

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

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 6/30/2022 3:12 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 6/30/2022	Time: 3:12 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No. _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN
	5. Date Received: _____	8. <input type="checkbox"/> Last Cost Report for this Provider CCN	9. NPR Date: _____
		10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened	11. Contractor Vendor Code <u>4</u>
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

**PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR**

MI SREPRESENTATION 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 MASONIC CHARITY FOUNDATION OF NEW JE ( 315166 ) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

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

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315166		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 6/30/2022 3:12 pm			
1.00		2.00		3.00					
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 902 JACKSONVILLE ROAD	PO Box:						1.00	
2.00	City: BURLINGTON	State: NJ	Zip Code:08016					2.00	
3.00	County: BURLINGTON	CBSA Code: 15804	Urban/Rural: U					3.00	
3.01		CBSA Code:						3.01	
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)				
		1.00	2.00	3.00	V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	MASONIC CHARITY FOUNDATION OF NEW JE	315166	01/01/1980	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FOHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2021	12/31/2021		14.00		
15.00	Type of Control (See Instructions)			CORPORATION		15.00			
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N		16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N		17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						N		18.00
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line						6,407,893		20.00
21.00	Declining Balance						0		21.00
22.00	Sum of the Year's Digits						0		22.00
23.00	Sum of line 20 through 22						6,407,893		23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.						0		24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						Y		25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N		26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N		27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N		28.00
				Part A	Part B	Other			
				1.00	2.00	3.00			
29.00	If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.						N		29.00
30.00	Skilled Nursing Facility						N		30.00
31.00	Nursing Facility						N		31.00
32.00	ICF/IID						N		32.00
33.00	SNF-Based HHA						N		33.00
34.00	SNF-Based RHC						N		34.00
35.00	SNF-Based FOHC						N		35.00
36.00	SNF-Based CMHC						N		36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)						N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)						N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.						1		39.00
				Premiums	Paid Losses	Self Insurance			
				1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:			287,500	0	0	41.00		

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 6/30/2022 3:12 pm
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		Y/N	
		1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?	N	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		44.00
	1.00	2.00	3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name:	Contractor's Name:	Contractor's Number:
46.00	Street:	PO Box:	
47.00	City:	State:	Zip Code:

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 6/30/2022 3:12 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/27/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y	18.00

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

Provider No. : 315166

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

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 6/30/2022 3:12 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ADAM	SLAVENS	19.00
20.00	Enter the employer/company name of the cost report preparer.	BAKER TILLY US, LLP		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	612-876-4586	ADAM.SLAVENS@BAKERTILLY.COM	21.00

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

Provider No. : 315166

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

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 6/30/2022 3:12 pm

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

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

Provider No. : 315166

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

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 6/30/2022 3:12 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	264	96,360	0	4,194	18,763	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	75	27,375				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of Lines 1-7)	339	123,735	0	4,194	18,763	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	10,725	33,682	0	230	22	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	25,204	25,204				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of Lines 1-7)	35,929	58,886	0	230	22	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	116	368	0.00	18.23	852.86	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	42	42				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of Lines 1-7)	158	410	0.00	18.23	852.86	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	91.53	0	262	8	112	1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	600.10				37	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of Lines 1-7)	143.62	0	262	8	149	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	382	172.25	0.00			1.00
2.00	NURSING FACILITY						2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	37	62.45	0.00			5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of Lines 1-7)	419	234.70	0.00			8.00

Provider No. : 315166

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
6/30/2022 3:12 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	14,481,751	0	14,481,751	762,742.25	18.99
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	14,481,751	0	14,481,751	762,742.25	18.99
7.00	Other Long Term Care	2,254,384	0	2,254,384	129,896.76	17.36
8.00	HOME HEALTH AGENCY COST					
9.00	CMHC					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	2,254,384	0	2,254,384	129,896.76	17.36
13.00	Total Adjusted Salaries (line 6 minus line 12)	12,227,367	0	12,227,367	632,845.49	19.32
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	1,030,741	0	1,030,741	17,187.00	59.97
15.00	Contract Labor: Physician services-Part A	25,200	0	25,200	120.00	210.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	3,607,847	0	3,607,847		
18.00	Wage-related costs other (See Part IV)	46,246	0	46,246		
19.00	Wage related costs (excluded units)	561,636	0	561,636		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	3,092,457	0	3,092,457		



Provider No. : 315166

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
6/30/2022 3:12 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	1,621,353	0	1,621,353	39,487.37	2.00
3.00	Plant Operation, Maintenance & Repairs	798,057	0	798,057	36,181.76	3.00
4.00	Laundry & Linen Service	0	119,112	119,112	6,014.31	4.00
5.00	Housekeeping	833,872	-119,112	714,760	47,873.54	5.00
6.00	Dietary	1,341,352	0	1,341,352	100,228.89	6.00
7.00	Nursing Administration	216,053	0	216,053	6,751.67	7.00
8.00	Central Services and Supply	0	0	0	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	47,256	0	47,256	1,718.69	10.00
11.00	Social Service	104,614	0	104,614	4,066.66	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	662,107	0	662,107	32,242.33	13.00
14.00	Total (sum lines 1 thru 13)	5,624,664	0	5,624,664	274,565.22	14.00

SNF WAGE RELATED COSTS	Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 6/30/2022 3:12 pm
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			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		559,532	3.00
4.00	Prior Year Pension Service Cost		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		1,275,354	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		39,627	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		23,996	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		595,200	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		901,520	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		165,558	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		3,560,787	24.00
			Amount Reported	
			1.00	
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER COSTS		46,246	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315166

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
6/30/2022 3:12 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	1,686,773	420,227	2,107,000	58,960.92	35.74	1.00
2.00	Licensed Practical Nurses (LPNs)	1,805,584	449,826	2,255,410	84,221.67	26.78	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	3,110,346	774,882	3,885,228	215,097.68	18.06	3.00
4.00	Total Nursing (sum of lines 1 through 3)	6,602,703	1,644,935	8,247,638	358,280.27	23.02	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	284,716		284,716	3,970.00	71.72	18.00
19.00	Physical Therapy Assistants	221,103		221,103	4,040.00	54.73	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	200,680		200,680	2,941.00	68.24	21.00
22.00	Occupational Therapy Assistants	165,847		165,847	3,581.00	46.31	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	158,395		158,395	2,655.00	59.66	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315166

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

Worksheet S-7  
Date/Time Prepared:  
6/30/2022 3:12 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet S-7 Date/Time Prepared: 6/30/2022 3:12 pm
		Group	Days	
76.00		1.00	2.00	
99.00		PA1		76.00
100.00	TOTAL	AAA		99.00
				100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
<p>A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)</p>				
101.00	Staffing			101.00
102.00	Recruitment			102.00
103.00	Retention of employees			103.00
104.00	Training			104.00
105.00	OTHER (SPECIFY)			105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)			106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315166

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

Worksheet A  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		10,261,946	10,261,946	0	10,261,946	1.00
3.00	00300		3,607,847	3,607,847	0	3,607,847	3.00
4.00	00400	1,621,353	6,574,086	8,195,439	0	8,195,439	4.00
5.00	00500	798,057	3,563,889	4,361,946	0	4,361,946	5.00
6.00	00600				152,042	152,042	6.00
7.00	00700	833,872	230,533	1,064,405	-152,042	912,363	7.00
8.00	00800	1,341,352	2,384,825	3,726,177	0	3,726,177	8.00
9.00	00900	216,053		216,053	0	216,053	9.00
10.00	01000				0	0	10.00
12.00	01200	47,256		47,256	0	47,256	12.00
13.00	01300	104,614		104,614	0	104,614	13.00
15.00	01500	662,107	43,371	705,478	0	705,478	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,602,703	259,227	6,861,930	0	6,861,930	30.00
33.00	03300	2,254,384	52,514	2,306,898	0	2,306,898	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000		14,108	14,108	0	14,108	40.00
41.00	04100		62,093	62,093	0	62,093	41.00
42.00	04200				0	0	42.00
43.00	04300		71,195	71,195	0	71,195	43.00
44.00	04400		442,566	442,566	63,253	505,819	44.00
45.00	04500		453,329	453,329	-86,802	366,527	45.00
46.00	04600		134,846	134,846	23,549	158,395	46.00
47.00	04700				0	0	47.00
48.00	04800		309,499	309,499	0	309,499	48.00
49.00	04900		334,692	334,692	0	334,692	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100				0	0	81.00
83.00	08300				0	0	83.00
89.00		14,481,751	28,800,566	43,282,317	0	43,282,317	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000				0	0	90.00
91.00	09100		16,090	16,090	0	16,090	91.00
92.00	09200				0	0	92.00
93.00	09300				0	0	93.00
94.00	09400				0	0	94.00
95.00	09500				0	0	95.00
100.00		14,481,751	28,816,656	43,298,407	0	43,298,407	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315166

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

Worksheet A  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-1,612,088	8,649,858	1.00
3.00	00300	EMPLOYEE BENEFITS	-53,111	3,554,736	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-2,442,522	5,752,917	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-3,094	4,358,852	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	-7,800	144,242	6.00
7.00	00700	HOUSEKEEPING	0	912,363	7.00
8.00	00800	DIETARY	-37,972	3,688,205	8.00
9.00	00900	NURSING ADMINISTRATION	0	216,053	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	47,256	12.00
13.00	01300	SOCIAL SERVICE	0	104,614	13.00
15.00	01500	ACTIVITIES	0	705,478	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	6,861,930	30.00
33.00	03300	OTHER LONG TERM CARE	0	2,306,898	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	14,108	40.00
41.00	04100	LABORATORY	0	62,093	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	71,195	43.00
44.00	04400	PHYSICAL THERAPY	0	505,819	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	366,527	45.00
46.00	04600	SPEECH PATHOLOGY	0	158,395	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	309,499	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	334,692	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
81.00	08100	INTEREST EXPENSE	0	0	81.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	-4,156,587	39,125,730	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	16,090	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NON-REIMBURSABLE	0	0	95.00
100.00		TOTAL	-4,156,587	39,141,820	100.00

RECLASSIFICATIONS

Provider No. : 315166

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

Worksheet A-6

Date/Time Prepared:  
6/30/2022 3:12 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
	(1) A - RECLASS THERAPY EXPENSE	2.00	3.00	4.00	5.00	
1.00		PHYSICAL THERAPY	44.00	0	63,253	1.00
2.00		SPEECH PATHOLOGY	46.00	0	23,549	2.00
	(1) C - RECLASS LAUNDRY					
3.00		LAUNDRY & LINEN SERVICE	6.00	119,112	32,930	3.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		119,112	119,732	100.00

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



RECLASSIFICATIONS

Provider No. : 315166

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

Worksheet A-6

Date/Time Prepared:  
6/30/2022 3:12 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - RECLASS THERAPY EXPENSE					
1.00		OCCUPATIONAL THERAPY	45.00	0	86,802	1.00
2.00			0.00	0	0	2.00
	(1) C - RECLASS LAUNDRY					
3.00		HOUSEKEEPING	7.00	119,112	32,930	3.00
	TOTALS					
100.00				119,112	119,732	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315166

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

Worksheet A-7

Date/Time Prepared:  
6/30/2022 3:12 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	5,909,617	0	0	0	0	1.00
2.00 Land Improvements	1,909,093	59,801	0	59,801	0	2.00
3.00 Buildings and Fixtures	139,585,946	4,350,266	0	4,350,266	0	3.00
4.00 Building Improvements	30,695,720	0	0	0	1,108,971	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	18,073,943	0	0	0	1,997,586	6.00
7.00 Subtotal (sum of lines 1-6)	196,174,319	4,410,067	0	4,410,067	3,106,557	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	196,174,319	4,410,067	0	4,410,067	3,106,557	9.00
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	5,909,617	0				
2.00 Land Improvements	1,968,894	0				
3.00 Buildings and Fixtures	143,936,212	0				
4.00 Building Improvements	29,586,749	0				
5.00 Fixed Equipment	0	0				
6.00 Movable Equipment	16,076,357	0				
7.00 Subtotal (sum of lines 1-6)	197,477,829	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	197,477,829	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315166

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

Worksheet A-8

Date/Time Prepared:  
6/30/2022 3:12 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line No.
			1.00	2.00
1.00 Investment income on restricted funds (chapter 2)	B	-1,611,572	CAP REL COSTS - BLDGS & FIXTURES	1.00 1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 2.00
3.00 Refunds and rebates of expenses (chapter 8)	B	-1,250	ADMINISTRATIVE & GENERAL	4.00 3.00
4.00 Rental of provider space by suppliers (chapter 8)	B	-516	CAP REL COSTS - BLDGS & FIXTURES	1.00 4.00
5.00 Telephone services (pay stations excluded) (chapter 21)	B	-9,165	ADMINISTRATIVE & GENERAL	4.00 5.00
6.00 Television and radio service (chapter 21)		0		0.00 6.00
7.00 Parking lot (chapter 21)		0		0.00 7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0		8.00
9.00 Home office cost (chapter 21)		0		0.00 9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00 11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0		12.00
13.00 Laundry and linen service	B	-7,800	LAUNDRY & LINEN SERVICE	6.00 13.00
14.00 Revenue - Employee meals	B	-37,972	DIETARY	8.00 14.00
15.00 Cost of meals - Guests		0		0.00 15.00
16.00 Sale of medical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Vending machines		0		0.00 19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	82.00 22.00
23.00 Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00 23.00
24.00 Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00 24.00
25.00 MAINTENANCE MISC INCOME	B	-3,094	PLANT OPERATION, MAINT. & REPAIRS	5.00 25.00
25.01 ADMIN MISC INCOME	B	-240,020	ADMINISTRATIVE & GENERAL	4.00 25.01
25.03 DEVELOPMENT SAL	A	-257,396	ADMINISTRATIVE & GENERAL	4.00 25.03
25.04 MARKETING SAL	A	-266,806	ADMINISTRATIVE & GENERAL	4.00 25.04
25.05 NON-ALLOWABLE EXPENSE	A	-1,572,163	ADMINISTRATIVE & GENERAL	4.00 25.05
25.06 OTHER MISC INCOME	B	-12,972	ADMINISTRATIVE & GENERAL	4.00 25.06
25.07 DEVELOPMENT BEN	B	-22,796	EMPLOYEE BENEFITS	3.00 25.07
25.08 MARKETING BEN	B	-30,315	EMPLOYEE BENEFITS	3.00 25.08
25.11 SCHOLARSHIP EXPENSES	A	-82,750	ADMINISTRATIVE & GENERAL	4.00 25.11
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-4,156,587		100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315166

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADM INI STRATI V E & GENERAL	
		BLDGS & FI XTURES				
	0	1.00	3.00	3A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	8,649,858	8,649,858			1.00
3.00 00300	EMPLOYEE BENEFITS	3,554,736	0	3,554,736		3.00
4.00 00400	ADM INI STRATI VE & GENERAL	5,752,917	557,389	279,425	6,589,731	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	4,358,852	1,060,611	203,251	5,622,714	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	144,242	322,171	30,336	496,749	6.00
7.00 00700	HOUSEKEEPING	912,363	166,301	182,037	1,260,701	7.00
8.00 00800	DI ETARY	3,688,205	498,744	341,618	4,528,567	8.00
9.00 00900	NURSI NG ADM INI STRATI ON	216,053	29,840	55,025	300,918	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	83,409	0	83,409	10.00
12.00 01200	MEDI CAL RECORDS & LIBRARY	47,256	12,342	12,035	71,633	12.00
13.00 01300	SOCI AL SERVI CE	104,614	18,075	26,643	149,332	13.00
15.00 01500	ACTI VI TI ES	705,478	246,246	168,627	1,120,351	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKI LLED NURSI NG FACI LI TY	6,861,930	1,482,196	1,681,588	10,025,714	30.00
33.00 03300	OTHER LONG TERM CARE	2,306,898	1,539,070	574,151	4,420,119	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADI OLOGY	14,108	0	0	14,108	40.00
41.00 04100	LABORATORY	62,093	0	0	62,093	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	71,195	0	0	71,195	43.00
44.00 04400	PHYSI CAL THERAPY	505,819	84,783	0	590,602	44.00
45.00 04500	OCCUPATIONAL THERAPY	366,527	995	0	367,522	45.00
46.00 04600	SPEECH PATHOLOGY	158,395	2,867	0	161,262	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	309,499	0	0	309,499	48.00
49.00 04900	DRUGS CHARGED TO PATI ENTS	334,692	0	0	334,692	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE	0	12,243	0	12,243	81.00
83.00 08300	HOSPI CE	0	12,243	0	12,243	83.00
89.00 08900	SUBTOTALS (sum of lines 1-84)	39,125,730	6,117,282	3,554,736	36,593,154	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	58,605	0	58,605	90.00
91.00 09100	BARBER AND BEAUTY SHOP	16,090	13,775	0	29,865	91.00
92.00 09200	PHYSI CI ANS PRI VATE OFFI CES	0	46,502	0	46,502	92.00
93.00 09300	NONPAI D WORKERS	0	0	0	0	93.00
94.00 09400	PATI ENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NON-REI MBURSABLE	0	2,413,694	0	2,413,694	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negati ve Cost Centers	0	0	0	0	99.00
100.00	TOTAL	39,141,820	8,649,858	3,554,736	39,141,820	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315166

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	6,760,959				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	309,759	907,068			6.00
7.00	00700	HOUSEKEEPING	159,894	0	1,675,808		7.00
8.00	00800	DIETARY	479,530	0	127,732	6,052,579	8.00
9.00	00900	NURSING ADMINISTRATION	28,691	0	7,642	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	80,196	0	21,362	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	11,867	0	3,161	0	12.00
13.00	01300	SOCIAL SERVICE	17,379	0	4,629	0	13.00
15.00	01500	ACTIVITIES	236,760	0	63,065	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	1,425,095	518,831	379,601	3,479,748	30.00
33.00	03300	OTHER LONG TERM CARE	1,479,778	388,237	394,167	2,572,831	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	81,517	0	21,713	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	957	0	255	0	45.00
46.00	04600	SPEECH PATHOLOGY	2,756	0	734	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100	INTEREST EXPENSE					81.00
83.00	08300	HOSPICE	11,771	0	3,135	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	4,325,950	907,068	1,027,196	6,052,579	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	56,348	0	15,009	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	13,245	0	3,528	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	44,711	0	11,910	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NON-REIMBURSABLE	2,320,705	0	618,165	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	6,760,959	907,068	1,675,808	6,052,579	398,168

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315166

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES	Subtotal	
					10.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	201,852					10.00
12.00	01200	0	101,162				12.00
13.00	01300	0	0	201,570			13.00
15.00	01500	0	0	0	1,646,976		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	144,657	57,863	115,295	942,048	19,516,579	30.00
33.00	03300	57,195	43,299	86,275	704,928	11,041,625	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	16,964	40.00
41.00	04100	0	0	0	0	74,663	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	85,608	43.00
44.00	04400	0	0	0	0	813,392	44.00
45.00	04500	0	0	0	0	443,134	45.00
46.00	04600	0	0	0	0	197,397	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	372,153	48.00
49.00	04900	0	0	0	0	402,446	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100						81.00
83.00	08300	0	0	0	0	29,627	83.00
89.00		201,852	101,162	201,570	1,646,976	32,993,588	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	141,826	90.00
91.00	09100	0	0	0	0	52,684	91.00
92.00	09200	0	0	0	0	112,537	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	5,841,185	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		201,852	101,162	201,570	1,646,976	39,141,820	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315166

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		Post Stepdown Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
3.00	00300			3.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
12.00	01200			12.00
13.00	01300			13.00
15.00	01500			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	0	19,516,579	30.00
33.00	03300	0	11,041,625	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	0	16,964	40.00
41.00	04100	0	74,663	41.00
42.00	04200	0	0	42.00
43.00	04300	0	85,608	43.00
44.00	04400	0	813,392	44.00
45.00	04500	0	443,134	45.00
46.00	04600	0	197,397	46.00
47.00	04700	0	0	47.00
48.00	04800	0	372,153	48.00
49.00	04900	0	402,446	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
81.00	08100			81.00
83.00	08300	0	29,627	83.00
89.00		0	32,993,588	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	0	141,826	90.00
91.00	09100	0	52,684	91.00
92.00	09200	0	112,537	92.00
93.00	09300	0	0	93.00
94.00	09400	0	0	94.00
95.00	09500	0	5,841,185	95.00
98.00		0	0	98.00
99.00		0	0	99.00
100.00		0	39,141,820	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES					
	0	1.00		2A	3.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	557,389	557,389	0	557,389	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	1,060,611	1,060,611	0	96,278	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	322,171	322,171	0	8,506	6.00
7.00 00700	HOUSEKEEPING	0	166,301	166,301	0	21,587	7.00
8.00 00800	DIETARY	0	498,744	498,744	0	77,543	8.00
9.00 00900	NURSING ADMINISTRATION	0	29,840	29,840	0	5,153	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	83,409	83,409	0	1,428	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	12,342	12,342	0	1,227	12.00
13.00 01300	SOCIAL SERVICE	0	18,075	18,075	0	2,557	13.00
15.00 01500	ACTIVITIES	0	246,246	246,246	0	19,184	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	SKILLED NURSING FACILITY	0	1,482,196	1,482,196	0	171,668	30.00
33.00 03300	OTHER LONG TERM CARE	0	1,539,070	1,539,070	0	75,686	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	RADIOLOGY	0	0	0	0	242	40.00
41.00 04100	LABORATORY	0	0	0	0	1,063	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	1,219	43.00
44.00 04400	PHYSICAL THERAPY	0	84,783	84,783	0	10,113	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	995	995	0	6,293	45.00
46.00 04600	SPEECH PATHOLOGY	0	2,867	2,867	0	2,761	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,300	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,731	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00 08100	INTEREST EXPENSE						81.00
83.00 08300	HOSPICE	0	12,243	12,243	0	210	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	6,117,282	6,117,282	0	513,749	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	58,605	58,605	0	1,003	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	13,775	13,775	0	511	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	46,502	46,502	0	796	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00 09500	OTHER NON-REIMBURSABLE	0	2,413,694	2,413,694	0	41,330	95.00
98.00	Cross Foot Adjustments			0			98.00
99.00	Negative Cost Centers			0		0	99.00
100.00	TOTAL	0	8,649,858	8,649,858	0	557,389	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL					4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,156,889				5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	53,004	383,681			6.00	
7.00	00700	HOUSEKEEPING	27,360	0	215,248		7.00	
8.00	00800	DIETARY	82,054	0	16,406	674,747	8.00	
9.00	00900	NURSING ADMINISTRATION	4,909	0	982	40,884	9.00	
10.00	01000	CENTRAL SERVICES & SUPPLY	13,723	0	2,744	0	10.00	
12.00	01200	MEDICAL RECORDS & LIBRARY	2,031	0	406	0	12.00	
13.00	01300	SOCIAL SERVICE	2,974	0	595	0	13.00	
15.00	01500	ACTIVITIES	40,513	0	8,100	0	15.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	243,853	219,460	48,758	387,925	40,884	30.00
33.00	03300	OTHER LONG TERM CARE	253,209	164,221	50,628	286,822	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	13,949	0	2,789	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	164	0	33	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	472	0	94	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
81.00	08100	INTEREST EXPENSE						81.00
83.00	08300	HOSPICE	2,014	0	403	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	740,229	383,681	131,938	674,747	40,884	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	9,642	0	1,928	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	2,266	0	453	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	7,651	0	1,530	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NON-REIMBURSABLE	397,101	0	79,399	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,156,889	383,681	215,248	674,747	40,884	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES	Subtotal	
	10.00	12.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	101,304				10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	16,006			12.00
13.00 01300	SOCIAL SERVICE	0	0	24,201		13.00
15.00 01500	ACTIVITIES	0	0	0	314,043	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	72,599	9,155	13,843	179,628	2,869,969 30.00
33.00 03300	OTHER LONG TERM CARE	28,705	6,851	10,358	134,415	2,549,965 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	242 40.00
41.00 04100	LABORATORY	0	0	0	0	1,063 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	1,219 43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	0	111,634 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	7,485 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	6,194 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,300 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,731 49.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE					81.00
83.00 08300	HOSPICE	0	0	0	0	14,870 83.00
89.00	SUBTOTALS (sum of lines 1-84)	101,304	16,006	24,201	314,043	5,573,672 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	71,178 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	17,005 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	56,479 92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0 94.00
95.00 09500	OTHER NON-REIMBURSABLE	0	0	0	0	2,931,524 95.00
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00
99.00	Negative Cost Centers	0	0	0	0	0 99.00
100.00	TOTAL	101,304	16,006	24,201	314,043	8,649,858 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315166

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		Post Step-Down Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0	2,869,969
33.00	03300	OTHER LONG TERM CARE	0	2,549,965
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	0	242
41.00	04100	LABORATORY	0	1,063
42.00	04200	INTRAVENOUS THERAPY	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	1,219
44.00	04400	PHYSICAL THERAPY	0	111,634
45.00	04500	OCCUPATIONAL THERAPY	0	7,485
46.00	04600	SPEECH PATHOLOGY	0	6,194
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,300
49.00	04900	DRUGS CHARGED TO PATIENTS	0	5,731
<b>SPECIAL PURPOSE COST CENTERS</b>				
81.00	08100	INTEREST EXPENSE		81.00
83.00	08300	HOSPICE	0	14,870
89.00		SUBTOTALS (sum of lines 1-84)	0	5,573,672
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	71,178
91.00	09100	BARBER AND BEAUTY SHOP	0	17,005
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	56,479
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NON-REIMBURSABLE	0	2,931,524
98.00		Cross Foot Adjustments	0	0
99.00		Negative Cost Centers	0	0
100.00		TOTAL	0	8,649,858

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315166

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

Worksheet B-1

Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCUM COST)	PLANT OPERATI ON, MAINT. & REPAI RS (SQUARE FEET)	
	BLDGS & FI XTURES (SQUARE FEET)					
	1.00	3.00	4A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	434,519				1.00
3.00 00300	EMPLOYEE BENEFITS	0	13,957,549			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	28,000	1,097,151	-6,589,731	32,552,089	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	53,279	798,057	0	5,622,714	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	16,184	119,112	0	496,749	6.00
7.00 00700	HOUSEKEEPING	8,354	714,760	0	1,260,701	7.00
8.00 00800	DIETARY	25,054	1,341,352	0	4,528,567	8.00
9.00 00900	NURSING ADMINISTRATION	1,499	216,053	0	300,918	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	4,190	0	0	83,409	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	620	47,256	0	71,633	12.00
13.00 01300	SOCIAL SERVICE	908	104,614	0	149,332	13.00
15.00 01500	ACTIVITIES	12,370	662,107	0	1,120,351	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	74,457	6,602,703	0	10,025,714	30.00
33.00 03300	OTHER LONG TERM CARE	77,314	2,254,384	0	4,420,119	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	14,108	40.00
41.00 04100	LABORATORY	0	0	0	62,093	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	71,195	43.00
44.00 04400	PHYSICAL THERAPY	4,259	0	0	590,602	44.00
45.00 04500	OCCUPATIONAL THERAPY	50	0	0	367,522	45.00
46.00 04600	SPEECH PATHOLOGY	144	0	0	161,262	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	309,499	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	334,692	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00 08100	INTEREST EXPENSE					81.00
83.00 08300	HOSPICE	615	0	0	12,243	83.00
89.00	SUBTOTALS (sum of lines 1-84)	307,297	13,957,549	-6,589,731	30,003,423	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	2,944	0	0	58,605	90.00
91.00 09100	BARBER AND BEAUTY SHOP	692	0	0	29,865	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	2,336	0	0	46,502	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NON-REIMBURSABLE	121,250	0	0	2,413,694	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	8,649,858	3,554,736		6,589,731	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	19.906743	0.254682		0.202437	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		557,389	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.017123	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315166

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

Worksheet B-1  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	58,886				6.00
7.00	00700	HOUSEKEEPING	0	328,702			7.00
8.00	00800	DIETARY	0	25,054	178,651		8.00
9.00	00900	NURSING ADMINISTRATION	0	1,499	0	358,280	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	4,190	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	620	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	908	0	0	13.00
15.00	01500	ACTIVITIES	0	12,370	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	33,682	74,457	102,710	358,280	76,983
33.00	03300	OTHER LONG TERM CARE	25,204	77,314	75,941	0	30,438
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	4,259	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	50	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	144	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
81.00	08100	INTEREST EXPENSE					81.00
83.00	08300	HOSPICE	0	615	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	58,886	201,480	178,651	358,280	107,421
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	2,944	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	692	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	2,336	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NON-REIMBURSABLE	0	121,250	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	907,068	1,675,808	6,052,579	398,168	201,852
103.00		Unit cost multiplier (Wkst. B, Part I)	15.403797	5.098259	33.879346	1.111332	1.879074
104.00		Cost to be allocated (per Wkst. B, Part II)	383,681	215,248	674,747	40,884	101,304
105.00		Unit cost multiplier (Wkst. B, Part II)	6.515657	0.654842	3.776900	0.114112	0.943056

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315166

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

Worksheet B-1  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE ACTIVITIES (TOTAL PATIENT DAYS)		
	12.00	13.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES				1.00	
3.00 00300 EMPLOYEE BENEFITS				3.00	
4.00 00400 ADMINISTRATIVE & GENERAL				4.00	
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS				5.00	
6.00 00600 LAUNDRY & LINEN SERVICE				6.00	
7.00 00700 HOUSEKEEPING				7.00	
8.00 00800 DIETARY				8.00	
9.00 00900 NURSING ADMINISTRATION				9.00	
10.00 01000 CENTRAL SERVICES & SUPPLY				10.00	
12.00 01200 MEDICAL RECORDS & LIBRARY	58,886			12.00	
13.00 01300 SOCIAL SERVICE	0	58,886		13.00	
15.00 01500 ACTIVITIES	0	0	58,886	15.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 SKILLED NURSING FACILITY	33,682	33,682	33,682	30.00	
33.00 03300 OTHER LONG TERM CARE	25,204	25,204	25,204	33.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00 04000 RADIOLOGY	0	0	0	40.00	
41.00 04100 LABORATORY	0	0	0	41.00	
42.00 04200 INTRAVENOUS THERAPY	0	0	0	42.00	
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	43.00	
44.00 04400 PHYSICAL THERAPY	0	0	0	44.00	
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	45.00	
46.00 04600 SPEECH PATHOLOGY	0	0	0	46.00	
47.00 04700 ELECTROCARDIOLOGY	0	0	0	47.00	
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00	
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	49.00	
<b>SPECIAL PURPOSE COST CENTERS</b>					
81.00 08100 INTEREST EXPENSE				81.00	
83.00 08300 HOSPICE	0	0	0	83.00	
89.00	SUBTOTALS (sum of lines 1-84)	58,886	58,886	58,886	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00	
91.00 09100 BARBER AND BEAUTY SHOP	0	0	0	91.00	
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0	0	92.00	
93.00 09300 NONPAID WORKERS	0	0	0	93.00	
94.00 09400 PATIENTS LAUNDRY	0	0	0	94.00	
95.00 09500 OTHER NON-REIMBURSABLE	0	0	0	95.00	
98.00	Cross Foot Adjustments			98.00	
99.00	Negative Cost Centers			99.00	
102.00	Cost to be allocated (per Wkst. B, Part I)	101,162	201,570	1,646,976	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	1.717930	3.423055	27.968889	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	16,006	24,201	314,043	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.271813	0.410981	5.333067	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet C Date/Time Prepared: 6/30/2022 3:12 pm	
Cost Center Description		Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	16,964	14,108	1.202438 40.00
41.00	04100	LABORATORY	74,663	62,093	1.202438 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	85,608	71,195	1.202444 43.00
44.00	04400	PHYSICAL THERAPY	813,392	739,281	1.100247 44.00
45.00	04500	OCCUPATIONAL THERAPY	443,134	765,680	0.578746 45.00
46.00	04600	SPEECH PATHOLOGY	197,397	337,319	0.585194 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	372,153	247,500	1.503648 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	402,446	226,947	1.773304 49.00
100.00		Total	2,405,757	2,464,123	100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 6/30/2022 3:12 pm
		Title XVIII (1)	Skilled Nursing Facility	PPS

Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		2.00	3.00	4.00	5.00	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>						
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000 RADIOLOGY	1.202438	0	0	0	40.00
41.00	04100 LABORATORY	1.202438	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.000000	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.202444	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	1.100247	503,312	0	553,768	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.578746	570,913	0	330,414	45.00
46.00	04600 SPEECH PATHOLOGY	0.585194	221,798	0	129,795	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.503648	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.773304	173,535	0	307,730	49.00
100.00	Total (Sum of lines 40 - 71)		1,469,558	0	1,321,707	100.00

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

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



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 6/30/2022 3:12 pm
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description				1.00	
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PART II - APPORTIONMENT OF VACCINE COST					
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)		1.773304	1.00
2.00		Program vaccine charges (From your records, or the PS&R)		0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)		0	3.00

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

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	16,964	0	0.000000	0	0 40.00
41.00	04100	LABORATORY	74,663	0	0.000000	0	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	85,608	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	813,392	0	0.000000	553,768	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	443,134	0	0.000000	330,414	0 45.00
46.00	04600	SPEECH PATHOLOGY	197,397	0	0.000000	129,795	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	372,153	0	0.000000	0	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	402,446	0	0.000000	307,730	0 49.00
100.00		Total (Sum of lines 40 - 52)	2,405,757	0		1,321,707	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-III Date/Time Prepared: 6/30/2022 3:12 pm
	Title XVIII	Skilled Nursing Facility	PPS

	1.00	
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PART I CALCULATION OF INPATIENT ROUTINE COSTS			
INPATIENT DAYS			
1.00	Inpatient days including private room days	33,682	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	4,194	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	19,516,579	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	16,944,420	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.151800	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	16,944,420	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	503.07	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	19,516,579	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	579.44	16.00
17.00	Program routine service cost (Line 3 times line 16)	2,430,171	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	2,430,171	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	2,869,969	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	85.21	21.00
22.00	Program capital related cost (Line 3 times line 21)	357,371	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	2,072,800	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	2,072,800	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

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

	1.00	
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PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
1.00	Total SNF inpatient days	33,682	1.00
2.00	Program inpatient days (see instructions)	4,194	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)	0.124518	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 6/30/2022 3:12 pm
		Title XVIII	Skilled Nursing Facility	PPS

		1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>			
1.00	Inpatient PPS amount (See Instructions)	4,216,944	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)	4,216,944	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	314,550	5.00
6.00	Allowable bad debts (From your records)	0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	3,902,394	11.00
12.00	Interim payments (See instructions)	3,902,394	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
<b>PART B - ANCI LLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 315166		Period: From 01/01/2021 To 12/31/2021		Worksheet E-1 Date/Time Prepared: 6/30/2022 3:12 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		3,902,394			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		3,902,394			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	PROGRAM TO PROVIDER		0			0	6.01
6.02	PROVIDER TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		3,902,394			0	7.00
		Contractor Name		Contractor Number			
		1.00		2.00			
8.00	Name of Contractor					8.00	

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

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)      Provider No. : 315166      Period: From 01/01/2021 To 12/31/2021      Worksheet G      Date/Time Prepared: 6/30/2022 3:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	462,833	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	490,291	0	0	0	3.00
4.00	Accounts receivable	3,380,409	0	0	0	4.00
5.00	Other receivables	846,719	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	107,000	0	0	0	7.00
8.00	Prepaid expenses	190,610	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	<b>5,477,862</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	5,909,617	0	0	0	12.00
13.00	Land improvements	1,968,894	0	0	0	13.00
14.00	Less: Accumulated depreciation	-1,177,333	0	0	0	14.00
15.00	Buildings	143,936,211	0	0	0	15.00
16.00	Less Accumulated depreciation	-67,763,707	0	0	0	16.00
17.00	Leasehold improvements	29,586,749	0	0	0	17.00
18.00	Less: Accumulated Amortization	-17,317,749	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	994,790	0	0	0	21.00
22.00	Less: Accumulated depreciation	-984,468	0	0	0	22.00
23.00	Major movable equipment	15,081,565	0	0	0	23.00
24.00	Less: Accumulated depreciation	-12,187,586	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	5,853	0	0	0	27.00
28.00	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>98,052,836</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28.00</b>
<b>OTHER ASSETS</b>						
29.00	Investments	68,691,233	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	<b>68,691,233</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33.00</b>
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	<b>172,221,931</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34.00</b>
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	1,034,195	0	0	0	35.00
36.00	Salaries, wages, and fees payable	3,766,551	0	0	0	36.00
37.00	Payroll taxes payable	530,342	0	0	0	37.00
38.00	Notes & loans payable (Short term)	4,115,000	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>9,446,088</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	76,784,481	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	18,150,710	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>94,935,191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	<b>104,381,279</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	67,840,652	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	<b>67,840,652</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59.00</b>
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	<b>172,221,931</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315166

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

Worksheet G-1

Date/Time Prepared:  
6/30/2022 3:12 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		65,472,401		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-3,205,488				2.00
3.00	Total (sum of line 1 and line 2)		62,266,913		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00	PENSION RELATED CHANGES	2,829,770		0		0	5.00
6.00	ESTATES AND DONATIONS	1,591,360		0		0	6.00
7.00	INVESTMENT INCOME	765,910		0		0	7.00
8.00	UNREALIZED GAINS ON INVESTMENTS	993,601		0		0	8.00
9.00	CHANGE IN SPLIT INTERESTS AND BIPT	544,977		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		6,725,618		0		10.00
11.00	Subtotal (line 3 plus line 10)		68,992,531		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00	NET ASSETS RELEASED	1,151,879		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		1,151,879		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		67,840,652		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00	PENSION RELATED CHANGES		0				5.00
6.00	ESTATES AND DONATIONS		0				6.00
7.00	INVESTMENT INCOME		0				7.00
8.00	UNREALIZED GAINS ON INVESTMENTS		0				8.00
9.00	CHANGE IN SPLIT INTERESTS AND BIPT		0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00	NET ASSETS RELEASED		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315166

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

Worksheet G-2  
Parts I-11  
Date/Time Prepared:  
6/30/2022 3:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	16,944,420		16,944,420	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	6,050,390		6,050,390	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	22,994,810		22,994,810	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,316,727	0	2,316,727	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER PATIENT REVENUES	8,148,985	0	8,148,985	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	33,460,522	0	33,460,522	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			43,298,407	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			43,298,407	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider No. : 315166	Period: From 01/01/2021 To 12/31/2021	Worksheet G-3 Date/Time Prepared: 6/30/2022 3:12 pm
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		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	33,460,522	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,946,565	2.00
3.00	Net patient revenues (Line 1 minus line 2)	28,513,957	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	43,298,407	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-14,784,450	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	986,449	6.00
7.00	Income from investments	2,053,791	7.00
8.00	Revenues from communications ( Telephone and Internet service)	9,165	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	7,800	13.00
14.00	Revenue from meals sold to employees and guests	37,972	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	35,334	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	516	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	1,267,642	24.00
24.01	GRAND LODGE FEES	95,241	24.01
24.02	NET ASSETS RELEASED	1,151,879	24.02
24.03	GAIN LOSS ON SALE	3,294,878	24.03
24.50	COVID-19 PHE Funding	4,010,070	24.50
25.00	Total other income (Sum of lines 6 - 24)	12,950,737	25.00
26.00	Total (Line 5 plus line 25)	-1,833,713	26.00
27.00	HOSPICE NET	950,520	27.00
28.00	NURSING HOME ASSESSMENT	421,255	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	1,371,775	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-3,205,488	31.00