Health Financi	al Systems KE	SWICK PINES,	INC.	In Lie	u of Form CMS-2540-1
This report is	required by law (42 USC 1395g; 42 CFR 413.	20(b)). Failu	re to report can resul	t in all interim	FORM APPROVED
payments made	since the beginning of the cost reporting p	eriod being d	eemed overpayments (42	USC 1395g).	OMB NO. 0938-0463 Expires: 12/31/2021
	G FACILITY AND SKILLED NURSING FACILITY HEA EPORT CERTIFICATION AND SETTLEMENT SUMMARY	LTH CARE	Provider CCN: 315347	Period: From 01/01/2022 To 12/31/2022	
PART I - COST	REPORT STATUS		the second secon		
Provider	1. [X] Electronically prepared cost rep	port		Date: 5/26/20	23 Time: 9:55 am
use only	2. [] Manually prepared cost report				
	3. [0] If this is an amended report ent	er the number	of times the provide	r resubmitted thi	s cost report
	3.01 [] No Medicare Utilization. Enter	'Y" for yes or	leave blank for no.		
Contractor	4.[1]Cost Report Status	6.Contractor	No.		
use only	(1) As Submitted	7.[N] First	Cost Report for this	Provider CCN	
	(2) Settled without audit	8.[N] Last	Cost Report for this	Provider CCN	
	(3) Settled with audit	9 NPR Date:		· · · · · · · · · · · · · · · · · · ·	

9.NPR Date:

11.Contractor Vendor Code

for no utilization.

10.[0]If line 4, column 1 is "4": Enter number of times reopened

12.[F] Medicare Utilization. Enter "F" for full, "L" for low. or "N"

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

(4) Reopened

(5) Amended

5.Date Received:

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 KESWICK PINES, INC. (315347) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 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		
1	2	SIGNATURE STATEMENT		
Mare Maggelle	\ \	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1	
2 Signatory Printed Name MARK F. MAZZELLA			2	
3 Signatory Title CHIEF FINANCIAL OFFICER			3	
4 Date 5/26/2023			4	

Encryption Information (ECR: Date: 5/26/2023 Time: 9:55 am LFc: 1x7fu9nHw6FCYySazeKpjHuIV0 yCMUv0ZQMQLBsUJgV:eFMYgrRbgZde pnAZ0jbb0007kx0j

			Title	XVIII		1
		Title V	Part A	Part B	Title XIX	<u> </u>
		1.00	2.00	3.00	4.00	
PART III - SET	TLEMENT SUMMARY					
1.00 SKILLED NURSIN	G FACILITY	0	-3,031	0	0	1.00
2.00 NURSING FACILI	TY	0			0	2.00
3.00 ICF/IID					0	3.00
4.00 SNF - BASED HE	IA I	0	O	0		4.00
5.00 SNF - BASED RE	IC I	0		0		5.00
6.00 SNF - BASED FO	HC I	0	ł	o		6.00
7.00 SNF - BASED CN	HC I	0		0		7.00
7.10 SNF - BASED CO	ORF I) 0		0		7.10
100.00 TOTAL		0	-3,031			100.00
The above amounts rea	procent "due to" or "due from" the applicable	o program for th	a alament of the	a shove comple	y indicated	

The above amounts represent <u>"due to"</u> the applicable program for the element of the above complex 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 transfer required to complete and review the information collection is estimated 202 hours per response, including the time 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.

Health Financial Systems KESWICK PINES, INC. In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315347 Peri od: Worksheet S-2 From 01/01/2022 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2022 5/26/2023 9:55 am 3.00 Skilled Nursing Facility and Skilled Nursing Facility Complex Address: 1.00 Street: 509 ROUTE 530 PO Box: 1.00 2.00 City: WHITING State: NJ Zi p Code: 08759 2.00 3.00 County: OCEAN CBSA Code: 35154 Urban/Rural: U 3.00 CBSA Code: 3.01 3.01 Component Name Provi der Date Payment System (P, CCN Certi fi ed 0, or N) XVIII 1.00 2.00 3. 00 4.00 5.00 6.00 SNF and SNF-Based Component Identification: 4.00 SNF KESWICK PINES, INC. 315347 08/08/1995 N Р N 4.00 5.00 Nursing Facility 5.00 6.00 I CF/IID 6 00 7.00 SNF-Based HHA 7.00 8.00 SNF-Based RHC 8.00 9.00 SNF-Based FQHC 9.00 SNF-Based CMHC 10 00 10 00 11.00 SNF-Based OLTC 11.00 12.00 SNF-Based HOSPICE 12.00 13.00 SNF-Based CORF 13.00 From: To 1. 00 2.00 14.00 Cost Reporting Period (mm/dd/yyyy) 12/31/2022 01/01/2022 14.00 15.00 Type of Control (See Instructions) 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 N 16.00 section 483.5? 17.00 Is this a composite distinct part skilled nursing facility that meets the requirements set forth in Ν 17.00 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related N 18.00 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 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.

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22. 19.01 20.00 Straight Line 1, 808, 802 20.00 21.00 Declining Balance 21.00 22.00 Sum of the Year's Digits 22.00 Sum of line 20 through 22 23 00 1, 808, 802 23 00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) 25.00 Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26,00 N 26,00 (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report N 27 00 applies? (Y/N) 28.00 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost N 28.00 reports? (Y/N) Part AlPart Blother 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 29.00 Ν 30.00 Nursing Facility Ν 30.00 31.00 | ICF/IID 31.00 32.00 SNF-Based HHA Ν Ν 32.00 33.00 SNF-Based RHC 33 00 34.00 SNF-Based FQHC 34.00 35.00 SNF-Based CMHC 35.00 Ν 36.00 SNF-Based OLTC <u>36. 0</u>0 Y/N 1.00 2.00 37.00 Is the skilled nursing facility located in a state that certifies the provider as a SNF 37. 00 regardless of the level of care given for Titles V & XIX patients? (Y/N) Are you legally-required to carry malpractice insurance? (Y/N) Is the malpractice a "claims-made" or "occurrence" policy? If the policy is Ν 38.00 38.00 39.00 1 39.00 <u>"claims-made" enter 1. If the policy is "occurrence", enter 2.</u> Self Insurance Premi ums Pai d Losses 1.00 2.00 3.00 41.00 List malpractice premiums and paid losses: 41 00 77.479

Heal th	Financial Systems	KESWICK PINES,	INC.		In Lie	u of Form CMS-	2540-10
SKI LLE	SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315347 Period:				Worksheet S-2		
COMPLE	X INDENTIFICATION DATA				From 01/01/2022	Part I	
					To 12/31/2022	Date/Time Pre	
						5/26/2023 9:5	5 am
						Y/N	
						1.00	
42.00	Are malpractice premiums and paid losse	es reported in other than	the Administra	tive and	General cost	N	42.00
	center? Enter Y or N. If yes, check box	k, and submit supporting s	schedule listin	g cost ce	enters and		
	amounts.			•			
43.00	Are there any home office costs as defi	ned in CMS Pub. 15-1, Cha	apter 10?			N	43.00
44.00	If line 43 is yes, enter the home office	ce chain number and enter	the name and a	ddress of	f the home		44.00
	office on lines 45, 46 and 47.						
	1.00	2.00			3. 00		
	If this facility is part of a chain or	ganization, enter the name	e and address o	f the ho	me office on the	Lines	
	bel ow.						
45.00	Name:	Contractor's Name:		Contracto	or's Number:		45. 00
46. 00	Street:	PO Box:					46, 00
47. 00		State:	1	Zip Code:			47. 00
00	[S. 23.	10 14 10.	1*	p 50ac.			1 00

	Financial Systems	KESWICK PINES,		N- 245247		eu of Form CMS-	
	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	IY HEALIH CARE	Provider	F	Period: From 01/01/2022 Fo 12/31/2022		epared:
					Y/N	Date	J alli
	General Instruction: For all column 1 respons responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites	ses enter in column	1, "Y" fo	r Yes or "N" f	1.00 for No. For all	the date	
1. 00	Provider Organization and Operation Has the provider changed ownership immediatel	Ly prior to the bea	inning of	the cost	N		1. 00
	reporting period? If column 1 is "Y", enter instructions)	the date of the cha	nge in col	umn 2. (see			1.00
				Y/N 1. 00	2. 00	V/I 3. 00	
2.00	Has the provider terminated participation in column 1 is yes, enter in column 2 the date of			N			2. 00
3.00	3, "V" for voluntary or "I" for involuntary. 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	
	(200 1.101. 401. 0.10)			Y/N	Type	Date	
	Financial Data and Reports			1. 00	2. 00	3. 00	
4. 00	Column 1: Were the financial statements preparacountant? (Y/N) Column 2: If yes, enter "A' Compiled, or "R" for Reviewed. Submit complet available in column 3. (see instructions) If	" for Åudited, "C" [:] te copy or enter da	for te	Y	А	04/30/2023	4. 00
5. 00	Are the cost report total expenses and total those on the filed financial statements? If a reconciliation.	revenues different	from	N			5. 00
					Y/N 1. 00	Legal Oper. 2.00	
· 00	Approved Educational Activities Column 1: Were costs claimed for Nursing Scho	and 2 (V/N) Column 2		ngayi dag tha	N	N	/ 00
6. 00	legal operator of the program? (Y/N)	, ,		provider the		IN IN	6.00
7. 00 8. 00	Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) se	ng the cost reporti		for Nursing	N N		7. 00 8. 00
						Y/N 1. 00	
0.00	Bad Debts	d d-bt-2 (V/N)					0.00
9. 00 10. 00	Is the provider seeking reimbursement for bac If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy.				reporting	Y N	9.00
11. 00	If line 9 is "Y", are patient deductibles and Bed Complement	d/or coinsurance wa	ived? If "	Y", see instru	ıcti ons.	N	11.00
12. 00	Have total beds available changed from prior	cost reporting per	iod? If "Y			N	12. 00
		Descriptio	n	Y/N	rt A Date	Part B Y/N	
	PS&R Data	0		1. 00	2. 00	3. 00	
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			Y	02/23/2023	Y	13.00
14. 00	4. (see Instructions.) 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			N		N	14. 00
15. 00	4. 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			N		N	16. 00
17. 00	information? If yes, see instructions. 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

Heal th	Financial Systems KESI	WICK PINE	ES, INC.		In Lieu	u of Form CMS-	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILITY HEAL' X REIMBURSEMENT QUESTIONNAIRE	TH CARE	Provi der No.: 315347			Worksheet S-2 Part II Date/Time Pre 5/26/2023 9:5	pared:
			1. 00		2. (00	
	Cost Report Preparer Contact Information						
19. 00	Enter the first name, last name and the title/positi		DEANDRA	F	ALLON		19. 00
	held by the cost report preparer in columns 1, 2, ar respectively.	nd 3,					
20 00	Enter the employer/company name of the cost report	B	BAKER TILLY US. LLP				20.00
20.00	preparer.		JAKER TILLI 03, LLI				20.00
21.00	Enter the telephone number and email address of the	cost 5	570. 820. 0301	DI	EANDRA. FALLON@	BAKERTI LLY. CO	21.00
	report preparer in columns 1 and 2, respectively.			M			

Health Financial Systems KESWICK PINES, INC. In Lieu of Form CMS-2540-10
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX REIMBURSEMENT QUESTIONNAIRE

RESWICK PINES, INC.
In Lieu of Form CMS-2540-10
Provider No.: 315347
From 01/01/2022
To 12/31/2022
Part II
Date/Time Prepared: 5/26/2023 9:55 am

COMPLE	A RETWIDURSEWENT QUESTIONNALRE			To 12/31/2022	Date/Time Prepared 5/26/2023 9:55 am
		Part B			07 207 2020 71 00 Gill
		Date			
		4. 00			
	PS&R Data				
13.00	Was the cost report prepared using the PS&R	02/23/2023			13. C
	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				
44.00	4. (see Instructions.)				144.0
14. 00	Was the cost report prepared using the PS&R				14. C
	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.				
15. 00	If line 13 or 14 is "Y", were adjustments				15.0
	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.				
16.00					16. C
	adjustments made to PS&R data for				
	corrections of other PS&R Report				
47.00	information? If yes, see instructions.				4
17. 00					17. C
	adjustments made to PS&R data for Other? Describe the other adjustments:				
10 00	Was the cost report prepared only using the				18.0
10.00	provider's records? If "Y" see Instructions.				10.0
	provider 3 records. IT is see mistractions.				
			3. 00		
	Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title		SENIOR MANAGER		19. C
	held by the cost report preparer in columns 1	, 2, and 3,			
	respecti vel y.				
20. 00	Enter the employer/company name of the cost r	report			20.0
21 00	preparer.	of the cost			21. 0
21.00	Enter the telephone number and email address report preparer in columns 1 and 2, respective				21.0
	preport preparer in corumns rand 2, respectiv	/Ci y.			I

In Lieu of Form CMS-2540-10 KESWICK PINES, INC.

 Heal th Financial
 Systems
 KESWICK PIN

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

						5/26/2023 9:55	
				I np	atient Days/Vis	si ts	
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1.00	2. 00	3. 00	4. 00	5. 00	
1.00	SKILLED NURSING FACILITY	66	24, 090	0	1, 206	5, 638	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3. 00
4.00	HOME HEALTH AGENCY COST			0	0	0	4. 00
5.00	Other Long Term Care	0	0				5. 00
6. 00 6. 10	SNF-Based CMHC SNF-Based CORF						6. 00 6. 10
7. 00	HOSPI CE	0	0	0	0	o	7. 00
8. 00	Total (Sum of lines 1-7)	66	24, 090	0	1, 206		8. 00
7. 77		Inpatient [Di scharges	3,333	U : U
		011	T. 1	T' 11 \	T' 11 \0.00111	T' 11 VIV	
	Component	0ther 6.00	Total 7.00	Title V 8.00	Title XVIII 9.00	Title XIX 10.00	
1. 00	SKILLED NURSING FACILITY	9, 604	16, 448	0.00			1. 00
2. 00	NURSING FACILITY	0,004	10, 440	0	77	اً ا	2. 00
3. 00	ICF/IID	0	Ö	Ĭ		0	3. 00
4. 00	HOME HEALTH AGENCY COST	0	o				4. 00
5.00	Other Long Term Care	0	О				5.00
6.00	SNF-Based CMHC						6.00
6. 10	SNF-Based CORF						6. 10
7.00	HOSPI CE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	9, 604	·	0	44		8. 00
		Di sch	arges	Aver	age Length of	Stay	
	Component	Other	Total	Title V	Title XVIII	Title XIX	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1.00	SKILLED NURSING FACILITY	69	117	0. 00	27. 41	·	1. 00
2.00	NURSING FACILITY	0	0	0. 00		0.00	2. 00
3.00	I CF/IID	0	0			0.00	3.00
4. 00 5. 00	HOME HEALTH AGENCY COST Other Long Term Care	0	0				4. 00 5. 00
6. 00	SNF-Based CMHC	0	U				6. 00
6. 10	SNF-Based CORF						6. 10
7. 00	HOSPI CE	0	0	0.00	0.00	0.00	7. 00
8.00	Total (Sum of lines 1-7)	69	117	0.00		1, 409. 50	8. 00
		Average Length of Stay		Admi s	si ons		
	Component	Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17. 00	18. 00	19. 00	20.00	
1.00	SKILLED NURSING FACILITY	140. 58	0	64			1. 00
2.00	NURSING FACILITY	0.00	0		0		2. 00
3.00	ICF/IID	0. 00			0	0	3. 00
4.00	HOME HEALTH AGENCY COST	0.00				0	4. 00
5. 00 6. 00	Other Long Term Care SNF-Based CMHC	0.00				١	5. 00 6. 00
6. 10	SNF-Based CORF						6. 10
7. 00	HOSPI CE	0.00	0	0	0	o	7. 00
8.00	Total (Sum of lines 1-7)	140. 58					8. 00
		Admi ssi ons	Full Time	Equi val ent			
	Component	Total	Employees on	Nonpai d			
			Payrol I	Workers			
	1	21.00	22. 00	23. 00			
1.00	SKILLED NURSING FACILITY	110	105. 01	0.00			1.00
2.00	NURSING FACILITY	0	0.00				2.00
3. 00 4. 00	I CF/IID HOME HEALTH AGENCY COST	0	0. 00 0. 00	0. 00 0. 00			3.00
4. 00 5. 00	Other Long Term Care	0	0.00				4. 00 5. 00
6.00	SNF-Based CMHC		0.00				6. 00
6. 10	SNF-Based CORF		0.00				6. 10
7. 00	HOSPI CE	0	0. 00				7. 00
8.00	Total (Sum of lines 1-7)	110					8. 00

Health Financial Systems
SNF WAGE INDEX INFORMATION KESWICK PINES, INC.

				Ť	n 12/31/2022	Date/Time Prep 5/26/2023 9:5	
		Amount	Reclass. of	Adj usted	Pai d Hours	Average Hourly	Jain
		Reported		Salaries (col.		Wage (col. 3 ÷	
			Worksheet A-6		Salary in col.		
				ĺ	3	ĺ ĺ	
		1.00	2.00	3.00	4. 00	5. 00	
	PART II - DIRECT SALARIES						
	SALARI ES						
1.00	Total salaries (See Instructions)	7, 702, 960	0	7, 702, 960			1. 00
2.00	Physician salaries-Part A	0	0	0	0.00		2. 00
3.00	Physician salaries-Part B	0	0	0	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)	7, 702, 960	0	7, 702, 960	308, 928. 00	24. 93	6. 00
7.00	Other Long Term Care	0	0	0	0.00	0.00	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	HOSPI CE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	2, 317, 725	-76, 627	2, 241, 098	92, 298. 00	24. 28	11.00
12.00	Subtotal Excluded salary (Sum of lines 7	2, 317, 725	-76, 627	2, 241, 098	92, 298. 00	24. 28	12.00
	through 11)						
13.00	Total Adjusted Salaries (line 6 minus line	5, 385, 235	76, 627	5, 461, 862	216, 630. 00	25. 21	13.00
	12)						
	OTHER WAGES & RELATED COSTS						
14. 00	Contract Labor: Patient Related & Mgmt	383, 221	0	383, 221			
15. 00	Contract Labor: Physician services-Part A	12, 000	0	12, 000			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)	2, 479, 817	0	2, 479, 817			17. 00
18. 00	Wage-related costs other (See Part IV)	0	0	0			18. 00
19. 00	Wage related costs (excluded units)	721, 478	0	721, 478			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	1, 758, 339	0	1, 758, 339			22. 00
	instructions)						

Health Financial Systems
SNF WAGE INDEX INFORMATION KESWICK PINES, INC.

				Т	o 12/31/2022	Date/Time Prep 5/26/2023 9:5	
		Amount	Reclass. of	Adj usted	Pai d Hours	Average Hourly	
		Reported	Salaries from	Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col . 2)	Salary in col.	col . 4)	
					3		
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0	0.00	0.00	1. 00
2.00	Administrative & General	794, 869	244, 261	1, 039, 130	24, 956. 00	41. 64	2.00
3.00	Plant Operation, Maintenance & Repairs	287, 233	22, 748	309, 981	11, 097. 00	27. 93	3. 00
4.00	Laundry & Li nen Servi ce	0	43, 901	43, 901	3, 157. 00	13. 91	4. 00
5.00	Housekeepi ng	599, 432	-63, 777	535, 655	31, 457. 00	17. 03	5. 00
6.00	Di etary	1, 195, 187	37, 432	1, 232, 619	75, 692. 00	16. 28	6. 00
7.00	Nursing Administration	0	293, 285	293, 285	7, 256. 00	40. 42	7. 00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8. 00
9.00	Pharmacy	0	0	0	0.00	0.00	9. 00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Soci al Servi ce	0	77, 868	77, 868	2, 030. 00	38. 36	11. 00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	0	119, 332	119, 332	5, 539. 00	21. 54	13.00
14. 00	Total (sum lines 1 thru 13)	2, 876, 721	775, 050	3, 651, 771	161, 184. 00	22. 66	14. 00

Provider No.: 315347 Period: Worksheet S-3 Part IV To 12/31/2022 Date/Time Prepared: 5/26/2023 9:55 am	Health Financial Systems	KESWICK PINES, INC.	In Lie	u of Form CMS-2	2540-10
	SNF WAGE RELATED COSTS	Provi der No.: 315347	From 01/01/2022	Part IV Date/Time Pre	pared:

		То	12/31/2022	Date/Time Prep 5/26/2023 9:5	
				Amount	
				Reported	
				1. 00	
	PART IV - WAGE RELATED COSTS		<u>'</u>		
	Part A - Core List				
	RETI REMENT COST				
1.00	401K Employer Contributions			193, 474	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, 185, 478	8. 00
9.00	Prescription Drug Plan			0	9. 00
10.00	Dental, Hearing and Vision Plan			45, 027	10.00
11.00	Life Insurance (If employee is owner or beneficiary)			9, 840	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			325, 282	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraor	dinary accrual required by	FASB 106.	0	16. 00
	Non cumulative portion)				
	TAXES				
17.00	FICA-Employers Portion Only			575, 590	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			134, 126	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			11, 000	23. 00
24.00	Total Wage Related cost (Sum of lines 1 - 23)			2, 479, 817	24. 00
				Amount	
				Reported	
				1. 00	
	Part B - Other than Core Related Cost				
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)			0	25. 00

INC. In Lieu of Form CMS-2540-10
Provider No.: 315347 Period: Worksheet S-3
From 01/01/2022 Part V

				F	rom 01/01/2022 o 12/31/2022		narad.
				''	0 12/31/2022	5/26/2023 9:5	
	Occupational Category	Amount	Fri nge	Adj usted	Pai d Hours	Average Hourly	J dill
	occupational outegoly	Reported		Sal ari es (col.		Wage (col. 3 ÷	
		opor.rou	50		Salary in col.	col . 4)	
					3	.,	
		1.00	2. 00	3, 00	4, 00	5. 00	
	Di rect Sal ari es	<u> </u>		•			
	Nursing Occupations						
1.00	Registered Nurses (RNs)	301, 079	96, 927	398, 006	7, 274. 00	54. 72	1. 00
2.00	Licensed Practical Nurses (LPNs)	423, 080	136, 202	559, 282	11, 168. 00	50. 08	2. 00
3.00	Certified Nursing Assistant/Nursing	737, 635	237, 467	975, 102	30, 301. 00	32. 18	3. 00
	Assi stants/Ai des						
4.00	Total Nursing (sum of lines 1 through 3)	1, 461, 794	470, 596	1, 932, 390	48, 743. 00	39. 64	4.00
5.00	Physi cal Therapists	230, 480	74, 199	304, 679	4, 284. 00	71. 12	5. 00
6.00	Physical Therapy Assistants	893	287	1, 180	26.00	45. 38	6. 00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7. 00
8.00	Occupational Therapists	103, 133	33, 202	136, 335	2, 143. 00	63. 62	8. 00
9.00	Occupational Therapy Assistants	0	0	0	0. 00	0.00	9. 00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	13, 791	4, 440	18, 231	249. 00	73. 22	11. 00
12.00	Respi ratory Therapi sts	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)	38, 853		38, 853			14. 00
15.00	Licensed Practical Nurses (LPNs)	110, 817		110, 817	2, 015. 00		15. 00
16. 00	Certified Nursing Assistant/Nursing	233, 551		233, 551	6, 446. 00	36. 23	16. 00
	Assi stants/Ai des						
17. 00	Total Nursing (sum of lines 14 through 16)	383, 221		383, 221	9, 082. 00		
18. 00	Physical Therapists	0		0	0. 00		
19. 00	Physical Therapy Assistants	0		0	0. 00		
20.00	Physical Therapy Aides	0		0	0. 00		
21. 00	Occupational Therapists	0		0	0. 00		
22. 00	Occupational Therapy Assistants	0		0	0. 00		
23. 00	Occupational Therapy Aides	0		0	0.00		
24. 00		0		0			
25. 00	Respiratory Therapists	0		0			
26. 00	Other Medical Staff	0		0	0. 00	0.00	26. 00

		10 12/31/2022	5/26/2023 9: 5	
1.00		Group	Days	
2.00	1 00		2.00	1 00
2.00				
4.00				
Section Sect				
7.00 RMX 8.00 RMX 8.00 RMX 8.00 RMX 8.00 RMX 8.00 RMX 11.00 RMX 12.00 RMX 12.00 RMX 13.00 RMX 13.00 RMX 13.00 RMX 14.00 RMX 14.00 RMX 14.00 RMX 14.00 RMX 15.00 RMX 16.00 RMX 16.00 RMX 17.00 RMX 17	5.00	RHX		
B. 00	6.00	RHL		6.00
9.00 RLV 9.00 RLV 10.00 RLV 10.00 RLV 11.00 RLV 11.0				
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11.00 RIB 11.00 RIB 12.00 RIB 12.00 RIB 12.00 RIB 12.00 RIB 13.00 RIB 13.00 RIB 13.00 RIB 13.00 RIB 13.00 RIB 13.00 RIB 17.00 RIB				
12.00 RUA 112.00 RUG 113.00 RUG 113.00 RUG 114.00 RUG 114.00 RUG				
13.00 RVC 11.00 RVB RVB 11.00 RVB RVB 11.00 RVB				
14.00 RW 115.00 RW RW 115.00 RW RW RW RW RW RW RW				
16.00 RHC 10.00 RHB 17.00 RHB 17.00 RHB 17.00 RHB 17.00 RHB 17.00 RHB 18.00 RHB 19.00 RHB				
17. 00 RHB				
18 00 RHA				
19.00 20.00 21.0				
20.00 RMB 20.00 RMA 21.00				
21.00 RILB 22.00 RILB 23.00 RILB 23.0				
RLB 22 00 RLB 23 00 RLB 23 00 24 00 ES3 25 00 ES3 24 00 ES3 25 00 ES				
23.00 RLA 23.00 RLA 23.00 RLA 23.00 RLA 23.00 RLA 25.00 RLA				
25.00 ES2 25.00				23.00
26.00 FS1 26.00 28.00 HE2 27.00 HE1 28.00 HE2 27.00 HE1 28.00 HE1 28.00 HE2 29.00 HE1 28.00 HID2 29.00 HID2 29.00 HID3 30.00 HID1 30.00 HID1 30.00 HID1 30.00 HID1 30.00 HID2 31.00 HID1 32.00 HID2 33.00 HID2 HID2 43.00 HID2				
27. 00 28. 00 29. 00 30. 00 31. 00 31. 00 32. 00 33. 00 46. 22 33. 00 46. 23 34. 00 35. 00 48. 23 35. 00 48. 23 36. 00 48. 23 37. 00 48. 20 49. 20 49. 20 49. 20 40. 20 41. 20 42. 20 43. 20 44. 20 45. 20 46. 20 47. 20 48. 20 48. 20 49. 20 49. 20 49. 20 49. 20 49. 20 40				
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29,00 HD2				
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31.00 32.00 33.00 33.00 33.00 34.00 35.00 36.00 37.00 38.00 37.00 38.00 39.00 4.101 4.102 4.100				
32.00 34.00 34.00 35.00 36.00 36.00 36.00 36.00 37.00 38.00 38.00 39.00 LE1 36.00 39.00 LC2 37.00 39.00 LC2 39.00 40.00 LL2 40.00 41.00 LL2 41.00 LL3 41.00 LL2 41.00 LL3 41.00 LL2 41.00 LL3 41.00 LL4 00 LL5 41.00 LL5				
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46. 00 47. 00 48. 00 CC2 47. 00 48. 00 CC2 47. 00 48. 00 CC1 48. 00 CC2 48. 00 CC3 CC1 48. 00 CC2 49. 00 CC3 CC3 CC3 CC4 CC4 CC5 CC5 CC5 CC5 CC7 CC7 CC7 CC7 CC7 CC7				
47.00 CC2 47.00 48.00 CC1 48.00 CC1 48.00 CC1 48.00 CC2 49.00 CC2 49.00 CC2 49.00 CC3 49.00 CC3 CC4 S1.00 CC3 S2.00 CC4 CC4 CC4 CC4 S2.00 CC4				
48.00 CC1				
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 BB2 63. 00 65. 00 BA1 66. 00 65. 00 BA1 66. 00 67. 00 PE2 67. 00 68. 00 PD2 69. 00 70. 00 PD1 70. 00 71. 00 PC2 71. 00 72. 00 PB2 73. 00 74. 00 PB1 74. 00				
51. 00 CA2 51. 00 52. 00 SE3 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 SSA 58. 00 60. 00 I B2 59. 00 60. 00 I B1 60. 00 61. 00 I A2 61. 00 62. 00 I A1 62. 00 63. 00 BB2 63. 00 64. 00 BB1 64. 00 65. 00 BA2 65. 00 66. 00 BA1 66. 00 67. 00 BA1 66. 00 69. 00 PE2 67. 00 68. 00 PD1 70. 00 71. 00 PC2 71. 00 72. 00 PC1 72. 00 73. 00 PB2 73. 00 74. 00 PB1 74. 00	49. 00	CB2		49.00
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 PP1 68. 00 69. 00 PD2 69. 00 70. 00 PC2 71. 00 72. 00 PR2 73. 00 74. 00 PB1 74. 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 PD1 70.00 70.00 PD1 70.00 71.00 PC2 71.00 72.00 PB1 73.00 74.00 PB1 74.00				
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 BA1 66. 00 67. 00 BA2 65. 00 68. 00 PE2 67. 00 69. 00 PD1 70. 00 70. 00 PD1 70. 00 71. 00 PC2 71. 00 72. 00 PB2 73. 00 74. 00 PB1 74. 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 PD2 69. 00 70. 00 PD1 70. 00 71. 00 PC2 71. 00 72. 00 PB2 73. 00 74. 00 PB1 74. 00		SE3 SE2		
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 PPE1 68. 00 69. 00 PD2 69. 00 70. 00 PD1 70. 00 72. 00 PC2 71. 00 73. 00 PB2 73. 00 74. 00 PB1 74. 00				
57. 00 SSB 57. 00 58. 00 SSA 58. 00 59. 00 1B2 59. 00 60. 00 1B1 60. 00 61. 00 1A2 61. 00 62. 00 1A1 62. 00 63. 00 64. 00 68. 0 64. 00 65. 00 66. 00 66. 00 67. 00 68. 00 68. 00 PE2 67. 00 69. 00 PD2 69. 00 70. 00 PD1 70. 00 71. 00 PC2 71. 00 72. 00 PR1 72. 00 73. 00 PB1 74. 00				
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62. 00 63. 00 64. 00 65. 00 65. 00 66. 00 67. 00 68. 00 69. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 BA1 62. 00 BB2 63. 00 BB1 64. 00 BB4 64. 00 BB4 65. 00 BBA1 66. 00 PE2 67. 00 PE1 68. 00 PD2 69. 00 PD1 70. 00 PD1 70. 00 PC2 71. 00 PC2 71. 00 PC3. 00 PB2 73. 00 PB1 74. 00				
63. 00 64. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 BB2 63. 00 BB1 64. 00 BB1 64. 00 BB2 65. 00 BB1 66. 00 PE2 67. 00 PE1 68. 00 PD2 69. 00 PD1 70. 00 PC2 71. 00 PC2 71. 00 PC3. 00 PC3. 00 PB1 72. 00 PB1 74. 00				
64. 00 65. 00 66. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 BB1 64. 00 BA2 65. 00 BA1 66. 00 PE2 67. 00 PE1 68. 00 PD2 69. 00 PD1 70. 00 PD1 70. 00 PC2 71. 00 PC1 72. 00 PC1 72. 00 PB2 73. 00 PB1 74. 00				
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66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 PB1 BA1 66. 00 PE2 67. 00 PE1 68. 00 PD2 69. 00 PD1 70. 00 PD1 70. 00 PC2 71. 00 PC2 71. 00 PC1 72. 00 PB2 73. 00 PB2 74. 00				
68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 PB1 RB2 RB2 RB1 74. 00	66.00	BA1		66.00
69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 PB2 PB2 PB1 PB1 PB1 PB2 PB1 PB1 PB1 PB2 PB1 PB1 PB2 PB3				
70. 00 71. 00 72. 00 73. 00 74. 00 PC2 PC1 PC1 PC2 PC1 PC2 PC3 PC3. 00 PC1 PC3. 00 PC3. 00 PC3. 00 PC3. 00 PC3. 00 PC4. 00 PC5 PC7				
71. 00 72. 00 73. 00 74. 00 PB1 71. 00 72. 00 PB2 PB1 74. 00				
72. 00 73. 00 74. 00 PB1 72. 00 PB1 74. 00				
73. 00 74. 00 PB1 73. 00 74. 00				
74. 00 PB1 74. 00				
	75. 00			

Health Financial Systems	KESWI CK F	PLNES,	INC.		In Lie	u of Form CMS	S-2540-10	
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA			Provi der	No.: 315347	Peri od:	Worksheet S	-7	
					From 01/01/2022 To 12/31/2022	Date/Time P 5/26/2023 9		
					Group	Days		
					1. 00	2. 00		
76. 00					PA1		76. 00	
99. 00					AAA		99. 00	
100. 00 TOTAL							100. 00	
				Expenses	Percentage	Y/N		
				1.00	2. 00	3. 00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)								
101.00 Staffing							101. 00	
102.00 Recruitment							102. 00	
103.00 Retention of employees							103. 00	
104. 00 Trai ni ng							104. 00	
105. 00 OTHER (SPECIFY)							105. 00	
106.00 Total SNF revenue (Worksheet G-2, Part I, li	ne 1, column	3)					106. 00	

Health Financia		KESWICK PINES,	I NC.		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATIO	ON AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provi der		Peri od:	Worksheet A	
					From 01/01/2022 Fo 12/31/2022	Date/Time Pre	pared.
					127 017 2022	5/26/2023 9:5	
Co	st Center Description	Sal ari es	0ther		Recl assi fi cati	Recl assi fi ed	
				+ col . 2)	ons	Trial Balance	
					Increase/Decre ase (Fr Wkst	(col. 3 +-	
					A-6)	col. 4)	
		1.00	2. 00	3.00	4.00	5. 00	
GENERAL	SERVICE COST CENTERS			9.77			
1.00 00100 CA	P REL COSTS - BLDGS & FIXTURES		3, 006, 734	3, 006, 734	1 0	3, 006, 734	1. 00
	P REL COSTS - MOVABLE EQUIPMENT		0	(-	0	2. 00
1 1	PLOYEE BENEFITS	0	2, 479, 786		1	2, 479, 786	3. 00
	MINISTRATIVE & GENERAL	794, 869	1, 444, 002			2, 483, 132	4.00
	ANT OPERATION, MAINT. & REPAIRS	287, 233	1, 114, 829			1, 424, 810	5. 00 6. 00
	UNDRY & LINEN SERVICE USEKEEPING	599, 432	30, 903 81, 849			74, 804 617, 504	7. 00
8. 00 00800 DI		1, 195, 187	1, 753, 942			2, 986, 561	8. 00
	RSING ADMINISTRATION	0	0	2,7.7,12	293, 285	293, 285	9. 00
1 1	NTRAL SERVICES & SUPPLY	0	0	(0	0	10.00
11. 00 01100 PH		0	0	(o o	0	11. 00
	DICAL RECORDS & LIBRARY	0	0	(0	0	12.00
	CIAL SERVICE	0	0	(77, 868	77, 868	13.00
1 1	RSING AND ALLIED HEALTH EDUCATION	0	0	(0	0	14.00
15. 00 01501 AC	IT ROUTINE SERVICE COST CENTERS	0	14, 846	14, 846	5 119, 332	134, 178	15. 00
	ILLED NURSING FACILITY	2, 165, 653	504, 213	2, 669, 866	-702, 888	1, 966, 978	30. 00
	RSING FACILITY	2, 103, 033	0 0 4, 213	2,007,000	0 702,000	1, 700, 770	31. 00
32. 00 03200 I C		o	0	(ol ol	0	32. 00
	HER LONG TERM CARE	0	0	(o	0	33. 00
ANCI LLAR	Y SERVICE COST CENTERS						
40. 00 04000 RA		0	7, 206			7, 206	40. 00
41. 00 04100 LA		0	7, 597	7, 59	7 0	7, 597	41.00
	TRAVENOUS THERAPY	0	971	97) -971	0	42.00
	YGEN (INHALATION) THERAPY YSICAL THERAPY	342, 861	63, 237	406, 098		0 294, 610	43. 00 44. 00
	CUPATIONAL THERAPY	342,001	03, 237	400, 070	103, 133	103, 133	45. 00
	EECH PATHOLOGY	o	0		13, 791	13, 791	46. 00
	ECTROCARDI OLOGY	0	0	(o	0	47. 00
48. 00 04800 ME	DICAL SUPPLIES CHARGED TO PATIENTS	0	36, 274	36, 274	4 O	36, 274	48. 00
	UGS CHARGED TO PATIENTS	0	49, 637	49, 637	7 0	49, 637	49. 00
	NTAL CARE - TITLE XIX ONLY	0	0	(0	0	50.00
	PPORT SURFACES HER ANCILLARY SERVICE COST CENTERS	0	0	(0	51. 00 52. 00
	INT SERVICE COST CENTERS	J U	0		<u> </u>	0	32.00
60. 00 06000 CL		0	0	(ol ol	0	60. 00
1 1	RAL HEALTH CLINIC	0	0		o	0	61.00
62. 00 06200 FQ	HC						62. 00
	HER OUTPATIENT SERVICE COST CENTER	0	0	(0	0	63. 00
	I MBURSABLE COST CENTERS						
	ME HEALTH AGENCY COST	0	0			0	
71. 00 07100 AM 72. 00 07200 CO		0	0	(0	71. 00 72. 00
73. 00 07200 CM			0			0	73.00
	HER REIMBURSABLE COST	o o	0			0	74. 00
	PURPOSE COST CENTERS						
1 1	LPRACTICE PREMIUMS & PAID LOSSES		0	(0	0	80. 00
	TEREST EXPENSE		0	(0	0	81. 00
	ILIZATION REVIEW	0	0	(0	0	82.00
83. 00 08300 H0 84. 00 08400 OT	HER SPECIAL PURPOSE COST CENTERS	0	0	(0	83. 00 84. 00
	BTOTALS (sum of lines 1-84)	5, 385, 235	10, 596, 026	15, 981, 26	76, 627	16, 057, 888	89. 00
	SURSABLE COST CENTERS	0,000,200	10, 070, 020	10, 701, 20	70,027	10, 007, 000	07.00
	FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	(0	0	90. 00
91. 00 09100 BA	RBER AND BEAUTY SHOP	54, 718	834	55, 552	2 0	55, 552	91. 00
	YSICIANS PRIVATE OFFICES	0	0	(이	0	92. 00
93. 00 09300 NO		0	0	(이	0	93. 00
94. 00 09400 PA		0 2 2 2 2 2 2 2	701 040	2 054 075	0	0	94. 00
1 1	HER NONREIMBURSABLE TAL	2, 263, 007 7, 702, 960	791, 068 11, 387, 928			2, 977, 448 19, 090, 888	
700.00	17.VL	7,702,700	11, 501, 720	17,070,000	- ₁	17, 070, 000	1.00.00

KESWICK PINES, INC. In Lieu of Form CMS-2540-10

 Heal th Financial
 Systems
 KESWIC

 RECLASSIFICATION
 AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
 Peri od: Worksheet A From 01/01/2022 To 12/31/2022 Date/Time Prepared: Provi der No.: 315347

				To 12/31/2022 Date/Time Pro 5/26/2023 9:5	
	Cost Center Description	Adjustments to	Net Expenses	372072023 7. 3	JJ alli
			For Allocation		
		Wkst A-8)	(col. 5 +- col. 6)		
		6. 00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	-260, 848			1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT	C	1		2.00
3. 00 4. 00	00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL	-250, 735	_,,	l e e e e e e e e e e e e e e e e e e e	3. 00 4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	-102, 389		·	5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE	-19, 031		1	6. 00
7.00	00700 HOUSEKEEPI NG		1	1	7. 00
8.00	00800 DI ETARY	-30, 934		1	8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON	C	293, 285		9.00
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY	C	0		10.00
	01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY		0		11. 00 12. 00
	01300 SOCIAL SERVICE		_		13. 00
	01400 NURSING AND ALLIED HEALTH EDUCATION		1		14. 00
15.00	01501 ACTI VI TI ES	C	134, 178		15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				
	03000 SKILLED NURSING FACILITY	C	,		30.00
	03100 NURSING FACILITY 03200 CF/IID	C		l .	31. 00 32. 00
	03300 OTHER LONG TERM CARE		1		33. 00
00.00	ANCI LLARY SERVI CE COST CENTERS		1	'	00.00
40.00	04000 RADI OLOGY	C	7, 206		40. 00
	04100 LABORATORY	C	7, 597		41. 00
	04200 I NTRAVENOUS THERAPY	C	0		42. 00
	04300 OXYGEN (INHALATION) THERAPY	C	0		43. 00
	04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY		294, 610 103, 133	·	44. 00 45. 00
	04600 SPEECH PATHOLOGY		13, 791	·	46. 00
	04700 ELECTROCARDI OLOGY		0		47. 00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	C	36, 274		48. 00
	04900 DRUGS CHARGED TO PATIENTS	C	,	1	49. 00
	05000 DENTAL CARE - TITLE XIX ONLY	C	0	•	50.00
	05100 SUPPORT SURFACES	C			51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS		<u> </u>	<u>/ </u>	52. 00
60. 00	06000 CLINIC	C	0		60.00
	06100 RURAL HEALTH CLINIC	C	ł .	·	61.00
62.00	06200 FQHC				62. 00
63. 00	06300 OTHER OUTPATIENT SERVICE COST CENTER	C	0		63. 00
70.00	OTHER REIMBURSABLE COST CENTERS		0	,	70.00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	C	0	l .	70.00
71.00	07200 CORF			•	72.00
73. 00	07300 CMHC		Ö		73. 00
74.00	07400 OTHER REIMBURSABLE COST	C	0		74. 00
	SPECIAL PURPOSE COST CENTERS				
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES	C	1	•	80.00
81. 00 82. 00	08100 I NTEREST EXPENSE 08200 UTI LI ZATI ON REVI EW	C	0		81. 00 82. 00
83. 00	08300 HOSPI CE		0		83. 00
84. 00	08400 OTHER SPECIAL PURPOSE COST CENTERS		j ő		84. 00
89. 00	SUBTOTALS (sum of lines 1-84)	-663, 937	15, 393, 951		89. 00
	NONREI MBURSABLE COST CENTERS				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	C			90.00
	09100 BARBER AND BEAUTY SHOP		55, 552		91.00
	09200 PHYSI CLANS PRI VATE OFFI CES 09300 NONPALD WORKERS		0		92. 00 93. 00
	09400 PATIENTS LAUNDRY				94.00
	09500 OTHER NONREI MBURSABLE		2, 977, 448		95. 00
100.00	TOTAL	-663, 937	18, 426, 951		100. 00

Health Financial Systems	KESWICK PINES, INC.		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS	Provi der		Peri od:	Worksheet A-6	
			From 01/01/2022 To 12/31/2022	Date/Time Pre 5/26/2023 9:5	
		Increases			
	Cost Center	Li ne #	Sal ary	Non Salary	
	2.00	3. 00	4. 00	5. 00	
(1) A - RECLASS SALARIES	·				
1.00	ADMINISTRATIVE & GENERAL	4. (0 244, 261	0	1. 00
2. 00	PLANT OPERATION, MAINT. &	5.0	0 22, 748	0	2. 00
	REPAI RS				
3. 00	LAUNDRY & LINEN SERVICE	6.0	0 43, 901	0	3. 00
4. 00	DI ETARY	8.0	0 37, 432	0	4. 00
5. 00	NURSING ADMINISTRATION	9. 0	0 293, 285	0	5. 00
6. 00	SOCI AL SERVI CE	13.0	0 77, 868	0	6. 00
7. 00	ACTI VI TI ES	15.0	0 119, 332	0	7. 00
8. 00	OCCUPATIONAL THERAPY	45.0	0 103, 133	0	8. 00
9. 00	SPEECH PATHOLOGY	46.0	0 13, 791	0	9. 00
(1) B - RECLASSIFY OXYGEN COSTS					
10. 00	SKILLED NURSING FACILITY	30.0	0 0	971	10. 00
TOTALS					
100.00	Total Reclassifications (Su	m	955, 751	971	100. 00

Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)

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

Health Financial Systems	KESWICK PINES,	INC.		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS		Provi der		Peri od:	Worksheet A-6	
				From 01/01/2022	D 1 (T' D	
				To 12/31/2022	Date/Time Prep 5/26/2023 9:5	
·			Decreases		3/20/2023 4. 3	3 aiii
	Cost Cente	r	Li ne #	Sal ary	Non Salary	
	6, 00	-	7. 00	8. 00	9. 00	
(1) A - RECLASS SALARIES						
1.00	HOUSEKEEPI NG		7.0	0 63, 777	0	1. 00
2.00	SKILLED NURSING FAC	LITY	30.0	0 703, 859	0	2. 00
3. 00	PHYSICAL THERAPY		44.0	0 111, 488	0	3. 00
4. 00	OTHER NONREI MBURSAE	BLE	95. 0	76, 627	0	4. 00
5. 00			0.0	0 0	0	5. 00
6. 00			0.0	0 0	0	6. 00
7. 00			0.0	0 0	0	7. 00
8. 00			0.0	0 0	0	8. 00
9. 00			0.0	0	0	9. 00
(1) B - RECLASSIFY OXYGEN COSTS						
10. 00	OXYGEN (INHALATION)	THERAPY	43.0	0	971	10.00
TOTALS						
100.00				955, 751	971	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.

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS KESWICK PINES, INC. In Lieu of Form CMS-2540-10 Peri od: Worksheet A-7
From 01/01/2022
To 12/31/2022 Date/Time Prepa Provi der No.: 315347

				To	0 12/31/2022	Date/Time Prep 5/26/2023 9:5	
	·			Acqui si ti ons			
	Description	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2, 748, 541	0	0	0	0	1. 00
2.00	Land Improvements	397, 005	1, 622		1, 622	0	2.00
3.00	Buildings and Fixtures	41, 102, 716	382, 723	0	382, 723	0	3.00
4.00	Building Improvements	0	0	0	0	0	4. 00
5.00	Fixed Equipment	8, 466, 256	194, 692	0	194, 692	0	5. 00
6.00	Movable Equipment	3, 478, 194	58, 052	0	58, 052	0	6.00
7.00	Subtotal (sum of lines 1-6)	56, 192, 712	637, 089	0	637, 089		7. 00
8.00	Reconciling Items	0	0	0	0	0	8. 00
9. 00	Total (line 7 minus line 8)	56, 192, 712	637, 089	0	637, 089	0	9. 00
	Description	Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6.00	7. 00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2, 748, 541	0				1. 00
2.00	Land Improvements	398, 627	0				2.00
3.00	Buildings and Fixtures	41, 485, 439	0				3.00
4.00	Building Improvements	0	0				4. 00
5.00	Fixed Equipment	8, 660, 948	0				5. 00
6.00	Movable Equipment	3, 536, 246	0				6. 00
7.00	Subtotal (sum of lines 1-6)	56, 829, 801	0				7. 00
8.00	Reconciling Items	0	0				8. 00
9. 00	Total (line 7 minus line 8)	56, 829, 801	0				9. 00

Provi der No.: 315347

Peri od: Worksheet A-8

From 01/01/2022 To 12/31/2022 Date/Time Prepared:

				lo 12/31/2022	Date/lime Prep 5/26/2023 9:5	
				Expense Classification on		J alli
				To/From Which the Amount is		
				10/11 oiii will cil the Allount 13	to be Aujusteu	
	Description (1)	(2) Basis For	Amount	Cost Center	Li ne No.	
	bescription (1)	Adjustment	Allioarit	COST CONTEN	LITIC NO.	
		1.00	2. 00	3.00	4. 00	
1.00	Investment income on restricted funds	B B		CAP REL COSTS - BLDGS &	1, 00	1. 00
1.00	(chapter 2)		200, 040	FI XTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter		0	•	0.00	2. 00
2.00	(Shapter 8)		· ·		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		0		0.00	4. 00
	(chapter 8)					
5.00	Telephone services (pay stations excluded)	A	-39, 838	ADMINISTRATIVE & GENERAL	4.00	5. 00
	(chapter 21)					
6.00	Television and radio service (chapter 21)	A	-102, 389	PLANT OPERATION, MAINT. &	5.00	6. 00
	, , ,			REPAI RS		
7.00	Parking Lot (chapter 21)		0		0.00	7. 00
8.00	Remuneration applicable to provider-based	A-8-2	0			8. 00
	physician adjustment					
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		0		0.00	11. 00
	Capital expenditures (chapter 24)					
12.00	Adjustment resulting from transactions with	A-8-1	0			12.00
	related organizations (chapter 10)					
13. 00	Laundry and linen service	В		LAUNDRY & LINEN SERVICE	6. 00	13. 00
14. 00	Revenue - Employee meals	В	-28, 889	DI ETARY	8. 00	14. 00
15. 00	Cost of meals - Guests		0		0.00	15.00
16. 00	Sale of medical supplies to other than		0		0.00	16. 00
	patients					
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	В	-2, 045	DI ETARY	8.00	19. 00
20. 00	Income from imposition of interest, finance		0		0.00	20. 00
04 00	or penalty charges (chapter 21)		•		0.00	04 00
21. 00	Interest expense on Medicare overpayments		0		0.00	21. 00
	and borrowings to repay Medicare					
22. 00	overpayments		0	UTILIZATION REVIEW	82.00	22. 00
22. 00	Utilization reviewphysicians' compensation		Ü	UTILIZATION REVIEW	82.00	22.00
23. 00	(chapter 21)		0	CAP REL COSTS - BLDGS &	1.00	23. 00
23.00	Depreciationbuildings and fixtures		Ü	FIXTURES	1.00	23.00
24. 00	Depreciationmovable equipment		0	CAP REL COSTS - MOVABLE	2.00	24. 00
24.00	bepreciationillovabre equipilient		U	EQUI PMENT	2.00	24.00
25. 00	FINANCE CHARGES	В	_1 300	ADMINISTRATIVE & GENERAL	4.00	25. 00
25. 00	CARE TO SHARE INVESTORS PROGRAM	B B		ADMINISTRATIVE & GENERAL	4.00	
25. 02	BAD DEBT EXPENSE	A		ADMINISTRATIVE & GENERAL	4.00	25. 02
25. 03	ADVERTI SI NG	A		ADMINISTRATIVE & GENERAL	4.00	25. 03
25. 04	BOARD EXPENSE	A		ADMINISTRATIVE & GENERAL	4.00	25. 04
25. 06	DONATIONS	Ä		ADMINISTRATIVE & GENERAL	4.00	25. 06
25. 00	PENALTI ES	A		ADMINISTRATIVE & GENERAL	4.00	25. 00
	Total (sum of lines 1 through 99) (Transfer		-663, 937		7.00	100. 00
100.00	to Worksheet A, col. 6, line 100)		003, 737			100.00
	Teo workshoot A, Cor. O, Trile 100)		0110 5 1 45 4	1	1	ļi.

⁽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.

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

						То	12/31/2022	Date/Time Pre	pared:
				CAPI TAL REL	ATED COSTS			5/26/2023 9: 5	5 am
				DI DOC A	HOVARIE		EMBL OVEE		
		Cost Center Description	Net Expenses for Cost	BLDGS & FLXTURES	MOVABLE EQUI PMENT		EMPLOYEE BENEFITS	Subtotal	
			Allocation						
			(from Wkst A col. 7)						
			0	1. 00	2.00		3. 00	3A	
1 00		AL SERVICE COST CENTERS	2.745.00/	2 745 00/					1 00
1. 00 2. 00	1	CAP REL COSTS - BLDGS & FLXTURES CAP REL COSTS - MOVABLE EQUIPMENT	2, 745, 886	2, 745, 886		0			1. 00 2. 00
3. 00		EMPLOYEE BENEFITS	2, 479, 786	О		0	2, 479, 786		3. 00
4.00	4	ADMINISTRATIVE & GENERAL	2, 232, 397	56, 049		0	334, 523	2, 622, 969	4. 00
5. 00 6. 00		PLANT OPERATION, MAINT. & REPAIRS LAUNDRY & LINEN SERVICE	1, 322, 421 55, 773	86, 451 32, 877		0	99, 791 14, 133	1, 508, 663 102, 783	5. 00 6. 00
7. 00	4	HOUSEKEEPI NG	617, 504	29, 420		0	172, 441	819, 365	7. 00
8.00		DIETARY	2, 955, 627	157, 265		0	396, 812	3, 509, 704	8. 00
9. 00 10. 00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	293, 285	3, 162 0		0	94, 416 0	390, 863 0	9. 00 10. 00
11. 00		PHARMACY	0	o		0	o	0	11. 00
12. 00		MEDICAL RECORDS & LIBRARY	0	0		0	0	0	12. 00
13. 00 14. 00		SOCIAL SERVICE NURSING AND ALLIED HEALTH EDUCATION	77, 868	883		0	25, 068	103, 819 0	13. 00 14. 00
15. 00	1	ACTIVITIES	134, 178	32, 899		0	38, 416	205, 493	15. 00
		IENT ROUTINE SERVICE COST CENTERS							
30. 00 31. 00		SKILLED NURSING FACILITY NURSING FACILITY	1, 966, 978	154, 964 0		0	470, 589 0	2, 592, 531 0	30. 00 31. 00
32. 00		ICF/IID	0	0		0	0	0	32. 00
33. 00	03300	OTHER LONG TERM CARE	0	0		0	0	0	33. 00
40. 00		LARY SERVICE COST CENTERS RADIOLOGY	7 20/	1, 548		0	O	8, 754	40. 00
41. 00		LABORATORY	7, 206 7, 597	1, 548		0	0	9, 145	
42.00	04200	I NTRAVENOUS THERAPY	0	0		0	0	0	42. 00
43.00		OXYGEN (INHALATION) THERAPY	0	(422		0	74 405	275 510	43.00
44. 00 45. 00	4	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	294, 610 103, 133	6, 423 6, 237		0	74, 485 33, 201	375, 518 142, 571	44. 00 45. 00
46. 00	4	SPEECH PATHOLOGY	13, 791	0		0	4, 440	18, 231	46. 00
47. 00		ELECTROCARDI OLOGY	0	1 500		0	0	0	47. 00
48. 00 49. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	36, 274 49, 637	1, 592 0		0	0	37, 866 49, 637	48. 00 49. 00
50. 00		DENTAL CARE - TITLE XIX ONLY	0	Ö		0	ő	0	50. 00
51.00		SUPPORT SURFACES	0	0		0	0	0	51.00
52. 00		OTHER ANCILLARY SERVICE COST CENTERS TIENT SERVICE COST CENTERS) U	0		0	0	0	52. 00
60.00	06000	CLINIC	0	0		0	0	0	60. 00
61.00		RURAL HEALTH CLINIC	0	0		0	0	0	61.00
62. 00 63. 00	06200	FQHC OTHER OUTPATIENT SERVICE COST CENTER	0	0		0	0	0	62. 00 63. 00
00.00		REI MBURSABLE COST CENTERS	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0	00.00
70.00		HOME HEALTH AGENCY COST	0	0		0	0	0	_ : ::
71. 00 72. 00	07100	AMBULANCE CORF	0	0		0	0	0	71. 00 72. 00
73. 00	07300	СМНС	O	Ö		0	o	0	73. 00
74. 00	07400	OTHER REIMBURSABLE COST	0	0		0	0	0	74. 00
80. 00		AL PURPOSE COST CENTERS MALPRACTICE PREMIUMS & PAID LOSSES							80. 00
81. 00		INTEREST EXPENSE							81. 00
82. 00		UTILIZATION REVIEW							82. 00
83. 00 84. 00		HOSPI CE OTHER SPECI AL PURPOSE COST CENTERS	0	0		0	0	0	83. 00 84. 00
89. 00	00100	SUBTOTALS (sum of lines 1-84)	15, 393, 951	571, 318		0	1, 758, 315	12, 497, 912	89. 00
00.00		IMBURSABLE COST CENTERS	اء ا	2.02/			اء	2.027	00.00
90. 00 91. 00		GIFT, FLOWER, COFFEE SHOPS & CANTEEN BARBER AND BEAUTY SHOP	55, 552	3, 206 9, 454		0	0 17, 615	3, 206 82, 621	90. 00 91. 00
92. 00		PHYSICIANS PRIVATE OFFICES	0	7, 434		O	0	02, 021	92. 00
93.00		NONPALD WORKERS	0	0		0	0	0	93.00
94. 00 95. 00		PATIENTS LAUNDRY OTHER NONREIMBURSABLE	2, 977, 448	0 2, 161, 908		0	703, 856	0 5, 843, 212	94. 00 95. 00
98. 00		Cross Foot Adjustments	0	2, 101, 700		0	703, 030	0, 043, 212	98. 00
99.00		Negative Cost Centers	0	0		0	0	0	99.00
100.00	기	TOTAL	18, 426, 951	2, 745, 886		0	2, 479, 786	18, 426, 951	100.00

				T	0 12/31/2022	Date/Time Prep 5/26/2023 9:5	
	Cost Center Description	ADMI NI STRATI VE	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	3 alli
		& GENERAL	OPERATI ON,	LINEN SERVICE			
			MAINT. &				
		4.00	5. 00	6.00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT					 -	2. 00
3.00	00300 EMPLOYEE BENEFITS					 -	3. 00
4.00	00400 ADMINISTRATIVE & GENERAL	2, 622, 969	4 750 054			 -	4.00
5. 00 6. 00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	250, 391 17, 059	1, 759, 054 22, 214			 -	5. 00 6. 00
7. 00	00700 HOUSEKEEPING	135, 989	19, 879			 -	7. 00
8. 00	00800 DI ETARY	582, 502	106, 261			4, 217, 418	8. 00
9.00	00900 NURSING ADMINISTRATION	64, 871	2, 137	· ·		0	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	o	0	10. 00
11. 00	01100 PHARMACY	0	0	0	0	0	11. 00
12. 00	01200 MEDICAL RECORDS & LIBRARY	17 221	0	0	0	0	12.00
13. 00 14. 00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	17, 231	597		368	0	13. 00 14. 00
15. 00	01501 ACTIVITIES	34, 105	22, 229	0	13, 693	0	15. 00
10.00	INPATIENT ROUTINE SERVICE COST CENTERS	01,100	22,22,		10, 070	- C	10.00
30.00	03000 SKILLED NURSING FACILITY	430, 280	104, 706	86, 349	64, 500	926, 586	30. 00
31. 00	03100 NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200 CF/IID	0	0	0	0	0	32. 00
33. 00	03300 OTHER LONG TERM CARE	0	0) 0	0	0	33. 00
40. 00	ANCI LLARY SERVI CE COST CENTERS 04000 RADI OLOGY	1, 453	1, 046	0	645	0	40. 00
41. 00	04100 LABORATORY	1, 518	1, 046		645	0	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0		0	0	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	o	0	43. 00
44. 00	04400 PHYSI CAL THERAPY	62, 324	4, 340		2, 673	0	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	23, 662	4, 214		2, 596	0	45. 00
46.00	04600 SPEECH PATHOLOGY	3, 026	0	0	0	0	46.00
47. 00 48. 00	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	6, 285	1, 076	ή	663	0	47. 00 48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	8, 238	1,070	0	003	0	49. 00
50. 00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	Ö	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	o	0	51. 00
52. 00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52. 00
(0.00	OUTPATIENT SERVICE COST CENTERS				ام		/0.00
60. 00 61. 00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0	0	0	0	0	60. 00 61. 00
62. 00	06200 FQHC		0		Ĭ	0	62. 00
63. 00	06300 OTHER OUTPATIENT SERVICE COST CENTER	o	0	0	o	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 73. 00	07200 CORF 07300 CMHC	0	0	0	0	0	72. 00 73. 00
74.00		0	0	0	0		74. 00
, 00	SPECIAL PURPOSE COST CENTERS	<u> </u>			<u> </u>	-	7 00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81. 00	08100 I NTEREST EXPENSE					 -	81. 00
82. 00	08200 UTILIZATION REVIEW	_	_	_	_		82. 00
83. 00	08300 HOSPI CE	0	0	0	0	0	83. 00
84. 00 89. 00	08400 OTHER SPECIAL PURPOSE COST CENTERS	1, 638, 934	289, 745	123, 808	87, 099	026 596	84. 00 89. 00
0 7. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	1,030,734	207, 740	123,000	07,099	926, 586	07.00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	532	2, 166	0	1, 334	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	13, 713	6, 388	1		0	91. 00
92. 00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92. 00
93. 00	09300 NONPALD WORKERS	0	0	0	0	0	93.00
94. 00 95. 00	09400 PATIENTS LAUNDRY	060 700	1 440 755	0	0 899, 843	3 200 832	94.00
95. 00 98. 00	O9500 OTHER NONREIMBURSABLE Cross Foot Adjustments	969, 790	1, 460, 755 0	16, 104	899, 843	3, 290, 832 0	95. 00 98. 00
99. 00	Negative Cost Centers		0			0	99.00
100.00	1 1 9	2, 622, 969	1, 759, 054	142, 056	992, 211	4, 217, 418	
					· '	'	-

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					10 12/31/2022	5/26/2023 9:5	
	Cost Center Description	NURSI NG ADMI NI STRATI ON		PHARMACY	MEDI CAL RECORDS &	SOCI AL SERVI CE	
		9.00	SUPPLY	11 00	LI BRARY	12.00	
	GENERAL SERVICE COST CENTERS	9.00	10. 00	11.00	12.00	13. 00	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2. 00
3.00	00300 EMPLOYEE BENEFITS						3. 00
4.00	00400 ADMINISTRATIVE & GENERAL						4. 00
5. 00 6. 00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE						5.00
7. 00	00700 HOUSEKEEPING			•			6. 00 7. 00
8. 00	00800 DI ETARY						8.00
9.00	00900 NURSING ADMINISTRATION	459, 187					9. 00
10.00		0	0				10.00
11. 00		0	0		0		11.00
12. 00 13. 00		0	0) 0	122, 015	12. 00 13. 00
14. 00		0	Ö			0	14. 00
15.00		0	0)	0	0	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00		459, 187	0	l .	0	122, 015	ı
31. 00 32. 00		0	0	1		0	
33. 00		0	0	1		-	
00.00	ANCI LLARY SERVI CE COST CENTERS				<u> </u>		00.00
40.00		0	0)	0 0	0	40. 00
41. 00		0	0	1	0	0	41.00
42. 00		0	0		0	0	42.00
43. 00 44. 00	, ,	0	0			0	43. 00 44. 00
45. 00		0	0			0	45. 00
46.00		0	0)	0	0	46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0		0	0	47. 00
48. 00		0	0	1	0	0	48. 00
49. 00		0	0		0	0	49.00
50. 00 51. 00		0	1 0			0	50. 00 51. 00
52. 00		0	Ö			0	52. 00
	OUTPATIENT SERVICE COST CENTERS						
60.00		0	0	1	0	0	
61. 00		0	0	'	0	0	61.00
62. 00 63. 00		0	0		0	0	62. 00 63. 00
03. 00	OTHER REIMBURSABLE COST CENTERS			'	5		05.00
70.00		0	0	1	0 0	0	70. 00
71. 00		0	0		0	0	
72. 00	l l	0	0		0	0	
73. 00 74. 00		0	0			0	73. 00 74. 00
74.00	SPECIAL PURPOSE COST CENTERS			'	5 0		74.00
80.00							80. 00
81. 00	08100 I NTEREST EXPENSE						81. 00
82.00							82.00
83. 00 84. 00		0	0	l .		0	l
89. 00		459, 187	0				
	NONREI MBURSABLE COST CENTERS	1917191			-	122/010	
90.00		0		1	0		1
91.00		0	0		0	0	91.00
92. 00 93. 00		0	0	•		0	92. 00 93. 00
93.00						0	•
95. 00		Ö	Ö			Ö	95. 00
98. 00	Cross Foot Adjustments	0	0				98. 00
99. 00		0	0	1	0	0	
100.00	0 TOTAL	459, 187	0	1	0	122, 015	1100.00

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					Γο 12/31/2022	Date/Time Pre 5/26/2023 9:5	
			OTHER GENERAL			372072023 7.3	Jaiii
			SERVI CE				
	Cost Center Description	NURSI NG AND	ACTI VI TI ES	Subtotal	Post Stepdown	Total	
		ALLI ED HEALTH			Adjustments		
		EDUCATI ON	15.00	1/ 00	17.00	10.00	
	GENERAL SERVICE COST CENTERS	14. 00	15. 00	16. 00	17. 00	18. 00	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2. 00	00200 CAP REL COSTS - MOVABLE EQUI PMENT						2. 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 8. 00	00700 HOUSEKEEPI NG 00800 DI ETARY						7. 00 8. 00
9. 00	00900 NURSI NG ADMI NI STRATI ON						9.00
10. 00	01000 CENTRAL SERVI CES & SUPPLY						10.00
11. 00	01100 PHARMACY						11. 00
12.00	01200 MEDICAL RECORDS & LIBRARY						12. 00
13. 00	01300 SOCIAL SERVICE						13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	l				14. 00
15. 00	01501 ACTIVITIES	0	275, 520)			15. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY	0	275 520	E 041 47	4	5, 061, 674	20.00
30.00	03100 NURSING FACILITY		275, 520	5, 061, 67	0	5,061,674	30. 00 31. 00
32. 00	03200 CF/IID	0	0			0	
33. 00	03300 OTHER LONG TERM CARE	Ö	l e	1		0	33. 00
	ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADI OLOGY	0	0	11, 898	3 0	11, 898	40. 00
41. 00	04100 LABORATORY	0	0	12, 35		12, 354	
42.00	04200 NTRAVENOUS THERAPY	0	0		0	0	42.00
43. 00 44. 00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY	0	0	444, 85!		0 444, 855	43. 00 44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	0		174, 57		174, 573	1
46. 00	04600 SPEECH PATHOLOGY	0	0	21, 25		21, 257	
47. 00	04700 ELECTROCARDI OLOGY	Ö	Ö) 21,20		0	ı
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	45, 890	o	45, 890	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	0	57, 87	5 0	57, 875	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	1	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0		0	0	
52. 00	05200 OTHER ANCILLARY SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS	0	0) (0	0	52.00
60. 00	06000 CLINIC	0	0		o lo	0	60.00
61. 00	06100 RURAL HEALTH CLINIC	0	l .	1		0	
62. 00	06200 FQHC		_			_	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	
	07200 CORF 07300 CMHC	0	0			0	72. 00 73. 00
	07400 OTHER REIMBURSABLE COST					0	
74.00	SPECIAL PURPOSE COST CENTERS			<u>'</u>	9	<u> </u>	74.00
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 H0SPI CE	0	0		0	0	83. 00
84. 00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0) F 020 27	, 0	0	84. 00
89. 00	SUBTOTALS (sum of lines 1-84) NONREI MBURSABLE COST CENTERS	0	275, 520	5, 830, 376	5 <u> </u> U	5, 830, 376	89. 00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	7, 238	3 0	7, 238	90.00
91. 00	09100 BARBER AND BEAUTY SHOP	Ö		108, 80		108, 801	
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		o	0	92. 00
93. 00	09300 NONPALD WORKERS	0	0) (o o	0	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0		0	0	94. 00
95. 00	09500 OTHER NONREI MBURSABLE	0	0	12, 480, 53	5 0	12, 480, 536	
98. 00 99. 00	Cross Foot Adjustments	0				0	1
100.00	Negative Cost Centers TOTAL	0		18, 426, 95		18, 426, 951	1
. 55. 50	1.5		2,0,020	.5, 120, 75	٠, ۷	.5, 120, 701	1.00.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315347

				To	12/31/2022	Date/Time Pre 5/26/2023 9:5	
			CAPI TAL REL	ATED COSTS		372072023 4.3	J alli
	Cost Center Description	Directly	BLDGS &	MOVABLE	Subtotal	EMPLOYEE	
		Assigned New	FIXTURES	EQUI PMENT		BENEFI TS	
		Capital Related Costs					
		0	1. 00	2. 00	2A	3. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT	_	_		_	_	2. 00
3.00	00300 EMPLOYEE BENEFITS	0	0		0	0	3. 00
4. 00 5. 00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS	0	56, 049 86, 451		56, 049 86, 451	0 0	4. 00 5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE		32, 877		32, 877	0	6. 00
7. 00	00700 HOUSEKEEPI NG	o	29, 420		29, 420		7. 00
8.00	00800 DI ETARY	0	157, 265		157, 265	0	8. 00
9.00	00900 NURSING ADMINISTRATION	0	3, 162	0	3, 162	0	9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11. 00	01100 PHARMACY	0	0	0	0	0	11. 00
12. 00 13. 00	01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE	0	883	0	883	0	12. 00 13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	003		000	0	14. 00
15. 00	01501 ACTIVITIES	o	32, 899		32, 899	ő	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	-1			, ,		
30.00	03000 SKILLED NURSING FACILITY	0	154, 964	0	154, 964	0	30.00
31. 00	03100 NURSING FACILITY	0	0		0	0	31. 00
32. 00	03200 CF/ I D	0	0	-	0	0	32. 00
33. 00	03300 OTHER LONG TERM CARE ANCI LLARY SERVICE COST CENTERS	0	0	0	0	0	33. 00
40. 00	04000 RADI OLOGY		1, 548	O	1, 548	0	40. 00
41. 00	04100 LABORATORY	0	1, 548		1, 548	_	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	o	0		0	0	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44. 00	04400 PHYSI CAL THERAPY	0	6, 423		6, 423		44.00
45. 00	04500 OCCUPATI ONAL THERAPY	0	6, 237		6, 237	0	45. 00
46. 00 47. 00	04600 SPEECH PATHOLOGY	0	0	0	0	0 0	46. 00
47.00	04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS		1, 592	-	1, 592	0	47. 00 48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	1, 372	0	1, 372	0	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	o	0	Ö	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52. 00
	OUTPATIENT SERVICE COST CENTERS		_				
60.00	1 1	0	0		0	_	60.00
61. 00 62. 00	06100 RURAL HEALTH CLINIC 06200 FOHC	٥	0	0	0	0	61. 00 62. 00
	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	О	0	0	63. 00
00.00	OTHER REIMBURSABLE COST CENTERS	<u> </u>	<u> </u>	<u> </u>			00.00
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
	07100 AMBULANCE	0	0		0	_	71. 00
	07200 CORF	0	0	0	0	0	
		0	0		0		73. 00 74. 00
74.00	SPECIAL PURPOSE COST CENTERS	<u> </u>	U	U	0	U	74.00
80. 00							80. 00
81. 00							81. 00
82.00	08200 UTILIZATION REVIEW						82. 00
83. 00	I I	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)	0	571, 318	0	571, 318	0	89. 00
90. 00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN		3, 206	0	3, 206	0	90. 00
90.00			3, 206 9, 454		3, 206 9, 454	0	90.00
92. 00	09200 PHYSICIANS PRIVATE OFFICES		7, 134	l ő	0	Ö	92. 00
93. 00			0	o	0	0	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94. 00
95. 00		0	2, 161, 908	0	2, 161, 908	0	95. 00
98. 00	Cross Foot Adjustments		_		0	_	98. 00
99. 00 100. 00	Negative Cost Centers TOTAL	o	2 745 004	0	2 745 004	0	99. 00 100. 00
100.00	ol LIOTAL	١	2, 745, 886	ı Y	2, 745, 886	·	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provi der No.: 315347

Peri od: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

5/26/2023 9:55 am Cost Center Description ADMI NI STRATI VE PLANT LAUNDRY & HOUSEKEEPI NG DI ETARY OPERATI ON, LINEN SERVICE & GENERAL MAINT. & REPAI RS 7. 00 4.00 8.00 5.00 6.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 1.00 1.00 2.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT 2.00 00300 EMPLOYEE BENEFLTS 3.00 3 00 4.00 00400 ADMINISTRATIVE & GENERAL 56,049 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 5, 351 91, 802 5.00 00600 LAUNDRY & LINEN SERVICE 6.00 1, 159 365 34.401 6.00 00700 HOUSEKEEPI NG 7.00 2.906 1, 037 4, 111 37, 474 7.00 12, 449 8.00 00800 DI ETARY 5, 546 4,589 179, 849 8.00 9.00 00900 NURSING ADMINISTRATION 1, 386 50 9.00 112 C 01000 CENTRAL SERVICES & SUPPLY 0 0 10.00 10.00 0 C Ω 11.00 01100 PHARMACY 0 C 0 0 0 11.00 12.00 01200 MEDICAL RECORDS & LIBRARY 0 0 0 12.00 01300 SOCIAL SERVICE 31 0 13.00 13.00 368 0 14 01400 NURSING AND ALLIED HEALTH EDUCATION 0 14.00 0 0 0 14.00 15.00 01501 ACTI VI TI ES 729 1, 160 517 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 20, 912 39, 514 30.00 9 196 5, 464 2 436 31.00 03100 NURSING FACILITY 0 0 0 31.00 32.00 03200 | CF/IID 0 0 0 0 32.00 C 33.00 03300 OTHER LONG TERM CARE 0 0 0 0 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 31 55 0 24 0 40.00 41.00 04100 LABORATORY 32 55 0 24 0 41.00 42 00 04200 I NTRAVENOUS THERAPY 0 0 42 00 0 C 0 43.00 04300 OXYGEN (INHALATION) THERAPY 0 C 0 0 0 43.00 04400 PHYSI CAL THERAPY 1, 332 226 0 101 0 44.00 44.00 04500 OCCUPATIONAL THERAPY 45.00 506 220 370 98 0 45.00 04600 SPEECH PATHOLOGY 46 00 0 46 00 65 C 0 0 04700 ELECTROCARDI OLOGY 0 47.00 0 C 0 0 47.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 56 0 25 48.00 48.00 134 0 0 49.00 04900 DRUGS CHARGED TO PATIENTS 176 0 0 0 49.00 50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 50.00 0 51.00 05100 SUPPORT SURFACES 0 C 0 0 0 51.00 05200 OTHER ANCILLARY SERVICE COST CENTERS 0 52.00 0 0 52.00 OUTPATIENT SERVICE COST CENTERS 60.00 60.00 06000 CLI NI C 0 0 0 0 0 06100 RURAL HEALTH CLINIC 61.00 0 0 0 0 0 61.00 62.00 06200 FQHC 62.00 06300 OTHER OUTPATIENT SERVICE COST CENTER 0 0 0 63.00 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 0 0 07200 CORF 0 72.00 0 0 72.00 0 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 08100 INTEREST EXPENSE 81.00 81.00 08200 UTILIZATION REVIEW 82.00 82.00 08300 H0SPLCE 83.00 0 0 0 0 83.00 84.00 08400 OTHER SPECIAL PURPOSE COST CENTERS 0 0 84.00 89.00 SUBTOTALS (sum of lines 1-84) 35,026 15, 121 29, 982 3.289 39, 514 89.00 NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 11 113 50 Λ 90 00 09100 BARBER AND BEAUTY SHOP 91.00 293 333 519 149 0 91.00 09200 PHYSICIANS PRIVATE OFFICES 92.00 0 92.00 09300 NONPALD WORKERS 0 ol 93.00 93.00 C 0 0 09400 PATI ENTS LAUNDRY 94.00 Ω 0 0 Λ 94.00 95.00 09500 OTHER NONREIMBURSABLE 20, 719 76, 235 3,900 33, 986 140, 335 95.00 98.00 Cross Foot Adjustments 98.00 0 99 00 Negative Cost Centers 99 00 0 100.00 **TOTAL** 56,049 91,802 34, 401 37, 474 179, 849 100. 00

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						5/26/2023 9:5	5 am
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	
		9. 00	10.00	11.00	12. 00	13. 00	
	GENERAL SERVICE COST CENTERS						
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION	4, 710					1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY	0	0	1			10.00
11. 00	01100 PHARMACY	0	0	C			11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	C	0		12.00
13.00	01300 SOCIAL SERVICE	0	0	C	0	1, 296	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	C	0	0	14.00
15.00	01501 ACTI VI TI ES	O	0	ol c	0	0	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 SKILLED NURSING FACILITY	4, 710	0	C	0	1, 296	30.00
31.00	03100 NURSING FACILITY	o	0		0	0	31.00
32. 00	03200 CF/IID	o	0		0		32.00
33. 00	03300 OTHER LONG TERM CARE	o	0	1	_		33. 00
00.00	ANCILLARY SERVICE COST CENTERS	9					00.00
40. 00	04000 RADI OLOGY	0	0	0	0	0	40.00
41. 00	04100 LABORATORY	0	0	i d	0	Ō	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	i d	0	0	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44. 00	04400 PHYSI CAL THERAPY	0	0	i d	0	0	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	0	0		0	l ő	45. 00
46. 00	04600 SPEECH PATHOLOGY	0	0	l d	0	0	46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0		0	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	Ö	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	0	l d	0	0	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	o	0		0	0	50.00
51.00	05100 SUPPORT SURFACES	O	0	d	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	o	0	l c	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS					<u> </u>	
60.00	06000 CLI NI C	0	0	C	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	O	0	o c	0	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	C	0	0	63.00
	OTHER REIMBURSABLE COST CENTERS						
	07000 HOME HEALTH AGENCY COST	0	0) C	0	0	70.00
71. 00	07100 AMBULANCE	0	0	C	0	0	71. 00
72. 00	07200 CORF	0	0	9	0	0	72. 00
73. 00	07300 CMHC	0	0		0	0	73. 00
74. 00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74. 00
00.00	SPECIAL PURPOSE COST CENTERS			I		I	00.00
80. 00 81. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE						80. 00 81. 00
82. 00	08200 UTILIZATION REVIEW						82. 00
83. 00	08300 HOSPI CE		0		0	0	83. 00
84. 00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	1 ~	0		84. 00
89. 00	SUBTOTALS (sum of lines 1-84)	4, 710	0	-	_		89. 00
09.00	NONREI MBURSABLE COST CENTERS	4,710		1		1, 270	07.00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	O	0		_	1	91. 00
92. 00	09200 PHYSI CI ANS PRI VATE OFFI CES		0	i c	_	Ö	92. 00
93. 00	09300 NONPALD WORKERS		n	l o	l 0	0	93. 00
94. 00	09400 PATIENTS LAUNDRY		0		ا	Ö	94. 00
95. 00	09500 OTHER NONREI MBURSABLE		n	l o		Ö	95. 00
98. 00	Cross Foot Adjustments	o	n	l o			98. 00
99. 00	Negative Cost Centers	O	0	l 0	0	0	99. 00
100.00		4, 710	0	i c	Ö		100.00
			_	'	,		

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315347

						To 12/31/2022	Date/Time Pre 5/26/2023 9:5	
				OTHER GENERAL			072072020 7.0	- Cam
				SERVI CE				
		Cost Center Description	NURSI NG AND	ACTI VI TI ES	Subtotal	Post Step-Down	Total	
			ALLIED HEALTH EDUCATION			Adjustments		
			14. 00	15. 00	16.00	17. 00	18. 00	
		AL SERVICE COST CENTERS						
1.00	1	CAP REL COSTS - BLDGS & FIXTURES						1.00
2. 00 3. 00		CAP REL COSTS - MOVABLE EQUIPMENT EMPLOYEE BENEFITS			-			2. 00 3. 00
4.00		ADMINISTRATIVE & GENERAL						4. 00
5.00		PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00		LAUNDRY & LINEN SERVICE						6. 00
7. 00		HOUSEKEEPI NG						7. 00
8.00		DI ETARY						8.00
9. 00 10. 00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY						9. 00 10. 00
11. 00	1	PHARMACY						11. 00
12.00	1	MEDICAL RECORDS & LIBRARY						12. 00
13. 00		SOCIAL SERVICE						13. 00
14. 00	1	NURSING AND ALLIED HEALTH EDUCATION	0					14. 00
15. 00		ACTIVITIES LENT ROUTINE SERVICE COST CENTERS	0	35, 305)			15. 00
30. 00		SKILLED NURSING FACILITY	0	35, 305	273, 79	7 0	273, 797	30.00
31. 00	1	NURSING FACILITY	0	00,000	1	o o	0	31. 00
32. 00	1	CF/IID	0	O	1	0 0	0	1
33. 00		OTHER LONG TERM CARE	0	0)	0 0	0	33. 00
40. 00		LARY SERVICE COST CENTERS RADIOLOGY	0	0	1, 65	8 0	1, 658	40. 00
41. 00		LABORATORY	0		•		1, 659	
42.00	04200	INTRAVENOUS THERAPY	0	o	1	0 0	0	1
43.00		OXYGEN (INHALATION) THERAPY	0	0	1	0	0	43. 00
44. 00	1	PHYSI CAL THERAPY	0	0	8, 08		8, 082	
45. 00 46. 00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	0		7, 43		7, 431 65	1
47. 00		ELECTROCARDI OLOGY	0		1	0 0	0	1
48. 00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	o	1, 80	7 0	1, 807	48. 00
49. 00		DRUGS CHARGED TO PATIENTS	0	0	17		176	
50. 00 51. 00		DENTAL CARE - TITLE XIX ONLY SUPPORT SURFACES	0	0	1	0 0 0	0	
52. 00		OTHER ANCILLARY SERVICE COST CENTERS	0			0 0	0	
		TIENT SERVICE COST CENTERS						
60.00	1	CLINIC	0	1	1	0	0	
61. 00 62. 00	06100	RURAL HEALTH CLINIC	0	0)	0 0	0	61. 00 62. 00
63.00		OTHER OUTPATIENT SERVICE COST CENTER	0	o		0 0	0	1
		REIMBURSABLE COST CENTERS						
70. 00		HOME HEALTH AGENCY COST	0	0	1	0 0	0	
71. 00 72. 00	07100	AMBULANCE	0	0		0	0	
	07300		0			0 0	0	
74. 00	07400	OTHER REIMBURSABLE COST	0	Ö		0 0	0	
	SPECIA	AL PURPOSE COST CENTERS			1			
80.00	1	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81. 00 82. 00		INTEREST EXPENSE UTILIZATION REVIEW						81. 00 82. 00
83. 00		HOSPI CE	0	o		0 0	0	
84. 00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	O		0 0	0	
89. 00	NONE	SUBTOTALS (sum of lines 1-84)	0	35, 305	294, 67	5 0	294, 675	89. 00
90. 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN		T 0	3, 38	0 0	3, 380	90. 00
91. 00		BARBER AND BEAUTY SHOP	0		1		10, 748	
92.00		PHYSICIANS PRIVATE OFFICES	0	o		0 0	0	1
93.00		NONPALD WORKERS	0	0		0 0	0	
94. 00 95. 00		PATIENTS LAUNDRY OTHER NONREIMBURSABLE	0		2 427 00	0	0 2, 437, 083	
98. 00	0 7 3 0 0	Cross Foot Adjustments	0		2, 437, 08	o o	2, 437, 063	1
99. 00		Negative Cost Centers	0	0		0 0	0	99. 00
100.00)	TOTAL	0	35, 305	2, 745, 88	6 0	2, 745, 886	100. 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS KESWICK PINES, INC. In Lieu of Form CMS-2540-10 | Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315347

				'	o 12/31/2022	Date/lime Pre 5/26/2023 9:5	
		CAPI TAL REI	ATED COSTS				
	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUI PMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1. 00	2.00	3. 00	4A	4. 00	
1 00	GENERAL SERVICE COST CENTERS	251 012					1 00
1.00 2.00 3.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS	251, 812	251, 812 0	7, 702, 960			1. 00 2. 00 3. 00
4. 00 5. 00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS	5, 140 7, 928	7, 928	309, 981	0	1, 508, 663	5. 00
6. 00 7. 00	00600 LAUNDRY & LI NEN SERVI CE 00700 HOUSEKEEPI NG	3, 015 2, 698	1			102, 783 819, 365	
8. 00 9. 00	00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON	14, 422 290				3, 509, 704 390, 863	1
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY	0	0	l '	0	0	1
12. 00	01200 MEDICAL RECORDS & LIBRARY	0	0	Č	0	0	12. 00
13. 00 14. 00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	81	81 0	77, 868 C		103, 819 0	14. 00
15. 00	01501 ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	3, 017	3, 017	119, 332	2 0	205, 493	15. 00
30.00	03000 SKILLED NURSING FACILITY	14, 211	14, 211				1
31. 00 32. 00	03100 NURSING FACILITY 03200 ICF/IID	0	0		0	0	
33. 00	03300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	C	0	0	33.00
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	142 142	ŀ				
42. 00 43. 00	04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY	0	0			0	
44. 00	04400 PHYSI CAL THERAPY	589	589	231, 373	0	375, 518	44. 00
45. 00 46. 00	04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY	572	572 0			142, 571 18, 231	•
47. 00	04700 ELECTROCARDI OLOGY	0	0	C		0	47. 00
48. 00 49. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	146	146 0		0	37, 866 49, 637	•
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	· -	1	0	50. 00
51. 00 52. 00	05100 SUPPORT SURFACES 05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	C			
	OUTPATIENT SERVICE COST CENTERS						(0.00
60. 00 61. 00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0	0 0				
62. 00 63. 00	06200 FQHC 06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	C	0	0	62. 00 63. 00
	OTHER REIMBURSABLE COST CENTERS		-				
70. 00 71. 00	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0	0				
72. 00	07200 CORF	0	0	C	0	0	72. 00
73. 00 74. 00		0	0) C			
80. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81. 00	08100 INTEREST EXPENSE						81. 00
82. 00 83. 00	08200 UTI LI ZATI ON REVI EW 08300 HOSPI CE	0	0		0	0	82. 00 83. 00
84. 00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	O	C	0	0	84. 00
89. 00	SUBTOTALS (sum of lines 1-84) NONREI MBURSABLE COST CENTERS	52, 393			-2, 622, 969]
90. 00 91. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	294 867	l			3, 206 82, 621	
92. 00	09200 PHYSICIANS PRIVATE OFFICES	0	0			0	92. 00
93. 00 94. 00	09300 NONPALD WORKERS 09400 PATIENTS LAUNDRY	0	0	l C	0	0	
95. 00	09500 OTHER NONREIMBURSABLE	198, 258	198, 258	2, 186, 380	0	5, 843, 212	95. 00
98. 00 99. 00	Cross Foot Adjustments Negative Cost Centers						98. 00 99. 00
102.00	Cost to be allocated (per Wkst. B, Part I)	2, 745, 886	0	2, 479, 786		2, 622, 969	102. 00
103. 00 104. 00	Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B,	10. 904508	0. 000000	0. 321926 0		0. 165969 56, 049	103. 00 104. 00
105.00				0. 000000		0. 003547	105. 00
	1)						I

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| Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

				1	0 12/31/2022	Date/lime Pre 5/26/2023 9:5	
	Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	NURSI NG	
		OPERATI ON,	LINEN SERVICE	(HOURS OF	(MEALS SERVED)	ADMI NI STRATI ON	
		MAINT. & REPAIRS	(POUNDS OF	SERVI CE)		(DIRECT NURS.	
		(SQUARE FEET)	LAUNDRY)			HRS.)	
		5.00	6. 00	7.00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS			1	1		
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS			•			2.00
3. 00 4. 00	00400 ADMINISTRATIVE & GENERAL						3. 00 4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	238, 744		•			5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	3, 015	338, 066				6. 00
7. 00	00700 HOUSEKEEPI NG	2, 698	40, 404	l .			7. 00
8.00	00800 DI ETARY	14, 422	45, 100	1	224, 556		8. 00
9.00	00900 NURSING ADMINISTRATION	290	0	290	0	48, 743	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11. 00	01100 PHARMACY	0	0	0	0	0	11. 00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0	0	0	0	12.00
13.00	01300 SOCIAL SERVICE	81	0	81	0	0	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01501 ACTIVITIES	3, 017	0	2 017	0	0	14. 00 15. 00
15. 00	INPATIENT ROUTINE SERVICE COST CENTERS	3,017		3, 017		0	15.00
30. 00	03000 SKILLED NURSING FACILITY	14, 211	205, 495	14, 211	49, 336	48, 743	30. 00
31. 00	03100 NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200 CF/IID	O	0	o	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33. 00
	ANCILLARY SERVICE COST CENTERS						
40. 00	04000 RADI OLOGY	142	0	142	0	0	40. 00
41. 00	04100 LABORATORY	142	0	142	0	1	41.00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	0	0	0	42.00
43. 00 44. 00	04300 0XYGEN (INHALATION) THERAPY 04400 PHYSI CAL THERAPY	589	0	0 589	0	0	43. 00 44. 00
45. 00	04500 OCCUPATIONAL THERAPY	572	3, 640	1	0	0	45. 00
46. 00	04600 SPEECH PATHOLOGY	0,72	0, 0.10	0,2	0	Ö	46. 00
47. 00	04700 ELECTROCARDI OLOGY	o	0	Ö	0	Ō	47. 00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	146	0	146	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	o	0	0	0	0	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51. 00	05100 SUPPORT SURFACES	0	0	0	0	0	51. 00
52. 00	05200 OTHER ANCILLARY SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	52. 00
60. 00	06000 CLINIC	O	0	0		0	60. 00
61. 00	06100 RURAL HEALTH CLINIC	o	0	Ö	0	Ö	61. 00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63. 00
	OTHER REIMBURSABLE COST CENTERS			1	l	1	
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	1	70.00
71.00	07100 AMBULANCE	0	0		0	0	71. 00 72. 00
	07300 CMHC		0		0	0	72.00
	07400 OTHER REIMBURSABLE COST		0		0	Ö	74. 00
, ,, ,,	SPECIAL PURPOSE COST CENTERS			1			7 11 00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81. 00	08100 I NTEREST 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	10 100	40.224	0	84. 00
89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	39, 325	294, 639	19, 190	49, 336	48, 743	89. 00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	294	0	294	0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	867	5, 102		0	Ö	91. 00
92. 00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	Ō	92. 00
93.00	09300 NONPALD WORKERS	o	0	0	0	0	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00
95. 00	09500 OTHER NONREI MBURSABLE	198, 258	38, 325	198, 258	175, 220	0	95. 00
98. 00	Cross Foot Adjustments						98. 00
99.00	Negative Cost Centers	1 750 054	140.057	000 011	4 017 410	450 107	99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1, 759, 054	142, 056	992, 211	4, 217, 418	459, 187	102.00
103.00	1 1	7. 367951	0. 420202	4. 538747	18. 781141	9. 420573	103. 00
104.00		91, 802	34, 401	1			104. 00
	Part II)		,			, , , ,	
105.00	i i i i i i i i i i i i i i i i i i i	0. 384521	0. 101758	0. 171420	0. 800909	0. 096629	105. 00
	11)			I		I	

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

				T	o 12/31/2022		
	Cost Center Description	CENTRAL SERVI CES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (COSTED REQUIS.)	MEDI CAL RECORDS & LI BRARY (TOTAL PATI ENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	5/26/2023 9:5 NURSI NG AND ALLI ED HEALTH EDUCATI ON (ASSI GNED TI ME)	5 am
		10.00	11.00	12.00	13. 00	14. 00	
1. 00 2. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1. 00
4. 00 5. 00 6. 00	00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE						3. 00 4. 00 5. 00 6. 00
8. 00 9. 00	00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY	16, 448					7. 00 8. 00 9. 00 10. 00
11. 00 12. 00 13. 00	01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE	0 0	(0 0 16, 448 0 0	16, 448		11. 00 12. 00 13. 00
15. 00	01400 NURSING AND ALLIED HEALTH EDUCATION 01501 ACTIVITIES	0	(0 0	0	0	14. 00 15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	14 440		16, 448	14 440	0	20.00
31. 00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY	16, 448	(0	16, 448 0	0	30.00
33. 00	03200 ICF/IID 03300 OTHER LONG TERM CARE	0		0 0	0	0	32. 00 33. 00
	ANCILLARY SERVICE COST CENTERS 04000 RADIOLOGY	O	(o lc	0	0	40. 00
41. 00	04100 LABORATORY	0	(0	0	0	41. 00
1	04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY	0	(0	0	42. 00 43. 00
	04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY	0	(0 0	0	0	44. 00 45. 00
46. 00	04600 SPEECH PATHOLOGY	0	(0	0	46. 00
1	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	(0	0	0	47. 00 48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	(0	0	0	49. 00
1	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	(0 0	0	0	50. 00 51. 00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS	O	(0	0	0	52. 00
60.00	06000 CLI NI C	0		0	0	0	60. 00
	06100 RURAL HEALTH CLINIC 06200 FOHC	0	(0	0	0	61. 00 62. 00
63. 00	06300 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURSABLE COST CENTERS	0	(0	0	0	63. 00
70. 00	07000 HOME HEALTH AGENCY COST	0		0	0	0	70.00
1	07100 AMBULANCE 07200 CORF	0		0 0	0	0	
	07300 CMHC 07400 OTHER REIMBURSABLE COST	0			0	0	
	SPECIAL PURPOSE COST CENTERS	<u> </u>	(5	U U	0	
1	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE						80. 00 81. 00
82. 00	08200 UTILIZATION REVIEW					0	82. 00
	08300 HOSPICE 08400 OTHER SPECIAL PURPOSE COST CENTERS	0		0 0	0	0	83. 00 84. 00
89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	16, 448	(16, 448	16, 448	0	89. 00
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		0 0	0	0	90.00
	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	0			0	0	91. 00 92. 00
	09300 NONPALD WORKERS 09400 PATLENTS LAUNDRY	0	(0	0	0	93. 00 94. 00
95. 00	09500 OTHER NONREI MBURSABLE	0	(0	0	95. 00
98. 00 99. 00	Cross Foot Adjustments Negative Cost Centers						98. 00 99. 00
102.00	Cost to be allocated (per Wkst. B,	O	(0	122, 015	0	102. 00
103.00	Part I) Unit cost multiplier (Wkst. B, Part I)	0. 000000	0. 000000	0.000000	7. 418227 1. 206	0.000000	1
104.00	Cost to be allocated (per Wkst. B, Part II)		0.00055	0 2225-	1, 296		104.00
105. 00	Unit cost multiplier (Wkst. B, Part	0. 000000	0. 000000	0.000000	0. 078794	0. 000000	105. 00

KESWICK PINES, INC. In Lieu of Form CMS-2540-10

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS | Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315347

COST Center Description					te/lime Prepared: 26/2023 9:55 am
COUNTY C					
Clark Part			Cost Contar Decemintion		
DAYS 1.00			cost center bescription		
TO 00 0000 CAP REL COSTS - LINUX SET FLOW PRIVETS 1.00 0000 CAP REL COSTS - LINUX SET FLOW PRIVETS 2.00 00000 CAP REL COSTS - LINUX SET FLOW PRIVETS 3.00 00000 CAP REL COSTS - LINUX SET FLOW PRIVETS 3.00 00000 CAP REL COSTS - LINUX SET FLOW PRIVETS 3.00 00000 CAP REL COSTS - LINUX SET FLOW PRIVETS 3.00 00000 CAP REL COSTS - LINUX SET FLOW PRIVETS 3.00 00000 CAP REL COSTS - LINUX SET FLOW PRIVETS 3.00 00000 CAP REL COST CAP RE					
1.00 00100 CAP PILL COSIS - BLIXES & LYTHES 2.00		OFNED	AL CERVI OF COCT OFFITERS	15. 00	
2.00 00000 CAP REL COSTS - MOVABLE BUILDINGST 3.00 00000 ADMIN ISTRATIVE & CEREMAL 4.00 4.0	1 00				1 00
4.00 0.000 AMMINISTRATIVE & GENERAL 4.00					
0.000 0.000 PLANT OPERATION, MAINT, & REPAIRS 0.00					3. 00
6.00 DoScol DAUMORY & LINEN SERVICE 6.00 DOSCO DIETRAY 7.00 DOSCO DIETRAY 8.00 DOSCO DIETRAY 9.00 DOSCO DIETRAY 11.00 DOSCO DIETRAY 12.00 DOSCO DIETRA SERVICES SUPPLY 11.00 DOSCO DIETRA SERVICES SUPPLY 11.00 DOSCO DIETRA SERVICES DOSCO DIETRA SERV		1	ł		
2.00		1	1		
9.00 0.900 NURSING ADMINISTRATION 9.00 11.00		1			
10.00 10000 (FRITAR) SERVICES & SUPPLY 11.00 1		1			
11.00 11.00 PIASHACY		1			
12.00 1200 MEDICAL RECORDS & LIBRARY 12.00 13.00 1300 1300 507 LA SERVICE 14.00					
14.00 1400 NURSING AND ALLIED HEALTH EDUCATION 15,448 15.00 1500 1501 NURSING FACILITY 16,448 30.00 31.0		1			
15.00		1			
INPATT ENT ROUTE NET SERVICE COST CENTERS 30.00		1	ł	14 440	
0.000 0.0000 SKILLED NURSING FACILITY	13.00			10, 440	15.00
32.0 03.00 OTHER LOW TERM CARE	30.00			16, 448	30.00
33.00 03000 OTHER LONG TERM CARE				-	
ANCILLARY SERVICE COST CENTERS					
40. 00	33.00			<u> </u>	33.00
42 00 04200 NTRAVENOUS THERAPY 0 0 43.00 04300 OXYGEN (INHALATION) THERAPY 0 0 44.00 04400 PHYSI CALL THERAPY 0 0 44.00 04400 PHYSI CALL THERAPY 0 0 45.00 04600 OCUPATI ONLA THERAPY 0 0 46.00 04600 OSPECH PATHOLOGY 0 0 46.00 04600 OSPECH PATHOLOGY 0 0 46.00 04800 OSPECH PATHOLOGY 0 0 46.00 04800 OSPECH PATHOLOGY 0 0 46.00 04800 ORIGIS CHARGED TO PATIENTS 0 48.00 04800 ORIGIS CHARGED TO PATIENTS 0 49.00 04900 ORIGIS CHARGED TO PATIENTS 0 49.00 04900 ORIGIS CHARGED TO PATIENTS 0 50.00 05000 DRIAS CHARGED TO PATIENTS 0 50.00 05000 DRIAS CHARGED TO PATIENTS 0 0 50.00 05000 DRIAS CHARGED TO PATIENTS 0 50.00 05000 DRIAS CHARGED TO PATIENTS 0 0 05000 DRIAN CHARLA CARE - TITLE XIX ONLY 0 0 05000 DRIAN CHARLA CHA		04000	RADI OLOGY	0	
43. 00 04300 DXYGEN (I INHALATION) THERAPY 0 044. 00 0450 0450 04500 PHYSI CAL THERAPY 0 0 0450 0450		1	ł	0	
44. 00 04400 PHYSI CAL THERAPY 0 45. 00 46. 00 04600 OCCUPATI ONAL THERAPY 0 0 46. 00 04600 OSECEH PATHOLOGY 0 0 46. 00 04600 OSECEH PATHOLOGY 0 0 46. 00 46. 00 04800 OSECEH PATHOLOGY 0 0 46. 00 48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 48. 00 04800 DRUSS CHARGED TO PATIENTS 0 49. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 49. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 49. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 49. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 49. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 50. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 0 50. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 50. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 50. 00 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 0 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 0 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 0 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 0 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 0 05. 00 OSECOM DRUSS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0		1		0	
46.00 04600 SPECH PATHOLOGY 0 47.00 470 0470				O	
47. 00 04700 04700 04500 049		1	ł	0	
A8 00 04800 MEDIC ALL SUPPLIES CHARGED TO PATIENTS 0 49, 00 05000 DRUGS CHARGED TO PATIENTS 0 50, 00 50, 00 05000 DRUGS CHARGED TO PATIENTS 0 51, 00 51, 00 05000 DRUGS CHARGED TO PATIENTS 0 51, 00 51, 00 05000 DRUGS CHARGED TO PATIENTS 0 51, 00 52, 00 05200 DRUGS CHARGED TO PATIENTS 0 52, 00 05200 DRUGS CHARGED TO PATIENT SERVICE COST CENTERS 0 00000 CLI NIC 0 60, 00 61, 00 61, 00 61, 00 61, 00 61, 00 61, 00 61, 00 62, 00		1	ł	0	•
49 00 04900 DRIVAL CARGED TO PATIENTS 0 50.00 05000 DRIVAL CARGE T ITLE XIX ONLY 0 50.00 05100 DRIVAL CARGE T ITLE XIX ONLY 0 51.00 55.00 05100 DRIVAL CARGE T ITLE XIX ONLY 0 52.00 05100 DRIVAL CARGE T ITLE XIX ONLY 0 52.00 05100 DRIVAR ALOR LILARY SERVICE COST CENTERS 0 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e	0	
51.00 05100 SUPPORT SURFACES 0 52.00		1	l e e e e e e e e e e e e e e e e e e e	o	
52.00		1	l e e e e e e e e e e e e e e e e e e e	0	
OUTPATLENT SERVICE COST CENTERS 0 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e	0	
60. 00 06100 06100 RURAL HEALTH CLINIC 0 061.00 06100 RURAL HEALTH CLINIC 0 062.00 06200 FOHC 062.00 07100	32.00			<u> </u>	32.00
62. 00 06300 OFHER OUTPATIENT SERVICE COST CENTERS 0 06300 OTHER OUTPATIENT SERVICE COST CENTERS 70. 00 07000 HOMBE HEALTH AGENCY COST 0 70. 00 70. 00 70.00					
63.00 OTHER OUTPATIENT SERVICE COST CENTERS 70.00 OTHER REI MBURSABLE COST CENTERS 71.00 OTOOD HOME HEALTH AGENCY COST 71.00 OTOOD HOME HEALTH AGENCY COST 72.00 OTOOD HOME HEALTH AGENCY COST 73.00 OTOOD HOME HEALTH AGENCY COST 74.00 OTOOD HOME HEALTH AGENCY COST 75.00 OTOOD HOME HEALTH AGENCY COST 76.00 OTOOD HOME HEALTH AGENCY COST 77.00 OTOOD HOME HEALTH AGENCY COST 78.00 OTOOD HOME HEALTH AGENCY COST 79.00 OTOOD HOME HEALTH AGENCY COST 89.00 OTOOD HENDER HIBURSABLE COST 89.00 OTOOD HENDER HIBURSABLE COST 89.00 OTOOD HOME HEALTH AGENCY COST 89.00 OTOOD HOME HIBURSABLE 89.00 OTOOD OTOOD HOME HIBURSABLE 89.00 OTOOD OTOOD OTOOD OTOOD HOME HIBURSABLE 89.00 OTOOD				0	
70.00 77000 MBW LEALTH AGENCY COST 0 0 71.00 71.00 770.00		1		0	
71. 00 77.					
72.00 07200 CORF 0 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 74.00 7					
73. 00 07300 CMHC 07400 OTHER REIMBURSABLE COST 0 0 0 0 0 0 0 0 0					
SPECIAL PURPOSE COST CENTERS 80.00				o	
80. 00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80. 00 81. 00 8100 INTEREST EXPENSE 82. 00 82. 00 8200 UTILIZATION REVIEW 82. 00 83. 00 84. 00 840. 00 EXPENSE 84. 00 85. 00 84. 00 EXPENSE 84. 00 85. 00 EXPENSE 84. 00 85. 00 EXPENSE 84. 00 EXPENSE 85. 00 EXPENSE 85. 00 EXPENSE 85. 00 EXPENSE 85. 00 EXPENSE EXPONSE EXPENSE EXPENSE EXPENSE EXPENSE EXPENSE EXPENSE	74. 00			0	74. 00
81. 00	80 00				80.00
83. 00 84. 00 88. 00 88. 00 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89. 00 90. 00 91. 00 99. 00 99. 00 97. 100 97. 00 91. 00 99.		1	ł		
84.00		1	ł		
89. 00 SUBTOTALS (sum of lines 1-84) 16,448 89.00					
NONRE MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 91.00 09100 BARBER AND BEAUTY SHOP 0 91.00 92.00 09200 PHYSICI ANS PRI VATE OFFICES 0 92.00 93.00 09300 NONPAID WORKERS 0 94.00 94.00 94.00 95.00 09500 OTHER NONRE! MBURSABLE 0 09500 00500 OTHER NONRE! MBURSABLE 0 00500 Negative Cost Centers 99.00 Negative Cost Centers 99.00 Cost to be allocated (per Wkst. B, 275,520 2		00400	ł	-	•
91.00 09100 BARBER AND BEAUTY SHOP 0 91.00 92.00 92.00 93.00 93.00 93.00 93.00 93.00 93.00 93.00 94.00 94.00 94.00 94.00 95.00 95.00 95.00 95.00 07HER NONREIMBURSABLE 0 95.00 99.00 07HER NONREIMBURSABLE 0 95.00 99.00 07HER NOREIMBURSABLE 0 0 07HER NOREIMBURSABLE 0 0 07HER NOREIMBURSABLE 0 0 0 0 0 0 0 0 0			IMBURSABLE COST CENTERS	-,	
92.00 99200 PHYSICIANS PRIVATE OFFICES 0 92.00 93.00 94.00 94.00 94.00 94.00 94.00 97.00		1		0	•
93.00 99.00		1	l control of the cont	0	
94.00 99400 PATIENTS LAUNDRY 0 94.00 95.00 07HER NONREIMBURSABLE 0 95.00 98.00 99.00 Negative Cost Centers 99.00 Cost to be allocated (per Wkst. B, Part I) 16.750973 103.00 Unit cost multiplier (Wkst. B, Part II) 105.00 Unit cost multiplier (Wkst. B, Part III) 105.00 Unit cost multiplier (Wkst. B, Part III) 105.00 Unit cost multiplier (Wkst. B, Part III) 105.00 Unit cost multiplier (Wkst. B, Part IIII) 105.00 Unit cost multiplier (Wkst. B, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		1	l control of the cont	o o	
98.00 Cross Foot Adjustments 98.00 Negative Cost Centers 99.00 Cost to be allocated (per Wkst. B, Part I) 16.750973 103.00 Unit cost multiplier (Wkst. B, Part II) 105.00 Unit cost multiplier (Wkst. B, Part III) 105.00 Unit cost multiplier (Wkst. B, Part III) 105.00 Unit cost multiplier (Wkst. B, Part III) 105.00 Unit cost multiplier (Wkst. B, Part IIII) Unit cost multiplier (Wkst. B, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		09400	PATIENTS LAUNDRY	0	
99.00 Negative Cost Centers 99.00 102.00 Cost to be allocated (per Wkst. B, 275,520 102.00 Part I) 16.750973 103.00 Cost to be allocated (per Wkst. B, 35,305 Part II) 105.00 Unit cost multiplier (Wkst. B, Part II) 2.146462 105.00 105.		09500		0	
102.00 Cost to be allocated (per Wkst. B, Part I) 103.00 Unit cost multiplier (Wkst. B, Part I) 16.750973 103.00 Cost to be allocated (per Wkst. B, Part II) 105.00 Unit cost multiplier (Wkst. B, Part II) 2.146462 105.00 102.00 102.00 102.00 102.00 102.00 103.00 103.00 104.00 105.					
103.00 Unit cost multiplier (Wkst. B, Part I) 16.750973 103.00 104.00 Cost to be allocated (per Wkst. B, Part II) 35,305 105.00 Unit cost multiplier (Wkst. B, Part II) 2.146462		o	Cost to be allocated (per Wkst. B,	275, 520	
104.00 Cost to be allocated (per Wkst. B, Part II) 35,305 104.00 105.00 Unit cost multiplier (Wkst. B, Part 2.146462 105.00	100.00			1/ 750070	102.00
Part II) 105.00 Unit cost multiplier (Wkst. B, Part 2.146462 105.00				1	
			Part II)	30,303	104.00
	105.00			2. 146462	105. 00
		I		l l	I

Health Financial Systems	KESWICK PINES,	I NC.	In Lie	eu of Form CMS-2	2540-10
RATIO OF COST TO CHARGES FOR ANCILLARY AND C	OUTPATIENT COST CENTERS	Provi der No.: 315347	Peri od: From 01/01/2022	Worksheet C	
			To 12/31/2022	Date/Time Prep 5/26/2023 9:5!	
Cost Center Description		Total (fro	m Total Charges	Ratio (col. 1	
		Wkst. B, Pt	1,	di vi ded by	
		col . 18)		col. 2	

					5/26/2023 9:5	5 am
	Cost Center Description		Total (from	Total Charges	Ratio (col. 1	
			Wkst. B, Pt I,		di vi ded by	
			col . 18)		col. 2	
			1. 00	2. 00	3. 00	
	NCILLARY SERVICE COST CENTERS					
40.00 0	4000 RADI OLOGY		11, 898	5, 817	2. 045384	40.00
41.00 0	4100 LABORATORY		12, 354	3, 544	3. 485892	41.00
42.00 0	4200 I NTRAVENOUS THERAPY		0	0	0.000000	42.00
43.00 0	4300 OXYGEN (INHALATION) THERAPY		0	0	0.000000	43.00
44.00 0	4400 PHYSI CAL THERAPY		444, 855	645, 125	0. 689564	44.00
45. 00 O	4500 OCCUPATI ONAL THERAPY		174, 573	391, 500	0. 445908	45.00
46. 00 O	4600 SPEECH PATHOLOGY		21, 257	32, 100	0. 662212	46.00
47. 00 O	4700 ELECTROCARDI OLOGY		0	0	0.000000	47.00
48. 00 O	4800 MEDICAL SUPPLIES CHARGED TO PATIENTS		45, 890	28, 761	1. 595563	48.00
49.00 0	4900 DRUGS CHARGED TO PATIENTS		57, 875	58, 180	0. 994758	49.00
50.00 0	5000 DENTAL CARE - TITLE XIX ONLY		0	0	0.000000	50.00
51.00 0	5100 SUPPORT SURFACES		0	0	0.000000	51.00
52. 00 0	5200 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0.000000	52.00
Ol	UTPATIENT SERVICE COST CENTERS					
60.00	6000 CLI NI C		0	0	0.000000	60.00
61.00 0	6100 RURAL HEALTH CLINIC					61.00
62. 00 0	6200 FQHC					62.00
63. 00 0	6300 OTHER OUTPATIENT SERVICE COST CENTER	l	0	0	0. 000000	63.00
71. 00 0	7100 AMBULANCE	l	0	0	0. 000000	71.00
100.00	Total		768, 702	1, 165, 027		100.00

	Financial Systems	KESWICK PIN				u of Form CMS-	<u> 2540-10</u>
APP0R1	TONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Peri od:	Worksheet D	
					From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	narodi
					10 12/31/2022	5/26/2023 9:5	pareu. 5 am
			Title	XVIII (1)	Skilled Nursing		o um
					Facility		
			Heal th Care Pi	rogram Charges		Program Cost	
				o o		Ü	
		Ratio of Cost	Part A	Part B	Part A (col. 1		
		to Charges			x col. 2)	x col. 3)	
		(Fr. Wkst. C					
		Column 3)					
	DART I ON OUR ATLON OF ANOLULARY AND OUTDAT	1.00	2. 00	3.00	4. 00	5. 00	
	PART I - CALCULATION OF ANCILLARY AND OUTPAT	IENT COST					
40. 00	ANCILLARY SERVICE COST CENTERS 04000 RADIOLOGY	2. 045384	3, 387	1	0 6, 928	0	10 00
41. 00	04100 LABORATORY	3. 485892	2, 727		0 9, 506		40.00
41.00	04200 I NTRAVENOUS THERAPY	0. 000000	2, 121		9, 506		41.00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0. 000000	0		0		43. 00
44. 00	04400 PHYSI CAL THERAPY	0. 689564	190, 425		0 131, 310		44. 00
	04500 OCCUPATIONAL THERAPY	0. 445908	172, 338	1	0 76, 847		45. 00
	04500 OCCUPATIONAL THERAPT	0. 445908	8, 150		0 76, 847	0	1
	04700 ELECTROCARDI OLOGY	0. 002212	0, 130		0 5, 347	0	1
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1. 595563			0	0	
	04900 DRUGS CHARGED TO PATIENTS	0. 994758	l .		0 40, 653	-	
	05000 DENTAL CARE - TITLE XIX ONLY	0. 000000			40, 033	l	50.00
	05100 SUPPORT SURFACES	0. 000000	l .		0	0	
	05200 OTHER ANCILLARY SERVICE COST CENTERS	0. 000000			0	0	
02.00	OUTPATIENT SERVICE COST CENTERS	0.00000		1	<u> </u>	Ü	02.00
60.00	06000 CLI NI C	0. 000000	0		0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC		_				61.00
	06200 FOHC						62.00
	06300 OTHER OUTPATIENT SERVICE COST CENTER	0. 000000	l o	,	ol o	0	
	07100 AMBULANCE (2)	0. 000000			ol	Ō	
100.00			417, 894		0 270, 641	0	100.00
(1) Fo	r title V and XIX use columns 1, 2, and 4 onl	у.	•				•

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

Health Financial Systems	KESWICK PIN	IES, INC.		In Lie	u of Form CMS-2	2540-10			
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Period: From 01/01/2022 To 12/31/2022					
		Ti tl	e XVIII	Skilled Nursing Facility	PPS				
Cost Center Description		<u>.</u>			1. 00				
PART II - APPORTIONMENT OF VACCINE COST									
1.00 Drugs charged to patients - ratio of c	ost to charges (From Workshee	t C, column 3	line 49)	0. 994758	1.00			
2.00 Program vaccine charges (From your rec					0	2. 00			
3.00 Program costs (Line 1 x line 2) (Title									
E, Part I, line 18)									
Cost Center Description									
	(From Wkst. B,			Cost (From	& Allied				
	Part I, Col.				Health Costs				
	18		Costs to Tota		for Pass				
		14)	Costs - Part		Through (Col.				
			(Col . 2 / Col 1)	•	3 x Col. 4)				
	1.00	2.00	3.00	4. 00	5. 00				
PART III - CALCULATION OF PASS THROUGH COSTS			3.00	4.00	3.00				
ANCI LLARY SERVICE COST CENTERS	TON NONSTING W.	TEELED HEAETH							
40. 00 04000 RADI OLOGY	11, 898	0	0.00000	00 6, 928	0	40. 00			
41. 00 04100 LABORATORY	12, 354	0	0.00000			41.00			
42. 00 04200 I NTRAVENOUS THERAPY	0	0	0. 00000	0	0	42. 00			
43.00 04300 OXYGEN (INHALATION) THERAPY	0	O	0.00000	0 0	0	43. 00			
44. 00 04400 PHYSI CAL THERAPY	444, 855	0	0.00000	131, 310	0	44. 00			
45. 00 04500 OCCUPATI ONAL THERAPY	174, 573	0	0.00000	76, 847	0	45. 00			
46.00 04600 SPEECH PATHOLOGY	21, 257	0	0. 00000	5, 397	0	46. 00			
47. 00 04700 ELECTROCARDI OLOGY	0	0	0.00000		0	47. 00			
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	45, 890	0	0.00000		0	48. 00			
49.00 04900 DRUGS CHARGED TO PATIENTS	57, 875	0	0. 00000		0	49. 00			
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0	0	0. 00000		0	50. 00			
51. 00 05100 SUPPORT SURFACES	0	0	0. 00000		0	51. 00			
52. 00 05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0. 00000		0	52. 00			
100.00 Total (Sum of lines 40 - 52)	768, 702	0		270, 641	0	100. 00			

	Financial Systems KESWICK PINES, ATION OF INPATIENT ROUTINE COSTS	Provi der No.: 315347	Peri od: From 01/01/2022	u of Form CMS-2 Worksheet D-1 Parts I-II	
			To 12/31/2022	Date/Time Prep 5/26/2023 9:5	
		Title XVIII	Skilled Nursing Facility	PPS	
				1. 00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS				
	I NPATI ENT DAYS				
00	Inpatient days including private room days			16, 448	1.
00	Private room days			0	2.
00	Inpatient days including private room days applicable to the P			1, 206	3.
00	Medically necessary private room days applicable to the Progra	m		0	4.
00	Total general inpatient routine service cost			5, 061, 674	5.
00	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT			((70 500	,
00 00	General inpatient routine service charges General inpatient routine service cost/charge ratio (Line 5 d	ivided by Line 4)		6, 670, 588 0. 758805	6. 7.
00	Enter private room charges from your records	TVI ded by TTTle 6)		0. 756605	8.
00	Average private room per diem charge (Private room charges lin	e 8 divided by private	room days line	0. 00	
00	2)	e o divided by private	Toolii days, Title	0.00	,
. 00	Enter semi-private room charges from your records			6, 670, 588	10
. 00	Average semi-private room per diem charge (Semi-private room	charges line 10, divide	d by	405. 56	ı
	semi -pri vate room days)				l
. 00	Average per diem private room charge differential (Line 9 minu			0. 00	
. 00	Average per diem private room cost differential (Line 7 times			0. 00	
. 00	Private room cost differential adjustment (Line 2 times line 1			0	
. 00	General inpatient routine service cost net of private room cos PROGRAM INPATIENT ROUTINE SERVICE COSTS	t differential (Line 5	minus line 14)	5, 061, 674	15.
. 00	Adjusted general inpatient service cost per diem (Line 15 div	ided by line 1)		307. 74	16.
. 00	Program routine service cost (Line 3 times line 16)	rued by Title 1)		371, 134	
. 00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18
. 00	Total program general inpatient routine service cost (Line 17			371, 134	
. 00	Capital related cost allocated to inpatient routine service co		t II column 18.	273, 797	
	line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	•			l
. 00	Per diem capital related costs (Line 20 divided by line 1)			16. 65	21
. 00	Program capital related cost (Line 3 times line 21)			20, 080	
. 00	Inpatient routine service cost (Line 19 minus line 22)			351, 054	
. 00	Aggregate charges to beneficiaries for excess costs (From pro	,		0	24
. 00	Total program routine service costs for comparison to the cost	Timitation (Line 23 mi	nus line 24)	351, 054	25
00	Enter the per diem limitation (1)	n diam limitatian l'	2() (1)		26
00	Inpatient routine service cost limitation (Line 3 times the pe				27 28
. 00	Reimbursable inpatient routine service costs (Line 22 plus th (Transfer to Worksheet E, Part II, line 4) (See instructions)	e resser of title 25 of	11 ne 27)		28
Li	nes 26 and 27 are not applicable for title XVIII, but may be us	ed for title V and or t	itle XIX	ı	
				1 00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS	EOD DDS DASS TUDOUSU		1. 00	
00	Total SNF inpatient days	FUR PPS PASS-IHKUUGH	ı	16, 448	1
00	Program inpatient days (see instructions)			1, 206	
JU	program ripatrent days (see mistructions)			1, 200	. /

		1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	16, 448	1.00
2.00	Program inpatient days (see instructions)	1, 206	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. 073322	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5. 00

Health Financial Systems	KESWICK PINES,	I NC.	In Lie	u of Form CMS-2540-10
CALCULATION OF REIMBURSEMENT SETTLEMENT F	OR TITLE XVIII	Provider No.: 315347	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/26/2023 9:55 am
		Title XVIII	Skilled Nursing	PPS

		II the Aviii	Facility	PPS	
		1	1 4011111		
				1. 00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURS	EMENT			
1.00	Inpatient PPS amount (See Instructions)			818, 316	1. 00
2.00	Nursing and Allied Health Education Activities (pass through pa	yments)		0	2. 00
3.00	Subtotal (Sum of lines 1 and 2)			818, 316	3. 00
4.00	Primary payor amounts			0	4.00
5.00	Coinsurance			71, 187	5.00
6.00	Allowable bad debts (From your records)			-4, 663	6. 00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instru	ctions)		0	7. 00
8.00	Adjusted reimbursable bad debts. (See instructions)			-3, 031	8. 00
9.00	Recovery of bad debts - for statistical records only			4, 663	9. 00
10.00	Utilization review			0	10.00
11. 00	Subtotal (See instructions)			744, 098	11.00
12.00	Interim payments (See instructions)			737, 129	12.00
13.00	Tentati ve 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)			10, 000	14. 99
15.00	Balance due provider/program (see Instructions)			-3, 031	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance			0	16. 00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER	OF COST OR CHARGES - 1	TITLE XVIII ONLY		
17. 00	Ancillary services Part B			0	17. 00
18. 00	Vaccine cost (From Wkst D, Part II, line 3)			0	18. 00
19. 00	Total reasonable costs (Sum of lines 17 and 18)			0	19. 00
20.00	Medicare Part B ancillary charges (See instructions)			0	20. 00
21. 00	Cost of covered services (Lesser of line 19 or line 20)			0	21. 00
22. 00	Primary payor amounts			0	22. 00
23. 00	Coinsurance and deductibles			0	
24. 00	Allowable bad debts (From your records)			0	24. 00
24. 01	Allowable Bad debts for dual eligible beneficiaries (see instru	ctions)		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	Tentati ve adj ustment			0	
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	e with CMS Pub.15-2, s	section 115.2	0	30. 00

From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/26/2023 9:55 am

PPS

Title XVIII Skilled Nursing

			9 ,	Facility		
		Inpatien	t Part A		t 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	11.00	737, 129	0.00	0	1. 00
2.00	Interim payments payable on individual bills, either		0		0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	enter zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	amount based on subsequent revision of the interim rate					
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
3. 01	Program to Provider ADJUSTMENTS TO PROVIDER		0		0] 3. 01
3.01	ADJUSTMENTS TO PROVIDER		0			
3.02			0			
3. 04			0		0	
3. 05			0		0	
3.03	Provider to Program					3.03
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		0		0	3. 99
	- 3.98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		737, 129		0	4. 00
	(Transfer to Wkst. E, Part I line 12 for Part A, and line					
	26 for Part B) TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5.00
3.00	desk review. Also show date of each payment. If none,					3.00
	write "NONE" or enter a zero. (1)					
	Program to Provider				•	
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5.02			0		0	5. 02
5.03			0		0	5. 03
	Provider to Program					
5. 50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			0		0	5. 51
5. 52			0		0	
5. 99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	
6. 00	Determined net settlement amount (balance due) based on					6. 00
6. 01	the cost report. (1) PROGRAM TO PROVIDER		0		0	6. 01
6. 02	PROVIDER TO PROGRAM		3, 031			
7. 00	Total Medicare program liability (see instructions)		734, 098		0	
7.00	1.0 ca. moa. ca. o program rrabitity (see thistractions)		Contract		Contractor	7.00
					Number	
			1.	00	2. 00	
8.00	Name of Contractor					8. 00

^{8.00 |} Name of Contractor | | | (1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

ealth Financial Systems KESWICK PINES, INC. In Lieu of Form CMS-2540-10

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

Provider No.: 315347 | Period: From 01/01/202 To 12/31/202

Purpose Fund	oni y)		Conoral Fund	Considia		5/26/2023 9:5	5 am
Appendix			General Fund		Endowment Fund	Plant Fund	
District ASSETS		Assats	1.00	2.00	3. 00	4. 00	
Page							
3.00 by Company Services and face procedual in a company of the company				1	0		1.00
4.00 Accounts receivable 436,013 0 0 4.00 0 0 0 0 0 0 0 0 0			844, 951		-1		2.00
1.00 1.00			436 013	0	U O		
6.00 Less: all lowances for uncollectible notes and accounts 0 0 0 6.0			1	0	o		5.00
1.00	6.00	Less: allowances for uncollectible notes and accounts	0	0	О	0	6. 00
Propagate Prop			_	_	_	_	
1.00 1.00			272 052	0	0		
10.00 Due From other Funds			272, 653	0	0		9.00
Fixe Assets			0	0	ō		10.00
12.00 Land Improvements	11. 00		2, 041, 823	0	0	0	11. 00
13.00 Land improvements	10.00		2 740 541		ما		1 12 00
14.00 Less. Accumulated depreciation			1		-1		
15.00 Buildings			376, 027	· -1	0		14.00
17.00 Leasehold improvements 0 0 0 17.00 19.00 Fixed equipment		•	41, 485, 439	0	ō		15. 00
18.00 Less: Accumulated Amorttization 0 0 0 18.00 0 19.00 Fixed equipment 8,660,948 0 0 0 19.00			-40, 691, 363	0	0		16. 00
19.00 Fixed equipment 8,660,948 0 0 0 19.00 0 19.00 0 19.00 0 19.00 0 0 0 0 0 0 0 0 0			0	0	0		17.00
20.00 Less: Accumulated depreciation			0 660 040	0	U O		
21.00 Automobil les and trucks		1 1	8,000,748	0	0		
1.00 1.00		·	195, 015	0	o	-	21.00
24.00 Less: Accumulated depreciation 0 0 0 24.00	22. 00	Less: Accumulated depreciation	0	0	О	0	22. 00
25.00 Minor equipment - Depreciable 0 0 0 0 25.00			3, 341, 231	0	0		23. 00
26.00 Minor equipment nondepreciable 0 0 0 0 26.00 0 0 27.00 0 0 0 0 0 0 0 0 0			0	0	0		
27.00				0	0		
OTHER ASSETS O			13, 277	· -1	o		27. 00
29.00 Investments	28. 00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	16, 151, 715	0	0	0	28. 00
Deposits on leases							
31.00 Due from owners/officers 0 0 0 0 0 31.00			0	I	0		
32.00 Other assets 6.111.057 0 0 0 32.01		1 .	0	0	U O		
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)		1	6, 111, 057	0	Ö		32.00
Liabilities and Fund Balances CURRENT LIABILITIES			1	1	o		33. 00
CURRENT LIABILITIES	34. 00		24, 304, 595	0	0	0	34.00
35.00 Accounts payable							
36. 00 Sal aries, wages, and fees payable 674,087 0 0 0 36.00	35 00		581 397	0	O	0	35 00
37. 00 Payrol I taxes payable 0 0 0 0 37. 00 39. 00 Notes & Ioans payable (Short term) 1, 467, 302 0 0 0 0 38. 00 39. 00 20. 00 2			1	· -1	Ö		36. 00
39.00 Deferred income 0 0 0 0 39.00	37. 00	Payroll taxes payable	0	0	О		37.00
40.00 Accelerated payments 41.00 Due to other funds 0 0 0 0 0 41.00 10 Due to other funds 0 0 0 0 0 0 42.00 42.00 Other current liabilities 0 0 0 0 0 0 42.00 43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42) 2,722,786 0 0 0 0 43.00 LONG TERM LIABILITIES 44.00 Mortgage payable 9,441,581 0 0 0 0 44.00 45.00 Notes payable 0 0 0 0 0 0 45.00 46.00 Unsecured loans 0 0 0 0 0 0 46.00 47.00 Loans from owners: 0 0 0 0 0 0 47.00 10 Loans from owners: 11,494,298 0 0 0 0 48.00 49.00 OTHER (SPECIFY) 0 0 0 0 0 0 48.00 49.00 OTHER (SPECIFY) 0 0 0 0 0 0 0 49.00 50.00 TOTAL LIABILITIES (Sum of lines 44 - 49 20,935,879 0 0 0 50.00 TOTAL LIABILITIES (Sum of lines 43 and 50) CAPITAL ACCOUNTS 52.00 General fund balance 53.00 Specific purpose fund 54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance 56.00 Ocwerning body created - endowment fund balance 10 Jant fund balance - reserve for plant improvement, replacement, and expansion 59.00 TOTAL LIABILITIES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES (Sum of lines 51 and 24,304,595 0 0 0 0 0 60.00			1, 467, 302	0	0		38. 00
41. 00			0	0	O	0	1
42.00 Other current liabilities				0	0	0	1
LONG TERM LIABILITIES			Ö	Ö	Ö		42.00
44. 00 Mortgage payable 9, 441, 581 0 0 0 44. 00 45. 00 Notes payable 0 0 0 0 0 45. 00 46. 00 Unsecured Loans 0 0 0 0 0 0 46. 00 47. 00 Loans from owners: 0 0 0 0 0 47. 00 0 0 0 0 47. 00 0 0 0 0 47. 00 0 0 0 0 47. 00 0 0 0 0 47. 00 0 0 0 0 47. 00 0 0 0 0 48. 00 0 0 48. 00 0 0 48. 00 0 0 0 0 48. 00 0 </td <td>43.00</td> <td>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</td> <td>2, 722, 786</td> <td>0</td> <td>0</td> <td>0</td> <td>43.00</td>	43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2, 722, 786	0	0	0	43.00
45. 00 Notes payable 0 0 0 0 45. 00 46. 00 Unsecured Ioans 0 0 0 0 47. 00 Loans from owners: 0 0 0 0 47. 00 Coans from owners: 0 0 0 47. 00 Other Iong term liabilities 11, 494, 298 0 0 0 48. 00 OTHER (SPECIFY) 0 0 0 0 50. 00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 20, 935, 879 0 0 0 51. 00 TOTAL LIABILITIES (Sum of lines 43 and 50) 23, 658, 665 0 0 0 52. 00 General fund balance 54. 00 53. 00 Specific purpose fund 54. 00 54. 00 Donor created - endowment fund balance - unrestricted 56. 00 57. 00 56. 00 Governing body created - endowment fund balance 0 57. 00 Plant fund balance - invested in plant 0 58. 00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59. 00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24, 304, 595 0 0 0 60. 00 46. 00 0 0 0 0 0 0 0 47. 00 0 0 0 0 0 0 47. 00 0 0 0 0 0 47. 00 0 0 0 0 47. 00 0 0 0 47. 00 0 0 0 47. 00 0 0 0 47. 00 0 0 0 47. 00 0 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 47. 00 0 0 48. 00 0 0 49. 00 0 0 49. 00 0 0 49. 00 0 0 49. 00 0 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 0 49. 00 49. 00 49. 00 0 49. 00			0 444 504		ام		
46.00 Unsecured Loans 47.00 Loans from owners: 48.00 Other Long term Liabilities 49.00 OTHER (SPECIFY) 50.00 TOTAL LONG TERM LIABILITIES (Sum of Lines 44 - 49 20, 935, 879 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			9, 441, 581		-1		
47.00 Loans from owners: 0 0 0 47.00 48.00 Other long term liabilities 11,494,298 0 0 0 48.00 49.00 OTHER (SPECIFY) 0 0 0 0 0 49.00 50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 20,935,879 0 0 0 50.00 51.00 TOTAL LIABILITIES (Sum of lines 43 and 50) 23,658,665 0 0 0 50.00 52.00 General fund bal ance 645,930 0 52.00 53.00 52.00 53.00 53.00 53.00 53.00 53.00 54.00 55.00<		1 . 3		0	0		
49.00 OTHER (SPECIFY) 0 0 0 49.00 50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 20,935,879 0 0 0 50.00 51.00 TOTAL LIABILITIES (Sum of lines 43 and 50) 23,658,665 0 0 0 51.00 52.00 General fund balance 645,930 0 52.00 53.00 52.00 53.00 53.00 53.00 53.00 53.00 54.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 56.00			0	Ö	o		47. 00
50. 00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49) 20, 935, 879 0 0 0 50. 00 51. 00 TOTAL LIABILITIES (Sum of lines 43 and 50) 23, 658, 665 0 0 0 51. 00 52. 00 General fund balance 645, 930 52. 00 53. 00 53. 00 53. 00 53. 00 53. 00 53. 00 54. 00 55. 00 56. 00 0 54. 00 55. 00 55. 00 55. 00 0 55. 00 55. 00 56. 00 57. 00 56. 00 56. 00 56. 00 56. 00 56. 00 56. 00 56. 00 57. 00	48.00	Other long term liabilities	11, 494, 298	0	o	0	48.00
51. 00 TOTAL LIABILITIES (Sum of lines 43 and 50) 23,658,665 0 0 0 51. 00 52. 00 General fund bal ance 645,930 52. 00 53. 00 Specific purpose fund 0 53. 00 54. 00 Donor created - endowment fund bal ance - restricted 0 54. 00 55. 00 Donor created - endowment fund bal ance - unrestricted 0 55. 00 56. 00 Governing body created - endowment fund bal ance 0 56. 00 57. 00 Plant fund bal ance - invested in plant 0 57. 00 58. 00 Plant fund bal ance - reserve for plant improvement, replacement, and expansion 0 58. 00 59. 00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 645, 930 0 0 0 59. 00 60. 00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24, 304, 595 0 0 0 60. 00			0	-1	0		49.00
CAPITAL ACCOUNTS Seneral fund balance G45, 930 Specific purpose fund S3.00 Specific purpose fund O S3.00 Specific purpose fund O S4.00 Donor created - endowment fund balance - restricted O S4.00 S5.00 Donor created - endowment fund balance - unrestricted O S5.00 Soverning body created - endowment fund balance O S5.00 S6.00 O Plant fund balance - invested in plant O S7.00 Plant fund balance - reserve for plant improvement, replacement, and expansion O S8.00 O O S9.00 O O S9.00 O O S9.00 O O O O O O O O O		· ·	1	1	0		
52.00 General fund balance 53.00 Specific purpose fund 54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 66.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 57.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 645, 930 645, 930 645, 930 645, 930 0 0 0 0 0 0 0 0 0 0 0 0	31.00		23, 036, 003	<u> </u>	<u> </u>	0	31.00
54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 66.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 645,930 0 0 0 59.00	52. 00		645, 930				52. 00
55.00 Donor created - endowment fund balance - unrestricted 66.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 645,930 0 0 659.00				1			53.00
56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24,304,595) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24,304,595) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24,304,595)					0		54.00
57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24,304,595 0 0 57.00 0 57.00 0 58.00 0 0 0 59.00 0 0 0 60.00					0		
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24,304,595 0 0 0 60.00					٩	0	
replacement, and expansion 59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58) 60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24,304,595 0 0 0 60.00		•					58.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 24,304,595 0 0 60.00						· ·	
			1	1	o		59.00
(75)	60. 00		24, 304, 595	0	0	0	60. 00
		<i>~'/</i>	I	ı	I		I

KESWICK PINES, INC.

| Period: | Worksheet G-1 | From 01/01/2022 | To 12/21/2022 | Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES Provi der No.: 315347

					To 12/31/2022	Date/Time Pre 5/26/2023 9:5	
		General	Fund	Special F	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4. 00	5. 00	
1. 00 2. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31)		3, 365, 842 -2, 749, 172		0		1. 00 2. 00
3.00	Total (sum of line 1 and line 2)		616, 670		0		3. 00
4. 00 5. 00	Additions (credit adjustments) CONTRIBUTIONS	29, 267			0	0	4. 00 5. 00
6. 00	CONTRIBUTIONS	29, 207			0	0	6.00
7.00		o			0	0	7. 00
8. 00 9. 00		0			0	0	8. 00 9. 00
10. 00	Total additions (sum of line 5 - 9)		29, 267		0	1	10.00
11. 00	Subtotal (line 3 plus line 10)		645, 937		0		11. 00
12.00	Deductions (debit adjustments)						12.00
13. 00 14. 00	NET ASSETS RELEASED ROUNDING	7			0	0	13. 00 14. 00
15. 00		Ó			0	Ö	15. 00
16.00		0			0	0	16.00
17. 00 18. 00	Total deductions (sum of lines 13 - 17)	١	7		0	-	17. 00 18. 00
19. 00	Fund balance at end of period per balance		645, 930		0	l	19. 00
	sheet (Line 11 - line 18)	Endowment Fund	PI ant	Fund			
		Liidowillerit Turid	Frant	T UTIO			
		6. 00	7. 00	8. 00			
1. 00 2. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31)	0			0		1. 00 2. 00
3. 00	Total (sum of line 1 and line 2)	o			0		3.00
4.00	Additions (credit adjustments)						4. 00
5.00	CONTRI BUTI ONS		0				5. 00
6. 00 7. 00			0				6. 00 7. 00
8.00			0				8. 00
9. 00 10. 00	Total additions (sum of line F 0)		0		0		9. 00 10. 00
11. 00	Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10)				0		11.00
12. 00	Deductions (debit adjustments)						12. 00
13. 00 14. 00	NET ASSETS RELEASED ROUNDING		0				13. 00 14. 00
15. 00	ROUNDING		0				15. 00
16. 00			0				16. 00
17. 00 18. 00	Total deductions (sum of lines 13 - 17)		0		0		17. 00 18. 00
19. 00	Fund balance at end of period per balance				0		19.00
	sheet (Line 11 - line 18)						

Health Financial Systems	KESWICK PINES, INC.		In Lie	u of Form CMS-2	2540-10
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi	der No.: 315347	From 01/01/2022	Worksheet G-2 Parts I-II Date/Time Pre 5/26/2023 9:5	pared:
Cost Center Description		Inpatient	Outpati ent	Total	

STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der		Peri od: From 01/01/2022 To 12/31/2022	Worksheet G-2 Parts I-II Date/Time Pre 5/26/2023 9:5	
	Cost Center Description		Inpatient	Outpati ent	Total	
			1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES					
	General Inpatient Routine Care Services					
1. 00	SKILLED NURSING FACILITY		6, 670, 58	38	6, 670, 588	1. 00
2.00	NURSING FACILITY			0	0	2. 00
3.00	ICF/IID			0	0	3. 00
4.00	OTHER LONG TERM CARE			0	0	4. 00
5.00	Total general inpatient care services (Sum of lines 1 - 4)		6, 670, 58	38	6, 670, 588	5. 00
	All Other Care Services			1		
6.00	ANCI LLARY SERVI CES		1, 165, 02		1, 165, 027	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
	FQHC			0	0	10. 10
11. 00	CMHC			0	0	11. 00
11. 10	CORF			0	0	11. 10
	HOSPI CE			0 0	0	12. 00
	ASSISTED AND INDEPENDENT LIVING		11, 008, 77		11, 008, 779	13. 00
14. 00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3	to	18, 844, 39	0	18, 844, 394	14. 00
	Worksheet G-3, Line 1)					
	Cost Center Description			4.00	0.00	
	DADT II ODEDATING EVDENCES			1. 00	2. 00	
1 00	PART II - OPERATING EXPENSES				10,000,000	1 00
1. 00 2. 00	Operating Expenses (Per Worksheet A, Col. 3, Line 100) Add (Specify)			0	19, 090, 888	1. 00 2. 00
2. 00 3. 00	Add (Specify)			0		3.00
				0		
4. 00 5. 00				0		4. 00 5. 00
				0		
6.00				0		6. 00
7.00	T-+-1 A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			0	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	Total Dadustians (Com of Lines O 12)			0	_	13.00
	Total Deductions (Sum of lines 9 - 13)				0	
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)				19, 090, 888	15.00

Health Financial Systems	KESWICK PINES,	I NC.	In Lie	u of Form CMS-2540-10
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provi der No.: 315347	Peri od:	Worksheet G-3

	Trilanciai Systems Reswick Fin		III LIE	u or roriii cws	2540-10
STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der No.: 315347	Peri od:	Worksheet G-3	
			From 01/01/2022 To 12/31/2022	Date/Time Pre	narod:
			10 12/31/2022	5/26/2023 9:5	
				072072020 710	<u> </u>
				1. 00	
1. 00	Total patient revenues (From Wkst. G-2, Part I, col. 3, Iii	ne 14)		18, 844, 394	1.00
2.00	Less: contractual allowances and discounts on patients according	•		1, 983, 173	2.00
3.00	Net patient revenues (Line 1 minus line 2)			16, 861, 221	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II,	, line 15)		19, 090, 888	4.00
5.00	Net income from service to patients (Line 3 minus 4)	•		-2, 229, 667	5.00
	Other income:				1
6.00	Contributions, donations, bequests, etc			15, 337	6.00
7.00	Income from investments			260, 848	7. 00
8.00	Revenues from communications (Telephone and Internet service	ce)		51, 967	8.00
9.00	Revenue from television and radio service			116, 937	9.00
10.00	Purchase di scounts			0	10.00
11. 00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from Laundry and Linen service			19, 031	13.00
14.00	Revenue from meals sold to employees and guests			100, 080	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			3, 383	20.00
21.00	Rental of vending machines			2, 045	21.00
22.00	Rental of skilled nursing space			0	22. 00
23.00	Governmental appropriations			0	23. 00
24.00	TRIP REVENUE			494	24.00
24. 01	BARBER AND BEAUTY			78, 085	24. 01
24. 02	FINANCE CHARGES			4, 399	24. 02
24. 03	RESIDENT INTEREST / LATE FEES			0	24. 03
24. 04	PROCESSING FEES			5, 900	24. 04
24. 05	RESTRICTED INVESTMENT INCOME			0	24. 05
24. 06	GAIN / LOSS ON ASSET DISPOSAL			0	24. 06
24. 07	NET ASSETS RELEASED			1, 700	24. 07
24. 08	CARE TO SHARE INVESTORS REVENUE			1, 190	24. 08
24. 09	INTEREST ON PROMISSORY NOTE			18	24. 09
24. 10	Other miscellaneous revenue (specify)			0	24. 10
24. 11	Other miscellaneous revenue (specify)			0	24. 11
24. 50	COVI D-19 PHE Fundi ng			0	24. 50
	Total other income (Sum of lines 6 - 24)			661, 414	25. 00
26. 00	Total (Line 5 plus line 25)			-1, 568, 253	26. 00
	RESTRICTED INVESTMENT LOSS			1, 180, 919	27. 00
28. 00				0	
29. 00				0	
	Total other expenses (Sum of lines 27 - 29)			1, 180, 919	1
31. 00	Net income (or loss) for the period (Line 26 minus line 30))		-2, 749, 172	31.00