

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: 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 8/17/2022 11:11 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 8/17/2022	Time: 11:11 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 FRIENDS HOME AT WOODSTOWN (315161) 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	2	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date			4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	13,380	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
7.10 SNF - BASED CORF I	0		0	0	7.10
100.00 TOTAL	0	13,380	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. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 8/17/2022 11:11 am					
1.00		2.00		3.00					
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1 FRIENDS DRIVE	PO Box:				1.00			
2.00	City: WOODSTOWN	State: NJ	Zip Code:08098			2.00			
3.00	County: SALEM	CBSA Code: 48864	Urban/Rural: U			3.00			
3.01		CBSA Code:				3.01			
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)				
		1.00	2.00	3.00	V	XVIII	XIX		
					4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	FRIENDS HOME AT WOODSTOWN	315161	04/12/1976	N	P	0	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
14.00	Cost Reporting Period (mm/dd/yyyy)			1.00	2.00				
15.00	Type of Control (See Instructions)			01/01/2021	12/31/2021		14.00		
						2	15.00		
						Y/N			
						1.00			
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					N		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					1,084,196		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					1,084,196		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC						N		33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00	2.00				
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y		37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					1		39.00	
				Premiums	Paid Losses	Self Insurance			
				1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:					0	0	0	41.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 8/17/2022 11:11 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. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 8/17/2022 11:11 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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			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	06/02/2022	N	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. : 315161

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 8/17/2022 11:11 am

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

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

Provider No. : 315161

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 8/17/2022 11:11 am

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
Cost Report Preparer Contact Information			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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. : 315161

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

Worksheet S-3
 Part I
 Date/Time Prepared:
 8/17/2022 11:11 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Vsits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	60	21,900	0	888	6,063	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	142	51,830	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	202	73,730	0	888	6,063	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	1,120	8,071	0	34	5	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	41,591	41,591	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	42,711	49,662	0	34	5	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	11	50	0.00	26.12	1,212.60	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	31	31	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	42	81	0.00	26.12	1,212.60	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	161.42	0	41	1	4	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	1,341.65	31	0	0	23	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	613.11	0	41	1	27	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	46	28.22	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	23	31.36	0.00			5.00
6.00	SNF-Based CMHC	0	0.00	0.00			6.00
6.10	SNF-Based CORF	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	69	59.58	0.00			8.00

Provider No. : 315161

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

Worksheet S-3
Part II
Date/Time Prepared:
8/17/2022 11:11 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		
PART II - DIRECT SALARIES							
SALARIES							
1.00	Total salaries (See Instructions)	5,439,538	-788,204	4,651,334	178,441.00	26.07	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	5,439,538	-788,204	4,651,334	178,441.00	26.07	6.00
7.00	Other Long Term Care	1,462,111	0	1,462,111	65,234.00	22.41	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
9.10	CORF						9.10
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	1,462,111	0	1,462,111	65,234.00	22.41	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	3,977,427	-788,204	3,189,223	113,207.00	28.17	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	158,265	0	158,265	1,539.00	102.84	14.00
15.00	Contract Labor: Physician services-Part A	36,000	0	36,000	51.00	705.88	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,564,591	0	1,564,591			17.00
18.00	Wage-related costs other (See Part IV)	13,799	0	13,799			18.00
19.00	Wage related costs (excluded units)	496,155	0	496,155			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,082,235	0	1,082,235			22.00

Provider No. : 315161

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

Worksheet S-3
Part III
Date/Time Prepared:
8/17/2022 11:11 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	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	808,384	-99,875	708,509	24,065.00	2.00
3.00	Plant Operation, Maintenance & Repairs	189,503	-189,503	0	0.00	3.00
4.00	Laundry & Linen Service	86,838	-86,838	0	0.00	4.00
5.00	Housekeeping	310,384	-310,384	0	0.00	5.00
6.00	Dietary	101,604	-101,604	0	0.00	6.00
7.00	Nursing Administration	397,580	0	397,580	10,018.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	10.00
11.00	Social Service	49,001	0	49,001	2,183.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	237,289	0	237,289	12,474.00	13.00
14.00	Total (sum lines 1 thru 13)	2,180,583	-788,204	1,392,379	48,740.00	14.00

SNF WAGE RELATED COSTS		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 8/17/2022 11:11 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		15,484	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		1,137,514	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		108,436	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		303,157	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		0	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,564,591	24.00
				Amount Reported
				1.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS		13,799	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315161

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

Worksheet S-3
Part V
Date/Time Prepared:
8/17/2022 11:11 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	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	335,889	78,632	414,521	9,100.00	45.55	1.00
2.00	Licensed Practical Nurses (LPNs)	565,128	132,297	697,425	19,421.00	35.91	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	573,105	134,164	707,269	30,183.00	23.43	3.00
4.00	Total Nursing (sum of lines 1 through 3)	1,474,122	345,093	1,819,215	58,704.00	30.99	4.00
5.00	Physical Therapists	215,014	50,335	265,349	3,748.00	70.80	5.00
6.00	Physical Therapy Assistants	76	18	94	1.00	94.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	106,258	24,875	131,133	1,984.00	66.10	8.00
9.00	Occupational Therapy Assistants	1,374	322	1,696	30.00	56.53	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	3,120		3,120	30.00	104.00	14.00
15.00	Licensed Practical Nurses (LPNs)	155,145		155,145	1,509.00	102.81	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	158,265		158,265	1,539.00	102.84	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315161

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

Worksheet S-7

Date/Time Prepared:
8/17/2022 11:11 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. : 315161

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

Worksheet S-7

Date/Time Prepared:
8/17/2022 11:11 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		Provider No. : 315161		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Date/Time Prepared: 8/17/2022 11:11 am							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,872,909	1,872,909	0	1,872,909	1.00
3.00	00300		1,578,390	1,578,390	0	1,578,390	3.00
4.00	00400	808,384	1,369,715	2,178,099	0	2,178,099	4.00
5.00	00500	189,503	1,513,053	1,702,556	0	1,702,556	5.00
6.00	00600	86,838	4,892	91,730	0	91,730	6.00
7.00	00700	310,384	53,223	363,607	0	363,607	7.00
8.00	00800	101,604	1,422,955	1,524,559	0	1,524,559	8.00
9.00	00900	397,580	158,441	556,021	0	556,021	9.00
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	16,495	16,495	0	16,495	11.00
12.00	01200	0	-12	-12	0	-12	12.00
13.00	01300	49,001	0	49,001	0	49,001	13.00
15.00	01500	237,289	6,777	244,066	0	244,066	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,474,122	275,301	1,749,423	0	1,749,423	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	1,462,111	427,995	1,890,106	0	1,890,106	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	4,317	4,317	0	4,317	40.00
41.00	04100	0	3,158	3,158	0	3,158	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	13,704	13,704	0	13,704	43.00
44.00	04400	322,722	8,076	330,798	-110,325	220,473	44.00
45.00	04500	0	0	0	110,325	110,325	45.00
46.00	04600	0	3,336	3,336	0	3,336	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	7,618	7,618	0	7,618	48.00
49.00	04900	0	50,427	50,427	0	50,427	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	0	0	0	0	0	80.00
81.00	08100	0	0	0	0	0	81.00
82.00	08200	0	0	0	0	0	82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		5,439,538	8,790,770	14,230,308	0	14,230,308	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
100.00		5,439,538	8,790,770	14,230,308	0	14,230,308	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315161

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

Worksheet A
Date/Time Prepared:
8/17/2022 11:11 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-71,153	1,801,756	1.00
3.00	00300	EMPLOYEE BENEFITS	-32,552	1,545,838	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-608,854	1,569,245	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-4,045	1,698,511	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	-45,957	45,773	6.00
7.00	00700	HOUSEKEEPING	0	363,607	7.00
8.00	00800	DIETARY	0	1,524,559	8.00
9.00	00900	NURSING ADMINISTRATION	-3,000	553,021	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	16,495	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	-12	12.00
13.00	01300	SOCIAL SERVICE	0	49,001	13.00
15.00	01500	ACTIVITIES	-17	244,049	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	1,749,423	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	-45	1,890,061	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	4,317	40.00
41.00	04100	LABORATORY	0	3,158	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	13,704	43.00
44.00	04400	PHYSICAL THERAPY	0	220,473	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	110,325	45.00
46.00	04600	SPEECH PATHOLOGY	0	3,336	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,618	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	50,427	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF	0	0	72.00
73.00	07300	CMHC	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-765,623	13,464,685	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00		TOTAL	-765,623	13,464,685	100.00

RECLASSIFICATIONS

Provider No. : 315161

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

Worksheet A-6

Date/Time Prepared:
8/17/2022 11:11 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - MARKETING					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	99,875	1.00
	(1) C - OCCUPATIONAL THERAPY					
2.00		OCCUPATIONAL THERAPY	45.00	107,632	2,693	2.00
	(1) D - CONTRACT LABOR					
3.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	0	189,503	3.00
4.00		LAUNDRY & LINEN SERVICE	6.00	0	86,838	4.00
5.00		HOUSEKEEPING	7.00	0	310,384	5.00
6.00		DIETARY	8.00	0	101,604	6.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		107,632	790,897	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. : 315161

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

Worksheet A-6

Date/Time Prepared:
8/17/2022 11:11 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - MARKETING					
1.00		ADMINISTRATIVE & GENERAL	4.00	99,875	0	1.00
	(1) C - OCCUPATIONAL THERAPY					
2.00		PHYSICAL THERAPY	44.00	107,632	2,693	2.00
	(1) D - CONTRACT LABOR					
3.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	189,503	0	3.00
4.00		LAUNDRY & LINEN SERVICE	6.00	86,838	0	4.00
5.00		HOUSEKEEPING	7.00	310,384	0	5.00
6.00		DIETARY	8.00	101,604	0	6.00
	TOTALS					
100.00				895,836	2,693	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. : 315161

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

Worksheet A-7

Date/Time Prepared:
8/17/2022 11:11 am

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	528,638	0	0	0	0	1.00
2.00 Land Improvements	0	0	0	0	0	2.00
3.00 Buildings and Fixtures	25,132,211	0	0	0	0	3.00
4.00 Building Improvements	1,988,419	205,001	0	205,001	0	4.00
5.00 Fixed Equipment	2,319,941	21,957	0	21,957	0	5.00
6.00 Movable Equipment	4,117,663	186,724	0	186,724	0	6.00
7.00 Subtotal (sum of lines 1-6)	34,086,872	413,682	0	413,682	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	34,086,872	413,682	0	413,682	0	9.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	528,638	0				
2.00 Land Improvements	0	0				
3.00 Buildings and Fixtures	25,132,211	0				
4.00 Building Improvements	2,193,420	0				
5.00 Fixed Equipment	2,341,898	0				
6.00 Movable Equipment	4,304,387	0				
7.00 Subtotal (sum of lines 1-6)	34,500,554	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	34,500,554	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315161

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

Worksheet A-8

Date/Time Prepared:
8/17/2022 11:11 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
			1.00	2.00	3.00
1.00 Investment income on restricted funds (chapter 2)	B	-499	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	-4,045	PLANT OPERATION, MAINT. & REPAIRS	5.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service	B	-45,957	LAUNDRY & LINEN SERVICE	6.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines		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)			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	*** Cost Center Deleted ***	2.00	24.00
25.00 RENTAL INCOME	B	-70,654	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.00
25.01 BAD DEBT	A	-350,512	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MARKETING	A	-227,198	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 MARKETING	A	-32,552	EMPLOYEE BENEFITS	3.00	25.03
25.04 PSYCHIATRIST	A	-3,000	NURSING ADMINISTRATION	9.00	25.04
25.05 BANK FEES	A	-10,635	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06 HOSPITALITY	A	-2,063	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07 TRAVEL	A	-18	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08 BROKERAGE FEES	A	-18,428	ADMINISTRATIVE & GENERAL	4.00	25.08
25.09 PERSONAL PURCHASES	B	-17	ACTIVITIES	15.00	25.09
25.10 PERSONAL PURCHASES	B	-45	OTHER LONG TERM CARE	33.00	25.10
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-765,623			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. : 315161

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

Worksheet B
Part I
Date/Time Prepared:
8/17/2022 11:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADM NI STRATI V E & GENERAL	
		BLDGS & FI XTURES				
	0	1.00	3.00	3A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	1,801,756	1,801,756			1.00
3.00 00300	EMPLOYEE BENEFITS	1,545,838	0	1,545,838		3.00
4.00 00400	ADM NI STRATI VE & GENERAL	1,569,245	530,103	343,419	2,442,767	2,442,767 4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,698,511	40,264	0	1,738,775	385,361 5.00
6.00 00600	LAUNDRY & LINEN SERVICE	45,773	33,636	0	79,409	17,599 6.00
7.00 00700	HOUSEKEEPING	363,607	13,421	0	377,028	83,560 7.00
8.00 00800	DI ETARY	1,524,559	135,408	0	1,659,967	367,895 8.00
9.00 00900	NURSI NG ADM NI STRATI ON	553,021	24,537	192,710	770,268	170,713 9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 10.00
11.00 01100	PHARMACY	16,495	7,575	0	24,070	5,335 11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	-12	7,411	0	7,399	1,640 12.00
13.00 01300	SOCI AL SERVI CE	49,001	5,681	23,751	78,433	17,383 13.00
15.00 01500	ACTIVITI ES	244,049	145,041	115,016	504,106	111,724 15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKI LLED NURSI NG FACI LIT Y	1,749,423	328,535	714,516	2,792,474	618,891 30.00
31.00 03100	NURSI NG FACI LIT Y	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	1,890,061	469,459	0	2,359,520	522,936 33.00
ANCI LLARY SERVICE COST CENTERS						
40.00 04000	RADI OLOGY	4,317	0	0	4,317	957 40.00
41.00 04100	LABORATORY	3,158	0	0	3,158	700 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	13,704	0	0	13,704	3,037 43.00
44.00 04400	PHYSICAL THERAPY	220,473	23,384	104,256	348,113	77,152 44.00
45.00 04500	OCCUPATI ONAL THERAPY	110,325	7,164	52,170	169,659	37,601 45.00
46.00 04600	SPEECH PATHOLOGY	3,336	7,164	0	10,500	2,327 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,618	3,952	0	11,570	2,564 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	50,427	7,575	0	58,002	12,855 49.00
50.00 05000	DENTAL CARE - TIT LE XI X ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00
52.00 05200	OTHER ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	0 52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINI C	0	0	0	0	0 60.00
61.00 06100	RURAL HEALTH CLINI C	0	0	0	0	0 61.00
62.00 06200	FOHC	0	0	0	0	0 62.00
63.00 06300	OTHER OUTPATIENT SERVI CE COST CENTER	0	0	0	0	0 63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0 70.00
71.00 07100	AMBULANCE	0	0	0	0	0 71.00
72.00 07200	CORF	0	0	0	0	0 72.00
73.00 07300	CMHC	0	0	0	0	0 73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0 74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTI CE PREMI UMS & PAI D LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTI LI ZATI ON REVI EW					82.00
83.00 08300	HOSPI CE	0	0	0	0	0 83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0 84.00
89.00	SUBTOTALS (sum of lines 1-84)	13,464,685	1,790,310	1,545,838	13,453,239	2,440,230 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	4,282	0	4,282	949 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	7,164	0	7,164	1,588 91.00
92.00 09200	PHYSICI ANS PRI VATE OFFI CES	0	0	0	0	0 92.00
93.00 09300	NONPAI D WORKERS	0	0	0	0	0 93.00
94.00 09400	PATI ENTS LAUNDRY	0	0	0	0	0 94.00
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 95.00
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00
99.00	Negative Cost Centers	0	0	0	0	0 99.00
100.00	TOTAL	13,464,685	1,801,756	1,545,838	13,464,685	2,442,767 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315161

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

Worksheet B
Part I
Date/Time Prepared:
8/17/2022 11:11 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
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	2,124,136				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	58,021	155,029			6.00
7.00	00700	HOUSEKEEPING	23,152	10,297	494,037		7.00
8.00	00800	DIETARY	233,577	15,530	56,484	2,333,453	8.00
9.00	00900	NURSING ADMINISTRATION	42,326	0	10,236	0	993,543
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	13,067	0	3,160	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12,783	0	3,091	0	12.00
13.00	01300	SOCIAL SERVICE	9,800	0	2,370	0	13.00
15.00	01500	ACTIVITIES	250,195	0	60,503	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	566,720	127,087	137,046	552,107	993,543
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	809,815	811	195,833	1,409,444	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	40,338	805	9,755	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	12,357	0	2,988	0	45.00
46.00	04600	SPEECH PATHOLOGY	12,357	0	2,988	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,818	0	1,649	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	13,067	0	3,160	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	2,104,393	154,530	489,263	1,961,551	993,543
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	7,386	0	1,786	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	12,357	499	2,988	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	371,902	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	2,124,136	155,029	494,037	2,333,453	993,543

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315161

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

Worksheet B
Part I
Date/Time Prepared:
8/17/2022 11:11 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES	
		10.00	11.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0				10.00
11.00	01100	PHARMACY	0	45,632			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	24,913		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	107,986	13.00
15.00	01500	ACTIVITIES	0	0	0	0	15.00
						926,528	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	45,632	24,913	107,986	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	45,632	24,913	107,986	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	0	45,632	24,913	107,986	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315161

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

Worksheet B
Part I
Date/Time Prepared:
8/17/2022 11:11 am

Cost Center Description		Subtotal	Post Stepdown Adjustments	Total	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
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
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
15.00	01500				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	6,892,927	0	6,892,927	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	5,298,359	0	5,298,359	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	5,274	0	5,274	40.00
41.00	04100	3,858	0	3,858	41.00
42.00	04200	0	0	0	42.00
43.00	04300	16,741	0	16,741	43.00
44.00	04400	476,163	0	476,163	44.00
45.00	04500	222,605	0	222,605	45.00
46.00	04600	28,172	0	28,172	46.00
47.00	04700	0	0	0	47.00
48.00	04800	22,601	0	22,601	48.00
49.00	04900	87,084	0	87,084	49.00
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	0	0	0	60.00
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
74.00	07400	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	0	0	0	80.00
81.00	08100	0	0	0	81.00
82.00	08200	0	0	0	82.00
83.00	08300	0	0	0	83.00
84.00	08400	0	0	0	84.00
89.00		13,053,784	0	13,053,784	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	14,403	0	14,403	90.00
91.00	09100	24,596	0	24,596	91.00
92.00	09200	0	0	0	92.00
93.00	09300	0	0	0	93.00
94.00	09400	0	0	0	94.00
95.00	09500	371,902	0	371,902	95.00
98.00		0	0	0	98.00
99.00		0	0	0	99.00
100.00		13,464,685	0	13,464,685	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 8/17/2022 11:11 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES					
	0	1.00		2A	3.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	530,103	530,103	0	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	40,264	40,264	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	33,636	33,636	0	6.00
7.00	00700	HOUSEKEEPING	0	13,421	13,421	0	7.00
8.00	00800	DIETARY	0	135,408	135,408	0	8.00
9.00	00900	NURSING ADMINISTRATION	0	24,537	24,537	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	7,575	7,575	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	7,411	7,411	0	12.00
13.00	01300	SOCIAL SERVICE	0	5,681	5,681	0	13.00
15.00	01500	ACTIVITIES	0	145,041	145,041	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	328,535	328,535	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	469,459	469,459	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	208	40.00
41.00	04100	LABORATORY	0	0	0	152	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	659	43.00
44.00	04400	PHYSICAL THERAPY	0	23,384	23,384	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	7,164	7,164	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	7,164	7,164	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,952	3,952	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	7,575	7,575	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	1,790,310	1,790,310	0	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	4,282	4,282	206	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	7,164	7,164	345	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments			0		98.00
99.00		Negative Cost Centers		0	0	0	99.00
100.00		TOTAL	0	1,801,756	1,801,756	530,103	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315161		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 8/17/2022 11:11 am	
Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATIVE	
		5.00	6.00	7.00	8.00	9.00	
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	123,890				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	3,384	40,839			6.00
7.00	00700	HOUSEKEEPING	1,350	2,712	35,616		7.00
8.00	00800	DIETARY	13,623	4,091	4,072	237,030	8.00
9.00	00900	NURSING ADMINISTRATION	2,469	0	738	0	64,790
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
11.00	01100	PHARMACY	762	0	228	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	746	0	223	0	0
13.00	01300	SOCIAL SERVICE	572	0	171	0	0
15.00	01500	ACTIVITIES	14,593	0	4,362	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	33,054	33,479	9,880	56,083	64,790
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	47,230	214	14,118	143,170	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	2,353	212	703	0	0
45.00	04500	OCCUPATIONAL THERAPY	721	0	215	0	0
46.00	04600	SPEECH PATHOLOGY	721	0	215	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	398	0	119	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	762	0	228	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	122,738	40,708	35,272	199,253	64,790
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	431	0	129	0	0
91.00	09100	BARBER AND BEAUTY SHOP	721	131	215	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	37,777	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	123,890	40,839	35,616	237,030	64,790

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 8/17/2022 11:11 am			
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES	
		10.00	11.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00	
3.00	00300	EMPLOYEE BENEFITS				3.00	
4.00	00400	ADMINISTRATIVE & GENERAL				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00	
6.00	00600	LAUNDRY & LINEN SERVICE				6.00	
7.00	00700	HOUSEKEEPING				7.00	
8.00	00800	DIETARY				8.00	
9.00	00900	NURSING ADMINISTRATION				9.00	
10.00	01000	CENTRAL SERVICES & SUPPLY	0			10.00	
11.00	01100	PHARMACY	0	9,723		11.00	
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	8,732	12.00	
13.00	01300	SOCIAL SERVICE	0	0	0	13.00	
15.00	01500	ACTIVITIES	0	0	0	188,241	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	9,723	8,732	10,196	188,241
31.00	03100	NURSING FACILITY	0	0	0	0	
32.00	03200	ICF/IID	0	0	0	0	
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	
41.00	04100	LABORATORY	0	0	0	0	
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	
44.00	04400	PHYSICAL THERAPY	0	0	0	0	
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	
51.00	05100	SUPPORT SURFACES	0	0	0	0	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	
62.00	06200	FOHC	0	0	0	0	
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	
71.00	07100	AMBULANCE	0	0	0	0	
72.00	07200	CORF	0	0	0	0	
73.00	07300	CMHC	0	0	0	0	
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00	
81.00	08100	INTEREST EXPENSE				81.00	
82.00	08200	UTILIZATION REVIEW				82.00	
83.00	08300	HOSPICE	0	0	0	0	
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	
89.00		SUBTOTALS (sum of lines 1-84)	0	9,723	8,732	10,196	188,241
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	
93.00	09300	NONPAID WORKERS	0	0	0	0	
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	
98.00		Cross Foot Adjustments	0	0	0	0	
99.00		Negative Cost Centers	0	0	4	0	
100.00		TOTAL	0	9,723	8,736	10,196	188,241

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 8/17/2022 11:11 am
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Cost Center Description		Subtotal	Post Step-Down Adjustments	Total	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
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
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
15.00	01500				15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	877,021	0	877,021	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	787,672	0	787,672	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	208	0	208	40.00
41.00	04100	152	0	152	41.00
42.00	04200	0	0	0	42.00
43.00	04300	659	0	659	43.00
44.00	04400	43,394	0	43,394	44.00
45.00	04500	16,260	0	16,260	45.00
46.00	04600	8,605	0	8,605	46.00
47.00	04700	0	0	0	47.00
48.00	04800	5,025	0	5,025	48.00
49.00	04900	11,355	0	11,355	49.00
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	0	0	0	60.00
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
74.00	07400	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	0	0	0	80.00
81.00	08100	0	0	0	81.00
82.00	08200	0	0	0	82.00
83.00	08300	0	0	0	83.00
84.00	08400	0	0	0	84.00
89.00		1,750,351	0	1,750,351	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	5,048	0	5,048	90.00
91.00	09100	8,576	0	8,576	91.00
92.00	09200	0	0	0	92.00
93.00	09300	0	0	0	93.00
94.00	09400	0	0	0	94.00
95.00	09500	37,777	0	37,777	95.00
98.00		0	0	0	98.00
99.00		4	0	4	99.00
100.00		1,801,756	0	1,801,756	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315161

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

Worksheet B-1

Date/Time Prepared:
8/17/2022 11:11 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, MAINT. & REPAI RS (SQUARE FEET)	
	BLDGS & FI XTURES (SQUARE FEET)					
	1.00	3.00	4A	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	43,764				1.00
3.00 00300	EMPLOYEE BENEFITS	0	3,189,223			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	12,876	708,509	-2,442,767	11,021,918	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	978	0	0	1,738,775	29,910
6.00 00600	LAUNDRY & LINEN SERVICE	817	0	0	79,409	817
7.00 00700	HOUSEKEEPING	326	0	0	377,028	326
8.00 00800	DIETARY	3,289	0	0	1,659,967	3,289
9.00 00900	NURSING ADMINISTRATION	596	397,580	0	770,268	596
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
11.00 01100	PHARMACY	184	0	0	24,070	184
12.00 01200	MEDICAL RECORDS & LIBRARY	180	0	0	7,399	180
13.00 01300	SOCIAL SERVICE	138	49,001	0	78,433	138
15.00 01500	ACTIVITIES	3,523	237,289	0	504,106	3,523
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	7,980	1,474,122	0	2,792,474	7,980
31.00 03100	NURSING FACILITY	0	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	11,403	0	0	2,359,520	11,403
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	4,317	0
41.00 04100	LABORATORY	0	0	0	3,158	0
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	13,704	0
44.00 04400	PHYSICAL THERAPY	568	215,090	0	348,113	568
45.00 04500	OCCUPATIONAL THERAPY	174	107,632	0	169,659	174
46.00 04600	SPEECH PATHOLOGY	174	0	0	10,500	174
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	96	0	0	11,570	96
49.00 04900	DRUGS CHARGED TO PATIENTS	184	0	0	58,002	184
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	0	0	0
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00 06200	FOHC	0	0	0	0	0
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00 07100	AMBULANCE	0	0	0	0	0
72.00 07200	CORF	0	0	0	0	0
73.00 07300	CMHC	0	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
83.00 08300	HOSPICE	0	0	0	0	0
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	43,486	3,189,223	-2,442,767	11,010,472	29,632
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	104	0	0	4,282	104
91.00 09100	BARBER AND BEAUTY SHOP	174	0	0	7,164	174
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,801,756	1,545,838		2,442,767	2,124,136
103.00	Unit cost multiplier (Wkst. B, Part I)	41.169820	0.484707		0.221628	71.017586
104.00	Cost to be allocated (per Wkst. B, Part II)		0		530,103	123,890
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.048095	4.142093

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315161

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

Worksheet B-1

Date/Time Prepared:
8/17/2022 11:11 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (PATIENT DAYS SNF ONLY)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
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	136,710					7.00
8.00	00800	13,695	28,767	102,335			8.00
9.00	00900	0	596	0	8,071		9.00
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	184	0	0	0	11.00
12.00	01200	0	180	0	0	0	12.00
13.00	01300	0	138	0	0	0	13.00
15.00	01500	0	3,523	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	112,070	7,980	24,213	8,071	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	715	11,403	61,812	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	710	568	0	0	0	44.00
45.00	04500	0	174	0	0	0	45.00
46.00	04600	0	174	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	96	0	0	0	48.00
49.00	04900	0	184	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		136,270	28,489	86,025	8,071	0	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	104	0	0	0	90.00
91.00	09100	440	174	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	16,310	0	0	95.00
98.00							98.00
99.00							99.00
102.00		155,029	494,037	2,333,453	993,543	0	102.00
103.00		1.133999	17.173741	22.802101	123.100359	0.000000	103.00
104.00		40,839	35,616	237,030	64,790	0	104.00
105.00		0.298727	1.238085	2.316216	8.027506	0.000000	105.00

COST ALLOCATION - STATISTICAL BASIS		Provider No. : 315161		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Date/Time Prepared: 8/17/2022 11:11 am							
Cost Center Description		PHARMACY (PATIENT DAYS SNF ONLY)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS SNF ONLY)	SOCIAL SERVICE (COSTED REQUIS.)	OTHER GENERAL SERVICE ACTIVITIES (COSTED REQUIS.)		
		11.00	12.00	13.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY					10.00
11.00	01100	PHARMACY	8,071				11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	8,071			12.00
13.00	01300	SOCIAL SERVICE	0	0	49,001		13.00
15.00	01500	ACTIVITIES	0	0	0	241,315	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	8,071	8,071	49,001	241,315	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC		0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,071	8,071	49,001	241,315	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	45,632	24,913	107,986	926,528	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	5.653822	3.086730	2.203751	3.839496	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	9,723	8,736	10,196	188,241	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	1.204683	1.081898	0.208077	0.780063	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet C Date/Time Prepared: 8/17/2022 11:11 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	5,274	5,083	1.037576 40.00
41.00	04100	LABORATORY	3,858	4,598	0.839060 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	16,741	13,704	1.221614 43.00
44.00	04400	PHYSICAL THERAPY	476,163	220,473	2.159734 44.00
45.00	04500	OCCUPATIONAL THERAPY	222,605	110,325	2.017720 45.00
46.00	04600	SPEECH PATHOLOGY	28,172	6,037	4.666556 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,601	7,618	2.966789 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	87,084	53,563	1.625824 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000 52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	0.000000 60.00
61.00	06100	RURAL HEALTH CLINIC			61.00
62.00	06200	FOHC			62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000 63.00
71.00	07100	AMBULANCE	0	0	0.000000 71.00
100.00		Total	862,498	421,401	100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 8/17/2022 11:11 am
		Title XVIII (1)	Skilled Nursing Facility	PPS

		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)			
Ratio of Cost to Charges (Fr. Wkst. C Column 3)								
1.00		2.00	3.00	4.00	5.00			
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	1.037576	3,404	0	3,532	0	40.00
41.00	04100	LABORATORY	0.839060	4,252	0	3,568	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.221614	756	0	924	0	43.00
44.00	04400	PHYSICAL THERAPY	2.159734	74,791	0	161,529	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	2.017720	69,266	0	139,759	0	45.00
46.00	04600	SPEECH PATHOLOGY	4.666556	4,073	0	19,007	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.966789	1,281	0	3,800	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.625824	53,563	0	87,084	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000					71.00
100.00		Total (Sum of lines 40 - 71)		211,386	0	419,203	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. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 8/17/2022 11:11 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description				1.00
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PART II - APPORTIONMENT OF VACCINE COST				
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.625824	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	5,274	0	0.000000	3,532	0	40.00
41.00	04100	LABORATORY	3,858	0	0.000000	3,568	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	16,741	0	0.000000	924	0	43.00
44.00	04400	PHYSICAL THERAPY	476,163	0	0.000000	161,529	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	222,605	0	0.000000	139,759	0	45.00
46.00	04600	SPEECH PATHOLOGY	28,172	0	0.000000	19,007	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,601	0	0.000000	3,800	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	87,084	0	0.000000	87,084	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00
100.00		Total (Sum of lines 40 - 52)	862,498	0		419,203	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-III Date/Time Prepared: 8/17/2022 11:11 am
	Title XVIII	Skilled Nursing Facility	PPS

	1.00	
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PART I CALCULATION OF INPATIENT ROUTINE COSTS			
INPATIENT DAYS			
1.00	Inpatient days including private room days	8,071	1.00
2.00	Private room days	9	2.00
3.00	Inpatient days including private room days applicable to the Program	888	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	6,892,927	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	4,038,296	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.706890	7.00
8.00	Enter private room charges from your records	4,257	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	473.00	9.00
10.00	Enter semi-private room charges from your records	422,207	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	52.37	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	420.63	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	717.97	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	6,462	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	6,886,465	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	853.24	16.00
17.00	Program routine service cost (Line 3 times line 16)	757,677	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)	757,677	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)	877,021	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	108.66	21.00
22.00	Program capital related cost (Line 3 times line 21)	96,490	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	661,187	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)	661,187	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

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

	1.00	
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PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
1.00	Total SNF inpatient days	8,071	1.00
2.00	Program inpatient days (see instructions)	888	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)	0.110024	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 8/17/2022 11:11 am
		Title XVIII	Skilled Nursing Facility	PPS

		1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)	536,410	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)	536,410	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	43,778	5.00
6.00	Allowable bad debts (From your records)	20,585	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	10,108	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	13,380	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)	506,012	11.00
12.00	Interim payments (See instructions)	492,632	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)	13,380	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCI LLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	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

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part II Date/Time Prepared: 8/17/2022 11:11 am
		Title XIX	Skilled Nursing Facility	Cost
				1.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 315161	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 8/17/2022 11:11 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		492,632		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)		492,632		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		13,380		0 6.01
6.02	PROVIDER TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		506,012		0 7.00
			Contractor Name	Contractor Number	
			1.00	2.00	
8.00	Name of Contractor				0 8.00

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

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

Provider No. : 315161

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

Worksheet G
Date/Time Prepared:
8/17/2022 11:11 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	2,522,938	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	927,831	0	0	0	4.00
5.00	Other receivables	826	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-379,565	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	95,626	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	3,167,656	0	0	0	11.00
FIXED ASSETS						
12.00	Land	528,638	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	25,132,211	0	0	0	15.00
16.00	Less Accumulated depreciation	-19,002,825	0	0	0	16.00
17.00	Leasehold improvements	2,193,419	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	2,341,898	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	211,571	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	4,092,816	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	6,591	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	15,504,319	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	3,313,846	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	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	3,313,846	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	21,985,821	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	570,214	0	0	0	35.00
36.00	Salaries, wages, and fees payable	494,925	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	584,886	0	0	0	38.00
39.00	Deferred income	276,646	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	5,414	0	0	0	41.00
42.00	Other current liabilities	276,967	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,209,052	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	11,760,460	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	14,335,700	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)	26,096,160	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	28,305,212	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-6,319,391	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-6,319,391	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	21,985,821	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315161

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

Worksheet G-1

Date/Time Prepared:
8/17/2022 11:11 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		-2,337,983			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-1,393,335				2.00
3.00	Total (sum of line 1 and line 2)		-3,731,318			0	3.00
4.00	Additions (credit adjustments)						4.00
5.00	CHANGE IN EQUITY	0		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)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		-3,731,318			0	11.00
12.00	Deductions (debit adjustments)						12.00
13.00	CHANGE IN EQUITY	2,588,073		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)		2,588,073			0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-6,319,391			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	CHANGE IN EQUITY		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. : 315161

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

Worksheet G-2
Parts 1-11
Date/Time Prepared:
8/17/2022 11:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	4,038,296		4,038,296	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	6,020,980		6,020,980	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	10,059,276		10,059,276	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	339,528	0	339,528	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	10,398,804	0	10,398,804	14.00
Cost Center Description			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			14,230,308	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)			14,230,308	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315161

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

Worksheet G-3

Date/Time Prepared:
8/17/2022 11:11 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	10,398,804	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,798,665	2.00
3.00	Net patient revenues (Line 1 minus line 2)	8,600,139	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	14,230,308	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-5,630,169	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	14,799	6.00
7.00	Income from investments	499	7.00
8.00	Revenues from communications (Telephone and Internet service)	4,045	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	45,957	13.00
14.00	Revenue from meals sold to employees and guests	-8,419	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	13,048	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	SERVICES	3,472	24.00
24.01	VAN INCOME	7,142	24.01
24.02	CHANGE IN VALUE IN SWAP	376,571	24.02
24.03	PRIVATE PURCHASES	62	24.03
24.04	RENTAL INCOME	70,654	24.04
24.05	AMORTIZATION ENTRANCE FEE	180,579	24.05
24.06	FRIENDS FIDUCIARY INCOME	459,243	24.06
24.07	ENTRY FEE	69,000	24.07
24.08	MARKETING	250	24.08
24.09	MISC INCOME	174,289	24.09
24.50	COVID-19 PHE Funding	2,826,304	24.50
25.00	Total other income (Sum of lines 6 - 24)	4,237,495	25.00
26.00	Total (Line 5 plus line 25)	-1,392,674	26.00
27.00	BARBER AND BEAUTY	661	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	661	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,393,335	31.00