

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: 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/23/2023 11:57 am
---	----------------------	---	---

PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
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 5. Date Received: _____ 6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPHS SENIORS HOME ( 315318 ) 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.

1	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	1
	2	2		
1	Elizabeth Lopatka	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	Elizabeth Lopatka		2
3	Signatory Title	ADMINISTRATOR		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	0	778	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	0	778	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. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 11:57 am					
1.00		2.00		3.00					
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1-3 ST. JOSEPHS TERRACE	PO Box:				1.00			
2.00	City: WOODBRI DGE	State: NJ	Zip Code: 07095			2.00			
3.00	County: MIDDLESEX	CBSA Code: 35154	Urban/Rural: U			3.00			
3.01		CBSA Code: 0				3.01			
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)				
		1.00	2.00	3.00	V	XVIII	XIX		
		4.00	5.00	6.00					
SNF and SNF-Based Component Identification:									
4.00	SNF	ST. JOSEPHS SENIORS HOME	315318	11/17/1992	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2022	12/31/2022		14.00		
15.00	Type of Control (See Instructions)				2		15.00		
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N	16.00		
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N	17.00		
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					N	18.00		
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N	19.00		
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N	19.01		
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					202,876	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					202,876	23.00		
24.00	If depreciation is funded, enter the balance as of the end of the period.					0	24.00		
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N	25.00		
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N	26.00		
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N	27.00		
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N	28.00		
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC								33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					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.							39.00	
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:			0	0	0	41.00		

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/23/2023 11:57 am
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
	1.00	2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/23/2023 11:57 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)		N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.		N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.		N		8.00
			Y/N		
			1.00		
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			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	Date	Y/N
			0	1.00	2.00
			1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		Y	04/13/2023	Y
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
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
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
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
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N

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

Provider No. : 315318

Period:  
 From 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/23/2023 11:57 am

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VARIOUS	VARIOUS	19.00
20.00	Enter the employer/company name of the cost report preparer.	HUBCO HEALTH CARE GROUP		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-730-1980	COSTREPORTS@HUBCO.NET	21.00

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

Provider No. : 315318

Period:  
 From 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/23/2023 11:57 am

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	04/13/2023	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.	STAFF	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. : 315318

Period:  
 From 01/01/2022  
 To 12/31/2022

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 5/23/2023 11:57 am

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	51	18,615	0	1,059	5,187	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	60	21,900				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	111	40,515	0	1,059	5,187	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	9,639	15,885	0	0	8	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	16,212	16,212				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	25,851	32,097	0	0	8	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	22	30	0.00	0.00	648.38	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	15	15				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	37	45	0.00	0.00	648.38	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	529.50	0	10	2	18	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	1,080.80				25	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	713.27	0	10	2	43	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	30	45.02	0.00		1.00	
2.00	NURSING FACILITY	0	0.00	0.00		2.00	
3.00	ICF/IID					3.00	
4.00	HOME HEALTH AGENCY COST		0.00	0.00		4.00	
5.00	Other Long Term Care	25	36.94	0.00		5.00	
6.00	SNF-Based CMHC		0.00	0.00		6.00	
7.00	HOSPICE					7.00	
8.00	Total (Sum of lines 1-7)	55	81.96	0.00		8.00	

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/23/2023 11:57 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	3,608,300	0	3,608,300	172,479.00	20.92
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)	3,608,300	0	3,608,300	172,479.00	20.92
7.00	Other Long Term Care	862,906	0	862,906	42,113.00	20.49
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
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)	862,906	0	862,906	42,113.00	20.49
13.00	Total Adjusted Salaries (line 6 minus line 12)	2,745,394	0	2,745,394	130,366.00	21.06
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	673,679	0	673,679	17,779.00	37.89
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
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)	1,217,229	0	1,217,229		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	291,094	0	291,094		
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)	926,135	0	926,135		



Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/23/2023 11:57 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	174,007	0	174,007	9,795.00	2.00
3.00	Plant Operation, Maintenance & Repairs	35,022	0	35,022	1,952.00	3.00
4.00	Laundry & Linen Service	198,137	0	198,137	9,402.00	4.00
5.00	Housekeeping	170,633	0	170,633	8,241.00	5.00
6.00	Dietary	489,484	0	489,484	25,449.00	6.00
7.00	Nursing Administration	0	0	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0.00	0.00	10.00
11.00	Social Service	56,551	0	56,551	2,114.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	149,980	0	149,980	7,667.00	13.00
14.00	Total (sum lines 1 thru 13)	1,273,814	0	1,273,814	64,620.00	14.00

SNF WAGE RELATED COSTS	Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2023 11:57 am
------------------------	-----------------------	---	---

			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		809,114	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		107,705	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		300,410	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<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)		1,217,229	24.00
			Amount Reported	
			1.00	
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/23/2023 11:57 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	201,769	68,065	269,834	5,610.00	48.10	1.00
2.00	Licensed Practical Nurses (LPNs)	631,494	213,029	844,523	21,504.00	39.27	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,501,223	506,425	2,007,648	80,745.00	24.86	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,334,486	787,519	3,122,005	107,859.00	28.95	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)	321,626		321,626	10,410.00	30.90	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	91,300		91,300	5,544.00	16.47	16.00
17.00	Total Nursing (sum of lines 14 through 16)	412,926		412,926	15,954.00	25.88	17.00
18.00	Physical Therapists	148,390		148,390	1,181.50	125.59	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	109,683		109,683	624.50	175.63	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	2,680		2,680	19.00	141.05	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. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-7

Date/Time Prepared:  
5/23/2023 11:57 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-7

Date/Time Prepared:  
5/23/2023 11:57 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications 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	CAP REL COSTS - BLDGS & FIXTURES		317,528	317,528	0	317,528	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,217,229	1,217,229	0	1,217,229	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	174,007	1,051,688	1,225,695	0	1,225,695	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	35,022	760,798	795,820	0	795,820	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	198,137	28,816	226,953	0	226,953	6.00
7.00	00700	HOUSEKEEPING	170,633	80,694	251,327	0	251,327	7.00
8.00	00800	DIETARY	489,484	516,401	1,005,885	0	1,005,885	8.00
9.00	00900	NURSING ADMINISTRATION	0	187,837	187,837	0	187,837	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	102,141	102,141	0	102,141	10.00
11.00	01100	PHARMACY	0	15,336	15,336	0	15,336	11.00
13.00	01300	SOCIAL SERVICE	56,551	0	56,551	0	56,551	13.00
15.00	01500	PATIENT ACTIVITIES	149,980	122,639	272,619	0	272,619	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	1,471,580	342,306	1,813,886	0	1,813,886	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	862,906	70,620	933,526	0	933,526	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	2,552	2,552	0	2,552	40.00
41.00	04100	LABORATORY	0	-5,500	-5,500	0	-5,500	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	0	148,390	148,390	0	148,390	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	109,683	109,683	0	109,683	45.00
46.00	04600	SPEECH PATHOLOGY	0	2,680	2,680	0	2,680	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,452	35,452	0	35,452	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	41,453	41,453	0	41,453	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
62.00	06200	FQHC						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
73.00	07300	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
89.00		SUBTOTALS (sum of lines 1-84)	3,608,300	5,148,743	8,757,043	0	8,757,043	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	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 NONREIMBURSABLE COST	0	0	0	0	0	95.00
100.00		TOTAL	3,608,300	5,148,743	8,757,043	0	8,757,043	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	317,528	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,217,229	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-604	1,225,091	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	795,820	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	226,953	6.00
7.00	00700	HOUSEKEEPING	0	251,327	7.00
8.00	00800	DIETARY	0	1,005,885	8.00
9.00	00900	NURSING ADMINISTRATION	0	187,837	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	102,141	10.00
11.00	01100	PHARMACY	0	15,336	11.00
13.00	01300	SOCIAL SERVICE	0	56,551	13.00
15.00	01500	PATIENT ACTIVITIES	0	272,619	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	1,813,886	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	933,526	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	2,552	40.00
41.00	04100	LABORATORY	5,680	180	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	148,390	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	109,683	45.00
46.00	04600	SPEECH PATHOLOGY	0	2,680	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,452	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	41,453	49.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
62.00	06200	FOHC			62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
73.00	07300	CMHC	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
89.00		SUBTOTALS (sum of lines 1-84)	5,076	8,762,119	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	95.00
100.00		TOTAL	5,076	8,762,119	100.00

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-6

Date/Time Prepared:  
5/23/2023 11:57 am

		Increases					
		Cost Center	Line #	Salary	Non Salary		
		2.00	3.00	4.00	5.00		
100.00	TOTALS	Total Recl assi fi cations (Sum of col umns 4 and 5 must equal sum of col umns 8 and 9)				0	0 100.00

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



Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet A-6 Date/Time Prepared: 5/23/2023 11:57 am
-----------------------	---	--

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
100.00	TOTALS			0	0	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. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-7

Date/Time Prepared:  
5/23/2023 11:57 am

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	91,241	0	0	0	2.00
3.00	Buildings and Fixtures	6,366,135	0	0	0	3.00
4.00	Building Improvements	1,156,512	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	390,709	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	8,004,597	0	0	0	7.00
8.00	Reconciling Items	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	8,004,597	0	0	0	9.00
Description		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	91,241	0			2.00
3.00	Buildings and Fixtures	6,366,135	0			3.00
4.00	Building Improvements	1,156,512	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	390,709	0			6.00
7.00	Subtotal (sum of lines 1-6)	8,004,597	0			7.00
8.00	Reconciling Items	0	0			8.00
9.00	Total (line 7 minus line 8)	8,004,597	0			9.00

Provider No. : 315318      Period: From 01/01/2022 To 12/31/2022      Worksheet A-8  
 Date/Time Prepared: 5/23/2023 11:57 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line No.	
			1.00	2.00	3.00	4.00
1.00 Investment income on restricted funds (chapter 2)		0			0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	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		0			0.00	13.00
14.00 Revenue - Employee meals		0			0.00	14.00
15.00 Cost of meals - Guests		0			0.00	15.00
16.00 Sale of medical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Vending machines		0			0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	82.00	22.00
23.00 Depreciation--buildings and fixtures		0		OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment		0		*** Cost Center Deleted ***	2.00	24.00
25.00 LAB	A	5,680		LABORATORY	41.00	25.00
25.01 ADVERTISING	A	-424		ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MISC INC	B	-180		ADMINISTRATIVE & GENERAL	4.00	25.02
25.03		0			0.00	25.03
25.04		0			0.00	25.04
25.05		0			0.00	25.05
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		5,076				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. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	3.00	3A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	317,528	317,528			1.00
3.00 00300	EMPLOYEE BENEFITS	1,217,229	0	1,217,229		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	1,225,091	6,825	58,700	1,290,616	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	795,820	6,963	11,814	814,597	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	226,953	7,627	66,840	301,420	6.00
7.00 00700	HOUSEKEEPING	251,327	1,797	57,562	310,686	7.00
8.00 00800	DIETARY	1,005,885	29,075	165,123	1,200,083	8.00
9.00 00900	NURSING ADMINISTRATION	187,837	0	0	187,837	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	102,141	0	0	102,141	10.00
11.00 01100	PHARMACY	15,336	0	0	15,336	11.00
13.00 01300	SOCIAL SERVICE	56,551	0	19,077	75,628	13.00
15.00 01500	PATIENT ACTIVITIES	272,619	18,298	50,594	341,511	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	1,813,886	126,776	496,425	2,437,087	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	933,526	117,420	291,094	1,342,040	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	2,552	0	0	2,552	40.00
41.00 04100	LABORATORY	180	0	0	180	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	148,390	0	0	148,390	44.00
45.00 04500	OCCUPATIONAL THERAPY	109,683	0	0	109,683	45.00
46.00 04600	SPEECH PATHOLOGY	2,680	0	0	2,680	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,452	416	0	35,868	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	41,453	2,331	0	43,784	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
62.00 06200	FOHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
89.00	SUBTOTALS (sum of lines 1-84)	8,762,119	317,528	1,217,229	8,762,119	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	8,762,119	317,528	1,217,229	8,762,119	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION		
		5.00	6.00	7.00	8.00	9.00		
<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	955,309				5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	23,987	377,474			6.00	
7.00	00700	HOUSEKEEPING	5,653	0	370,006		7.00	
8.00	00800	DIETARY	91,444	0	36,552	1,535,379	8.00	
9.00	00900	NURSING ADMINISTRATION	0	0	0	220,284	9.00	
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00	
11.00	01100	PHARMACY	0	0	0	0	11.00	
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00	
15.00	01500	PATIENT ACTIVITIES	57,550	0	23,004	0	15.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	398,733	186,814	159,380	759,868	104,737	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	369,303	190,660	147,617	775,511	115,547	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	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,308	0	523	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	7,331	0	2,930	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
62.00	06200	FOHC						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
73.00	07300	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
89.00		SUBTOTALS (sum of lines 1-84)	955,309	377,474	370,006	1,535,379	220,284	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	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 NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	955,309	377,474	370,006	1,535,379	220,284	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal		
	10.00	11.00	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	119,785				10.00	
11.00 01100	PHARMACY	0	17,985			11.00	
13.00 01300	SOCIAL SERVICE	0	0	88,692		13.00	
15.00 01500	PATIENT ACTIVITIES	0	0	0	481,057	15.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	SKILLED NURSING FACILITY	96,120	17,098	81,620	291,390	4,953,827 30.00	
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00	
33.00 03300	OTHER LONG TERM CARE	23,665	887	7,072	189,667	3,393,790 33.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	RADIOLOGY	0	0	0	0	2,993 40.00	
41.00 04100	LABORATORY	0	0	0	0	211 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	0	0	0	0	174,023 44.00	
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	128,629 45.00	
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	3,143 46.00	
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	43,895 48.00	
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	61,608 49.00	
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
62.00 06200	FOHC						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	
73.00 07300	CMHC	0	0	0	0	0 73.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
89.00	SUBTOTALS (sum of lines 1-84)	119,785	17,985	88,692	481,057	8,762,119 89.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00	
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	0 91.00	
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	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 NONREIMBURSABLE COST	0	0	0	0	0 95.00	
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00	
99.00	Negative Cost Centers	0	0	0	0	0 99.00	
100.00	TOTAL	119,785	17,985	88,692	481,057	8,762,119 100.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description		Post Stepdown 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
11.00	01100	PHARMACY		11.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0	4,953,827
31.00	03100	NURSING FACILITY	0	0
33.00	03300	OTHER LONG TERM CARE	0	3,393,790
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	0	2,993
41.00	04100	LABORATORY	0	211
42.00	04200	INTRAVENOUS THERAPY	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0
44.00	04400	PHYSICAL THERAPY	0	174,023
45.00	04500	OCCUPATIONAL THERAPY	0	128,629
46.00	04600	SPEECH PATHOLOGY	0	3,143
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,895
49.00	04900	DRUGS CHARGED TO PATIENTS	0	61,608
51.00	05100	SUPPORT SURFACES	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>				
62.00	06200	FOHC		62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
73.00	07300	CMHC	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>				
89.00		SUBTOTALS (sum of lines 1-84)	0	8,762,119
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0
98.00		Cross Foot Adjustments	0	0
99.00		Negative Cost Centers	0	0
100.00		TOTAL	0	8,762,119

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2023 11:57 am

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		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	6,825	6,825	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	6,963	6,963	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	7,627	7,627	0	6.00
7.00 00700	HOUSEKEEPING	0	1,797	1,797	0	7.00
8.00 00800	DIETARY	0	29,075	29,075	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
13.00 01300	SOCIAL SERVICE	0	0	0	0	13.00
15.00 01500	PATIENT ACTIVITIES	0	18,298	18,298	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	126,776	126,776	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	0	117,420	117,420	0	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	0	0	0	135	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	100	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	2	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	416	416	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	2,331	2,331	0	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
62.00 06200	FOHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
89.00	SUBTOTALS (sum of lines 1-84)	0	317,528	317,528	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
98.00	Cross Foot Adjustments			0		98.00
99.00	Negative Cost Centers			0		99.00
100.00	TOTAL	0	317,528	317,528	0	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<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	7,707				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	194	8,096			6.00
7.00	00700	HOUSEKEEPING	46	0	2,127		7.00
8.00	00800	DIETARY	738	0	210	31,119	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	171	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	464	0	132	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	3,216	4,007	916	15,401	81
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	2,979	4,089	849	15,718	90
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	11	0	3	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	59	0	17	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
62.00	06200	FOHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
89.00		SUBTOTALS (sum of lines 1-84)	7,707	8,096	2,127	31,119	171
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	7,707	8,096	2,127	31,119	171

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal		
	10.00	11.00	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	93				10.00	
11.00 01100	PHARMACY	0	14			11.00	
13.00 01300	SOCIAL SERVICE	0	0	69		13.00	
15.00 01500	PATIENT ACTIVITIES	0	0	0	19,206	15.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	SKILLED NURSING FACILITY	75	13	63	11,634	164,412 30.00	
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00	
33.00 03300	OTHER LONG TERM CARE	18	1	6	7,572	149,967 33.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	RADIOLOGY	0	0	0	0	2 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	0	0	0	0	135 44.00	
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	100 45.00	
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	2 46.00	
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	463 48.00	
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,447 49.00	
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
62.00 06200	FQHC						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	
73.00 07300	CMHC	0	0	0	0	0 73.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
89.00	SUBTOTALS (sum of lines 1-84)	93	14	69	19,206	317,528 89.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00	
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	0 91.00	
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	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 NONREIMBURSABLE COST	0	0	0	0	0 95.00	
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00	
99.00	Negative Cost Centers	0	0	0	0	0 99.00	
100.00	TOTAL	93	14	69	19,206	317,528 100.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2023 11:57 am

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
11.00	01100	PHARMACY		11.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0	164,412
31.00	03100	NURSING FACILITY	0	0
33.00	03300	OTHER LONG TERM CARE	0	149,967
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	0	2
41.00	04100	LABORATORY	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0
44.00	04400	PHYSICAL THERAPY	0	135
45.00	04500	OCCUPATIONAL THERAPY	0	100
46.00	04600	SPEECH PATHOLOGY	0	2
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	463
49.00	04900	DRUGS CHARGED TO PATIENTS	0	2,447
51.00	05100	SUPPORT SURFACES	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>				
62.00	06200	FOHC		62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
73.00	07300	CMHC	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>				
89.00		SUBTOTALS (sum of lines 1-84)	0	317,528
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0
98.00		Cross Foot Adjustments	0	0
99.00		Negative Cost Centers	0	0
100.00		TOTAL	0	317,528

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
	BLDGs & FIXTURES (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	75,607				1.00
3.00 00300	EMPLOYEE BENEFITS	0	3,608,300			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	1,625	174,007	-1,290,616	7,471,503	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,658	35,022	0	814,597	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	1,816	198,137	0	301,420	6.00
7.00 00700	HOUSEKEEPING	428	170,633	0	310,686	7.00
8.00 00800	DIETARY	6,923	489,484	0	1,200,083	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	0	187,837	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	102,141	10.00
11.00 01100	PHARMACY	0	0	0	15,336	11.00
13.00 01300	SOCIAL SERVICE	0	56,551	0	75,628	13.00
15.00 01500	PATIENT ACTIVITIES	4,357	149,980	0	341,511	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	30,187	1,471,580	0	2,437,087	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	27,959	862,906	0	1,342,040	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	2,552	40.00
41.00 04100	LABORATORY	0	0	0	180	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	148,390	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	109,683	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	2,680	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	99	0	0	35,868	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	555	0	0	43,784	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
62.00 06200	FOHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
89.00	SUBTOTALS (sum of lines 1-84)	75,607	3,608,300	-1,290,616	7,471,503	72,324
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	317,528	1,217,229		1,290,616	955,309
103.00	Unit cost multiplier (Wkst. B, Part I)	4.199717	0.337341		0.172738	13.208741
104.00	Cost to be allocated (per Wkst. B, Part II)		0		6,825	7,707
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.000913	0.106562

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	NURSING ADMINISTRATION (DIRECT)	CENTRAL SERVICES & SUPPLY (DIRECT)	
		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	32,097				6.00
7.00	00700	HOUSEKEEPING	0	70,080			7.00
8.00	00800	DIETARY	0	6,923	32,097		8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	187,837	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	102,141
11.00	01100	PHARMACY	0	0	0	0	0
13.00	01300	SOCIAL SERVICE	0	0	0	0	0
15.00	01500	PATIENT ACTIVITIES	0	4,357	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	15,885	30,187	15,885	89,310	81,962
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	16,212	27,959	16,212	98,527	20,179
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	555	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
62.00	06200	FOHC					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
89.00		SUBTOTALS (sum of lines 1-84)	32,097	70,080	32,097	187,837	102,141
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0
98.00		Cross Foot Adjustments					
99.00		Negative Cost Centers					
102.00		Cost to be allocated (per Wkst. B, Part I)	377,474	370,006	1,535,379	220,284	119,785
103.00		Unit cost multiplier (Wkst. B, Part I)	11.760414	5.279766	47.835592	1.172740	1.172742
104.00		Cost to be allocated (per Wkst. B, Part II)	8,096	2,127	31,119	171	93
105.00		Unit cost multiplier (Wkst. B, Part II)	0.252235	0.030351	0.969530	0.000910	0.000911

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description	PHARMACY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
	(DIRECT)	(DIRECT)	PATIENT ACTIVITIES (DIRECT)	
	11.00	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
11.00 01100 PHARMACY	15,336			11.00
13.00 01300 SOCIAL SERVICE	0	56,551		13.00
15.00 01500 PATIENT ACTIVITIES	0	0	272,619	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 SKILLED NURSING FACILITY	14,580	52,042	165,133	30.00
31.00 03100 NURSING FACILITY	0	0	0	31.00
33.00 03300 OTHER LONG TERM CARE	756	4,509	107,486	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
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
51.00 05100 SUPPORT SURFACES	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
62.00 06200 FOHC				62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100 AMBULANCE	0	0	0	71.00
73.00 07300 CMHC	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
89.00 SUBTOTALS (sum of lines 1-84)	15,336	56,551	272,619	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100 BARBER & 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 NONREIMBURSABLE COST	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)	17,985	88,692	481,057	102.00
103.00 Unit cost multiplier (Wkst. B, Part I)	1.172731	1.568354	1.764576	103.00
104.00 Cost to be allocated (per Wkst. B, Part II)	14	69	19,206	104.00
105.00 Unit cost multiplier (Wkst. B, Part II)	0.000913	0.001220	0.070450	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet C Date/Time Prepared: 5/23/2023 11:57 am		
Cost Center Description		Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)		
		1.00	2.00	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	2,993	2,552	1.172806	40.00
41.00	04100	LABORATORY	211	1,723	0.122461	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	174,023	164,105	1.060437	44.00
45.00	04500	OCCUPATIONAL THERAPY	128,629	111,657	1.152001	45.00
46.00	04600	SPEECH PATHOLOGY	3,143	3,104	1.012564	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,895	25,452	1.724619	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	61,608	41,562	1.482316	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
62.00	06200	FQHC				62.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	414,502	350,155		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/23/2023 11:57 am			
		Title XVIII (1)	Skilled Nursing Facility	PPS			
		Health Care Program Charges		Health Care Program Cost			
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)		
Ratio of Cost to Charges (Fr. Wkst. C Column 3)							
1.00		2.00	3.00	4.00	5.00		
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>							
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	1.172806	1,421	0	1,667	0	40.00
41.00	04100 LABORATORY	0.122461	1,723	0	211	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	1.060437	75,579	0	80,147	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	1.152001	46,683	0	53,779	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.012564	582	0	589	0	46.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.724619	6,785	0	11,702	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.482316	37,497	0	55,582	0	49.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
62.00	06200 FOHC						62.00
71.00	07100 AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		170,270	0	203,677	0	100.00

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

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



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Prepared: 5/23/2023 11:57 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.482316	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				2,595	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)				3,847	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	2,993	0	0.000000	1,667	0 40.00
41.00	04100	LABORATORY	211	0	0.000000	211	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	174,023	0	0.000000	80,147	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	128,629	0	0.000000	53,779	0 45.00
46.00	04600	SPEECH PATHOLOGY	3,143	0	0.000000	589	0 46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,895	0	0.000000	11,702	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	61,608	0	0.000000	55,582	0 49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
100.00		Total (Sum of lines 40 - 52)	414,502	0		203,677	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-III Date/Time Prepared: 5/23/2023 11:57 am
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		15,885	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		1,059	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		4,953,827	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		5,469,525	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.905714	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		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	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)		4,953,827	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		311.86	16.00
17.00	Program routine service cost (Line 3 times line 16)		330,260	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)		330,260	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)		164,412	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		10.35	21.00
22.00	Program capital related cost (Line 3 times line 21)		10,961	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		319,299	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)		319,299	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	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		15,885	1.00
2.00	Program inpatient days (see instructions)		1,059	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)		0.066667	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. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/23/2023 11:57 am
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
--	--	--	------	--

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		694,502	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)		694,502	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		111,643	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)		582,859	11.00
12.00	Interim payments (See instructions)		578,258	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)		4,601	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
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		3,847	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		3,847	19.00
20.00	Medicare Part B ancillary charges (See instructions)		2,595	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		2,595	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)		2,595	25.00
26.00	Interim payments (See instructions)		1,785	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)		32	28.99
29.00	Balance due provider/program (see instructions)		778	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. : 315318	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Date/Time Prepared: 5/23/2023 11:57 am		
		Title XVIII	Skilled Nursing Facility	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		578,258		1,785	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
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)		578,258		1,785	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		778	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		578,258		2,563	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. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G

Date/Time Prepared:  
5/23/2023 11:57 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	5,861,817	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,040,357	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-546,201	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	196,768	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>7,552,741</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	91,241	0	0	0	13.00
14.00	Less: Accumulated depreciation	-71,041	0	0	0	14.00
15.00	Buildings	6,393,913	0	0	0	15.00
16.00	Less Accumulated depreciation	-6,358,999	0	0	0	16.00
17.00	Leasehold improvements	1,220,976	0	0	0	17.00
18.00	Less: Accumulated Amortization	-925,505	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	118,857	0	0	0	21.00
22.00	Less: Accumulated depreciation	-118,858	0	0	0	22.00
23.00	Major movable equipment	390,709	0	0	0	23.00
24.00	Less: Accumulated depreciation	-292,374	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	0	0	0	0	27.00
28.00	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>448,919</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28.00</b>
<b>OTHER ASSETS</b>						
29.00	Investments	0	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>0</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>8,001,660</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	213,654	0	0	0	35.00
36.00	Salaries, wages, and fees payable	56,408	0	0	0	36.00
37.00	Payroll taxes payable	-582	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	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	533,252	0	0	0	42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>802,732</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	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	0	0	0	0	48.00
49.00		0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>0</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>802,732</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	7,198,928	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>7,198,928</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>8,001,660</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-1

Date/Time Prepared:  
5/23/2023 11:57 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		7,026,423		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		172,505			2.00
3.00	Total (sum of line 1 and line 2)		7,198,928		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		7,198,928		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		7,198,928		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00			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. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
5/23/2023 11:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	5,469,525		5,469,525	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	3,172,700		3,172,700	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	8,642,225		8,642,225	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	562,081	0	562,081	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 (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	9,204,306	0	9,204,306	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)			8,757,043	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)			8,757,043	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315318

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-3

Date/Time Prepared:  
5/23/2023 11:57 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	9,204,306	1.00
2.00	Less: contractual allowances and discounts on patients accounts	523,211	2.00
3.00	Net patient revenues (Line 1 minus line 2)	8,681,095	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	8,757,043	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-75,948	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	248,755	6.00
7.00	Income from investments	16,019	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	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	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER + BARBER/BEAUTY	-16,321	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	248,453	25.00
26.00	Total (Line 5 plus line 25)	172,505	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	172,505	31.00