	260,463	42,628	35,999	2,409	4,377

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description	DIETARY	NURSING ADMINISTRATION	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT ACTIVITIES			
	8.00	9.00	13.00	15.00		16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100							1.00
3.00 00300							3.00
4.00 00400							4.00
5.00 00500							5.00
6.00 00600							6.00
7.00 00700							7.00
7.01 00701							7.01
7.02 00702							7.02
8.00 00800	245,893						8.00
9.00 00900	0	9,079					9.00
13.00 01300	0	0	2,651				13.00
15.00 01500	0	0	0	197,911			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	53,731	9,079	2,651	197,911		626,888	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	0	0	0	0	66		40.00
41.00 04100	0	0	0	0	220		41.00
43.00 04300	0	0	0	0	0		43.00
44.00 04400	0	0	0	0	28,799		44.00
45.00 04500	0	0	0	0	10,550		45.00
46.00 04600	0	0	0	0	2,547		46.00
48.00 04800	0	0	0	0	2,303		48.00
49.00 04900	0	0	0	0	2,148		49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00 06000	0	0	0	0	19,223		60.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00 08100							81.00
89.00	53,731	9,079	2,651	197,911	692,744		89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	0	0	0	0	19,260		90.00
91.00 09100	0	0	0	0	9,841		91.00
95.00 09500	0	0	0	0	17,427		95.00
95.01 09501	192,162	0	0	0	4,439,551		95.01
95.02 09502	0	0	0	0	51,784		95.02
95.03 09503	0	0	0	0	256,561		95.03
98.00	0	0	0	0	0		98.00
99.00	0	0	0	0	0		99.00
100.00	245,893	9,079	2,651	197,911	5,487,168		100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		Post Step-Down Adjustments	Total	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
7.01	00701	HOUSEKEEPING-NURSING FACILITY		7.01
7.02	00702	HOUSEKEEPING-RESIDENTIAL		7.02
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	626,888
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	66
41.00	04100	LABORATORY	0	220
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0
44.00	04400	PHYSICAL THERAPY	0	28,799
45.00	04500	OCCUPATIONAL THERAPY	0	10,550
46.00	04600	SPEECH PATHOLOGY	0	2,547
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,303
49.00	04900	DRUGS CHARGED TO PATIENTS	0	2,148
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	19,223
SPECIAL PURPOSE COST CENTERS				
81.00	08100	INTEREST EXPENSE		
89.00		SUBTOTALS (sum of lines 1-84)	0	692,744
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	19,260
91.00	09100	BARBER AND BEAUTY SHOP	0	9,841
95.00	09500	NON-REIMBURSABLE	0	17,427
95.01	09501	PC/ILU	0	4,439,551
95.02	09502	NRCC HOSPICE	0	51,784
95.03	09503	CULTURAL ARTS CENTER	0	256,561
98.00		Cross Foot Adjustments	0	0
99.00		Negative Cost Centers	0	0
100.00		TOTAL	0	5,487,168

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconci li a ti o n	ADMI NI STRATI V E & GENERAL (ACCUM COST)	PLANT OPERATI ON, MAI NT. & REPAI RS (SQUARE FEET)	
	BLDGS & FI XTURES (SQUARE FEET)					
	1.00	3.00	4A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	504,529				1.00
3.00 00300	EMPLOYEE BENEFITS	0	17,251,194			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	22,604	2,711,901	-5,776,530	36,086,468	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	21,687	6,592	0	3,611,136	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	3,597	0	0	216,043	6.00
7.00 00700	HOUSEKEEPING	3,126	0	0	33,998	7.00
7.01 00701	HOUSEKEEPING-NURSING FACILITY	0	0	0	353,594	7.01
7.02 00702	HOUSEKEEPING-RESIDENTIAL	0	0	0	642,535	7.02
8.00 00800	DIETARY	17,294	68,872	0	6,043,574	8.00
9.00 00900	NURSING ADMINISTRATION	0	1,071,998	0	1,332,781	9.00
13.00 01300	SOCIAL SERVICE	156	83,217	0	125,402	13.00
15.00 01500	PATIENT ACTIVITIES	16,829	324,463	0	590,435	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	27,852	2,333,173	0	3,162,914	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	9,669	40.00
41.00 04100	LABORATORY	0	0	0	32,234	41.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	1,800	850,131	0	1,183,354	44.00
45.00 04500	OCCUPATIONAL THERAPY	516	543,983	0	676,004	45.00
46.00 04600	SPEECH PATHOLOGY	100	170,698	0	204,614	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	110	0	0	152,051	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	128	0	0	99,008	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00 06000	CLINIC	1,120	527,105	0	927,681	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE					81.00
89.00	SUBTOTALS (sum of lines 1-84)	116,919	8,692,133	-5,776,530	19,397,027	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1,661	0	0	18,065	90.00
91.00 09100	BARBER AND BEAUTY SHOP	715	0	0	81,410	91.00
95.00 09500	NON-REIMBURSABLE	0	0	0	0	95.00
95.01 09501	PC/ILU	359,263	7,934,707	0	15,293,213	95.01
95.02 09502	NRCC HOSPICE	3,900	624,354	0	999,231	95.02
95.03 09503	CULTURAL ARTS CENTER	22,071	0	0	297,522	95.03
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)	5,487,168	3,317,730		5,776,530	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	10.875823	0.192319		0.160075	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		245,837	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.006812	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-NURSING FACILITY (SQ FT NURSING)	HOUSEKEEPING-RESIDENTIAL (SQ FT RES)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	7.02	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	197,102					6.00
7.00	00700	0	453,515				7.00
7.01	00701	0	0	27,852			7.01
7.02	00702	0	0	0	384,608		7.02
8.00	00800	25,327	17,294	0	0	224,527	8.00
9.00	00900	0	0	0	0	0	9.00
13.00	01300	0	156	0	0	0	13.00
15.00	01500	0	16,829	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	86,351	27,852	27,852	0	49,062	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	1,800	0	0	0	44.00
45.00	04500	0	516	0	0	0	45.00
46.00	04600	0	100	0	0	0	46.00
48.00	04800	0	110	0	0	0	48.00
49.00	04900	0	128	0	0	0	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	1,120	0	0	0	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100						81.00
89.00		111,678	65,905	27,852	0	49,062	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	1,661	0	0	0	90.00
91.00	09100	4,844	715	0	0	0	91.00
95.00	09500	80,580	0	0	0	0	95.00
95.01	09501	0	359,263	0	358,637	175,465	95.01
95.02	09502	0	3,900	0	3,900	0	95.02
95.03	09503	0	22,071	0	22,071	0	95.03
98.00							98.00
99.00							99.00
102.00		283,367	67,894	410,196	745,389	7,207,414	102.00
103.00		1.437667	0.149706	14.727704	1.938049	32.100433	103.00
104.00		42,628	35,999	2,409	4,377	245,893	104.00
105.00		0.216274	0.079378	0.086493	0.011380	1.095160	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description	NURSING ADMINISTRATION (RESIDENT DAYS)	SOCIAL SERVICE (RESIDENT DAYS)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (RESIDENT DAYS)	
	9.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00 00300 EMPLOYEE BENEFITS				3.00
4.00 00400 ADMINISTRATIVE & GENERAL				4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00 00600 LAUNDRY & LINEN SERVICE				6.00
7.00 00700 HOUSEKEEPING				7.00
7.01 00701 HOUSEKEEPING-NURSING FACILITY				7.01
7.02 00702 HOUSEKEEPING-RESIDENTIAL				7.02
8.00 00800 DIETARY				8.00
9.00 00900 NURSING ADMINISTRATION	13,332			9.00
13.00 01300 SOCIAL SERVICE	0	13,332		13.00
15.00 01500 PATIENT ACTIVITIES	0	0	13,332	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 SKILLED NURSING FACILITY	13,332	13,332	13,332	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00 04000 RADIOLOGY	0	0	0	40.00
41.00 04100 LABORATORY	0	0	0	41.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00 04400 PHYSICAL THERAPY	0	0	0	44.00
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	45.00
46.00 04600 SPEECH PATHOLOGY	0	0	0	46.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00 06000 CLINIC	0	0	0	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
81.00 08100 INTEREST EXPENSE				81.00
89.00	SUBTOTALS (sum of lines 1-84)			89.00
	13,332	13,332	13,332	
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100 BARBER AND BEAUTY SHOP	0	0	0	91.00
95.00 09500 NON-REIMBURSABLE	0	0	0	95.00
95.01 09501 PC/ILU	0	0	0	95.01
95.02 09502 NRCC HOSPICE	0	0	0	95.02
95.03 09503 CULTURAL ARTS CENTER	0	0	0	95.03
98.00	Cross Foot Adjustments			98.00
99.00	Negative Cost Centers			99.00
102.00	1,546,126	146,919	840,649	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)			103.00
104.00	115.971047	11.020027	63.054980	104.00
104.00	Cost to be allocated (per Wkst. B, Part II)			104.00
104.00	9,079	2,651	197,911	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			105.00
105.00	0.680993	0.198845	14.844809	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet C Date/Time Prepared: 5/31/2022 11:59 am	
Cost Center Description		Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	11,217	9,669	1.160099 40.00
41.00	04100	LABORATORY	37,394	32,234	1.160079 41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000 43.00
44.00	04400	PHYSICAL THERAPY	1,389,432	1,424,963	0.975065 44.00
45.00	04500	OCCUPATIONAL THERAPY	788,989	920,416	0.857209 45.00
46.00	04600	SPEECH PATHOLOGY	238,293	232,524	1.024810 46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	177,408	150,855	1.176017 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	116,041	97,616	1.188750 49.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	1,086,542	1,158,333	0.938022 60.00
100.00		Total	3,845,316	4,026,610	100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/31/2022 11:59 am
		Title XVIII (1)	Skilled Nursing Facility	PPS

Cost Center Description	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)	
		2.00	3.00	4.00	5.00	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>						
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000 RADIOLOGY	1.160099	0	0	0	0 40.00
41.00	04100 LABORATORY	1.160079	0	0	0	0 41.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0 43.00
44.00	04400 PHYSICAL THERAPY	0.975065	221,878	0	216,345	0 44.00
45.00	04500 OCCUPATIONAL THERAPY	0.857209	226,549	0	194,200	0 45.00
46.00	04600 SPEECH PATHOLOGY	1.024810	88,727	0	90,928	0 46.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.176017	86	0	101	0 48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.188750	0	0	0	0 49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000 CLINIC	0.938022	0	0	0	0 60.00
100.00	Total (Sum of lines 40 - 71)		537,240	0	501,574	0 100.00

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

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



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/31/2022 11:59 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description				1.00
-------------------------	--	--	--	------

PART II - APPORTIONMENT OF VACCINE COST				
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.188750	1.00
2.00		Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
		1.00	2.00	3.00	4.00	5.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	11,217	0	0.000000	0	0	40.00
41.00	04100	LABORATORY	37,394	0	0.000000	0	0	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,389,432	0	0.000000	216,345	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	788,989	0	0.000000	194,200	0	45.00
46.00	04600	SPEECH PATHOLOGY	238,293	0	0.000000	90,928	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	177,408	0	0.000000	101	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	116,041	0	0.000000	0	0	49.00
100.00		Total (Sum of lines 40 - 52)	2,758,774	0		501,574	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-III Date/Time Prepared: 5/31/2022 11:59 am
	Title XVIII	Skilled Nursing Facility	PPS

	1.00	
--	------	--

PART I CALCULATION OF INPATIENT ROUTINE COSTS			
INPATIENT DAYS			
1.00	Inpatient days including private room days	13,332	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	2,422	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	8,569,847	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	5,766,100	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.486247	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	5,766,100	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	432.50	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)	8,569,847	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	642.80	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,556,862	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	1,556,862	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)	626,888	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	47.02	21.00
22.00	Program capital related cost (Line 3 times line 21)	113,882	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,442,980	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	1,442,980	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

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

	1.00	
--	------	--

PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
1.00	Total SNF inpatient days	13,332	1.00
2.00	Program inpatient days (see instructions)	2,422	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)	0.181668	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIIII		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 5/31/2022 11:59 am
		Title XVIIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		1,561,971	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)		1,561,971	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		107,590	5.00
6.00	Allowable bad debts (From your records)		23,425	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		15,226	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		1,469,607	11.00
12.00	Interim payments (See instructions)		1,454,381	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		0	14.75
14.99	Sequestration amount (see instructions)		0	14.99
15.00	Balance due provider/program (see Instructions)		15,226	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCI LLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIIII ONLY</b>				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 315356	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 5/31/2022 11:59 am	
		Title XVIII	Skilled Nursing Facility	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				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		1,454,381		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)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,454,381		0 4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 5.00
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0 5.01
5.02			0		0 5.02
5.03			0		0 5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0 5.50
5.51			0		0 5.51
5.52			0		0 5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0 6.00
6.01	PROGRAM TO PROVIDER		15,226		0 6.01
6.02	PROVIDER TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		1,469,607		0 7.00
		Contractor Name		Contractor Number	
		1.00		2.00	
8.00	Name of Contractor				

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

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

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G

Date/Time Prepared:  
5/31/2022 11:59 am

		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	3,155,416	0	0	0	1.00
2.00	Temporary investments	500,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,802,321	0	0	0	4.00
5.00	Other receivables	432,541	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-291,471	0	0	0	6.00
7.00	Inventory	20,104	0	0	0	7.00
8.00	Prepaid expenses	880,495	0	0	0	8.00
9.00	Other current assets	644,024	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	<b>9,143,430</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	6,838,577	0	0	0	12.00
13.00	Land improvements	1,478,260	0	0	0	13.00
14.00	Less: Accumulated depreciation	-427,820	0	0	0	14.00
15.00	Buildings	151,201,522	0	0	0	15.00
16.00	Less Accumulated depreciation	-69,009,501	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	14,684,557	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	830,872	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	13,004,767	0	0	0	23.00
24.00	Less: Accumulated depreciation	-17,326,824	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	25,639,328	0	0	0	27.00
28.00	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>126,913,738</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28.00</b>
<b>OTHER ASSETS</b>						
29.00	Investments	53,146,337	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	10,721,811	0	0	0	32.00
33.00	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	<b>63,868,148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33.00</b>
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	<b>199,925,316</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34.00</b>
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	4,236,240	0	0	0	35.00
36.00	Salaries, wages, and fees payable	788,681	0	0	0	36.00
37.00	Payroll taxes payable	30,208	0	0	0	37.00
38.00	Notes & loans payable (Short term)	3,127,093	0	0	0	38.00
39.00	Deferred income	13,537	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	-24,431	0	0	0	42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>8,171,328</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	91,472,452	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	46,213,968	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>137,686,420</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	<b>145,857,748</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	54,067,568	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	<b>54,067,568</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59.00</b>
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	<b>199,925,316</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-1

Date/Time Prepared:  
5/31/2022 11:59 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		42,009,579			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		8,912,303				2.00
3.00	Total (sum of line 1 and line 2)		50,921,882			0	3.00
4.00	Additions (credit adjustments)						4.00
5.00	CHANGE IN EQUITY	3,145,686			0	0	5.00
6.00		0			0	0	6.00
7.00		0			0	0	7.00
8.00		0			0	0	8.00
9.00		0			0	0	9.00
10.00	Total additions (sum of line 5 - 9)		3,145,686			0	10.00
11.00	Subtotal (line 3 plus line 10)		54,067,568			0	11.00
12.00	Deductions (debit adjustments)						12.00
13.00	NET ASSETS RELEASED	0			0	0	13.00
14.00		0			0	0	14.00
15.00		0			0	0	15.00
16.00		0			0	0	16.00
17.00		0			0	0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		54,067,568			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00	CHANGE IN EQUITY		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00	NET ASSETS RELEASED		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-2  
Parts I-11  
Date/Time Prepared:  
5/31/2022 11:59 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	5,766,100		5,766,100	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)	5,766,100		5,766,100	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,125,396	0	2,125,396	6.00
7.00	CLINIC		1,158,333	1,158,333	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER PATIENT REVENUES	36,527,701	0	36,527,701	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	44,419,197	1,158,333	45,577,530	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			46,516,763	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)			46,516,763	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315356

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-3

Date/Time Prepared:  
5/31/2022 11:59 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	45,577,530	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,508,082	2.00
3.00	Net patient revenues (Line 1 minus line 2)	43,069,448	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	46,516,763	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-3,447,315	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	51,062	6.00
7.00	Income from investments	6,146,109	7.00
8.00	Revenues from communications ( Telephone and Internet service)	59,176	8.00
9.00	Revenue from television and radio service	430,315	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	20,694	13.00
14.00	Revenue from meals sold to employees and guests	26,696	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	87,411	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	75,309	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER INCOME	103,865	24.00
24.01	OTHER MISC INCOME	82,829	24.01
24.02	TRANSPORTATION INCOME	25,068	24.02
24.03	PROCESSING CHARGE	0	24.03
24.04	SOLAR ELECTRIC REVENUE	65,532	24.04
24.05	MASSAGE INCOME	161,325	24.05
24.06	HOUSEKEEPING INCOME	1,945	24.06
24.07	HOSPICE INCOME	901,403	24.07
24.08	CULTURAL ARTS INCOME	42,319	24.08
24.09	ACTIVITIES	985	24.09
24.10	FINANCE CHARGES	34,480	24.10
24.50	COVID-19 PHE Funding	4,147,700	24.50
25.00	Total other income (Sum of lines 6 - 24)	12,464,223	25.00
26.00	Total (Line 5 plus line 25)	9,016,908	26.00
27.00	MISC ACTIVITY EXPENSE	0	27.00
28.00	LOSS ON SALE OF ASSETS	104,605	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	104,605	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	8,912,303	31.00