

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
LOPATCONG CENTER Provider CCN: 315202	Period: From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/13/2025 11:51 am MCRIF32 2540-10 Version: 10.23.179.0



**SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
 COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

**Worksheet S  
 Parts I, II & III**

**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.	Date:	Time:
Contractor use only:	4. <input 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. If line 4, column 1 is "4": Enter number of times reopened <u>0</u>	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 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 LOPATCONG CENTER, 315202 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.


	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	1	2		
1	<i>Diane Morris</i>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name: DIANE MORRIS			2
3	Signatory Title: VP OF REIMBURSEMENT			3
4	Signature Date: (Dated when report is electronically signed.)			4

**PART III - SETTLEMENT SUMMARY**

	Cost Center Description	Title XVIII				
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	7,951	9,065	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		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
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	<b>0</b>	<b>7,951</b>	<b>9,065</b>	<b>0</b>	<b>100.00</b>

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 this information collection is estimated 202 hours per response, including the time to review instructions, search existing data 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 this 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.

LOPATCONG CENTER		Period:	Run Date Time:	5/13/2025 11:51 am	
Provider CCN: 315202		From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	10.23.179.0	

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

**Worksheet S-2**  
**Part I**  
**PPS**

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street:	390 RED SCHOOL LANE	P.O. Box:				1.00	
2.00	City:	PHILLIPSBURG	State:	NJ	ZIP Code:	08865	2.00	
3.00	County:	WARREN	CBSA Code:	10900	Urban / Rural:	U	3.00	
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01


SNF and SNF-Based Component Identification:								
Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
				V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00	
4.00	SNF	LOPATCONG CENTER	315202	02/01/1985	N	P	P	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)	01/01/2024		12/31/2024			14.00	
15.00	Type of Control (See Instructions)	4 - Proprietary, 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.		Y	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		181,511	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		181,511	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	29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID			N	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)		Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)		N		38.00

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

**Worksheet S-2**  
**Part I**  
**PPS**

				Y/N		
				1.00		2.00
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:			1	0	0
				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?				Y	43.00
					Provider CCN	
					1.00	
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.				HB0067	44.00
<b>If this facility is part of a chain organization, enter the name and address of the home office on the lines below.</b>						
45.00	Name:	GENESIS HEALTHCARE	Contractor Name:	NOVITAS	Contractor Number:	12001
46.00	Street:	101 EAST STATE STREET	P.O. Box:			
47.00	City:	KENNETT SQUARE	State:	PA	ZIP Code:	19348

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

Worksheet S-2  
Part II  
PPS

**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**

		Y/N	Date	
		1.00	2.00	
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)	Y		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	C	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	

**Approved Educational Activities**

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
			Y/N	
			1.00	

**Bad Debts**

9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11.00

**Bed Complement**

12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
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	Description	Part A		Part B	
		Y/N	Date	Y/N	Date
	0	1.00	2.00	3.00	4.00

**PS&R Data**

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	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.	Y	03/04/2025	Y	03/04/2025	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N		18.00
		1.00	2.00	3.00		

**Cost Report Preparer Contact Information**

19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JEAN	PRICE	REIMBURSEMENT ANALYST	19.00
20.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTHCARE			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	4108044481	JEAN.PRICE@GENESISHCC.COM		21.00

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

Worksheet S-3  
Part I  
PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					Discharges					
				Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	158	57,828	0	6,009	32,462	8,668	47,139	0	173	33	240	446	1.00
2.00	NURSING FACILITY	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	0	0	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
6.10	SNF-Based CORF													6.10
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	158	57,828	0	6,009	32,462	8,668	47,139	0	173	33	240	446	8.00
		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	34.73	983.70	105.69	0	196	13	255	464	99.02	0.00	1.00	
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00	2.00	
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00	3.00	
4.00	HOME HEALTH AGENCY COST										0.00	0.00	4.00	
5.00	Other Long Term Care				0.00				0	0	0.00	0.00	5.00	
6.00	SNF-Based CMHC										0.00	0.00	6.00	
6.10	SNF-Based CORF										0.00	0.00	6.10	
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00	7.00	
8.00	Total (Sum of lines 1-7)	0.00	34.73	983.70	105.69	0	196	13	255	464	99.02	0.00	8.00	

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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part II**  
**PPS**

**PART II - DIRECT SALARIES**

	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	

**SALARIES**

1.00	Total salaries (See Instructions)	6,480,826	0	6,480,826	205,966.50	31.47	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	6,480,826	0	6,480,826	205,966.50	31.47	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
9.10	CORF						9.10
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	6,480,826	0	6,480,826	205,966.50	31.47	13.00

**OTHER WAGES & RELATED COSTS**

14.00	Contract Labor: Patient Related & Mgmt	2,955,504	0	2,955,504	73,434.37	40.25	14.00
15.00	Contract Labor: Physician services-Part A	70,635	0	70,635	831.00	85.00	15.00
16.00	Home office salaries & wage related costs	389,011	0	389,011	7,049.00	55.19	16.00

**WAGE-RELATED COSTS**

17.00	Wage-related costs core (See Part IV)	967,225	0	967,225			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	967,225	0	967,225			22.00

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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part III**  
**PPS**

<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>							
		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	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	412,068	0	412,068	11,908.35	34.60	2.00
3.00	Plant Operation, Maintenance & Repairs	98,769	0	98,769	4,198.81	23.52	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	0	0	0	0.00	0.00	5.00
6.00	Dietary	0	0	0	0.00	0.00	6.00
7.00	Nursing Administration	499,554	-60,136	439,418	8,220.14	53.46	7.00
8.00	Central Services and Supply	0	37,212	37,212	1,698.85	21.90	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	22,924	22,924	1,191.46	19.24	10.00
11.00	Social Service	279,503	0	279,503	8,239.77	33.92	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	188,959	0	188,959	10,439.91	18.10	13.00
14.00	Total (sum lines 1 thru 13)	1,478,853	0	1,478,853	45,897.29	32.22	14.00

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SNF WAGE RELATED COSTS

**Worksheet S-3**  
**Part IV**  
**PPS**

<b>PART IV - WAGE RELATED COSTS</b>		Amount Reported	
		1.00	
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	9,465	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)	219,183	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	173,059	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	460,950	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	83,691	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	20,877	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	<b>967,225</b>	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



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SNF REPORTING OF DIRECT CARE EXPENDITURES

**Worksheet S-3**  
**Part V**  
**PPS**

	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)	1,533,349	195,705	1,729,054	32,534.46	53.15	1.00
2.00	Licensed Practical Nurses (LPNs)	1,271,151	182,514	1,453,665	34,003.80	42.75	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,197,473	328,155	2,525,628	93,530.95	27.00	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,001,973	706,374	5,708,347	160,069.21	35.66	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)	75,310		75,310	1,178.51	63.90	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,115		1,115	15.00	74.33	16.00
17.00	Total Nursing (sum of lines 14 through 16)	76,425		76,425	1,193.51	64.03	17.00
18.00	Physical Therapists	334,007		334,007	3,998.92	83.52	18.00
19.00	Physical Therapy Assistants	241,967		241,967	4,476.63	54.05	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	195,419		195,419	2,629.23	74.33	21.00
22.00	Occupational Therapy Assistants	214,454		214,454	4,101.08	52.29	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	95,902		95,902	1,364.03	70.31	24.00
25.00	Respiratory Therapists	47,577		47,577	991.00	48.01	25.00
26.00	Other Medical Staff	70,635		70,635	831.00	85.00	26.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	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

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days		
	1.00	2.00		
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	
76.00	PA1		76.00	
99.00	AAA		99.00	
100.00			100.00	
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing				101.00
102.00	Recruitment				102.00
103.00	Retention of employees				103.00
104.00	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

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1,493,434	1,493,434	0	1,493,434	0	1,493,434	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		34,491	34,491	0	34,491	0	34,491	2.00
3.00	00300	EMPLOYEE BENEFITS	0	947,315	947,315	0	947,315	0	947,315	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	412,068	2,563,639	2,975,707	0	2,975,707	-881,697	2,094,010	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	98,769	537,937	636,706	0	636,706	0	636,706	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	220,927	220,927	0	220,927	0	220,927	6.00
7.00	00700	HOUSEKEEPING	0	576,459	576,459	0	576,459	0	576,459	7.00
8.00	00800	DIETARY	0	1,173,203	1,173,203	0	1,173,203	0	1,173,203	8.00
9.00	00900	NURSING ADMINISTRATION	499,554	48,624	548,178	-60,136	488,042	0	488,042	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	145,606	145,606	37,212	182,818	0	182,818	10.00
11.00	01100	PHARMACY	0	0	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	22,924	22,924	0	22,924	12.00
13.00	01300	SOCIAL SERVICE	279,503	3,630	283,133	0	283,133	0	283,133	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
15.00	01500	ACTIVITIES	188,959	19,912	208,871	0	208,871	-15,226	193,645	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY	5,001,973	272,447	5,274,420	0	5,274,420	1,695	5,276,115	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY	0	26,637	26,637	0	26,637	0	26,637	40.00
41.00	04100	LABORATORY	0	64,748	64,748	0	64,748	0	64,748	41.00
42.00	04200	INTRAVENOUS THERAPY	0	19,030	19,030	0	19,030	0	19,030	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	69,888	69,888	0	69,888	0	69,888	43.00
44.00	04400	PHYSICAL THERAPY	0	480,562	480,562	0	480,562	0	480,562	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	445,689	445,689	0	445,689	0	445,689	45.00
46.00	04600	SPEECH PATHOLOGY	0	136,539	136,539	0	136,539	0	136,539	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	282,297	282,297	0	282,297	0	282,297	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	5,134	5,134	0	5,134	0	5,134	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	06000	CLINIC	0	0	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	61.00
62.00	06200	FQHC								62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		0	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	6,480,826	9,568,148	16,048,974	0	16,048,974	-895,228	15,153,746	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00


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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries 1.00	Other 2.00	Total (col. 1 + col. 2) 3.00	Reclassifications Increase/Decrease (Fr Wkst A-6) 4.00	Reclassified Trial Balance (col. 3 +- col. 4) 5.00	Adjustments to Expenses (Fr Wkst A-8) 6.00	Net Expenses For Allocation (col. 5 +- col. 6) 7.00	
91.00	09100	BARBER AND BEAUTY SHOP	0	6,271	<b>6,271</b>	0	6,271	0	<b>6,271</b>	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	<b>0</b>	0	0	0	<b>0</b>	92.00
93.00	09300	NONPAID WORKERS	0	0	<b>0</b>	0	0	0	<b>0</b>	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	<b>0</b>	0	0	0	<b>0</b>	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	<b>0</b>	0	0	0	<b>0</b>	95.00
100.00		TOTAL	<b>6,480,826</b>	<b>9,574,419</b>	<b>16,055,245</b>	<b>0</b>	<b>16,055,245</b>	<b>-895,228</b>	<b>15,160,017</b>	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases				
Cost Center	Line #	Salary	Non Salary		Cost Center	Line #	Salary	Non Salary	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
<b>A - DEFAULT</b>									
1.00	CENTRAL SERVICES & SUPPLY	10.00	37,212	0	NURSING ADMINISTRATION	9.00	37,212	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	12.00	22,924	0	NURSING ADMINISTRATION	9.00	22,924	0	2.00
100.00	<b>TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))</b>		<b>60,136</b>	<b>0</b>			<b>60,136</b>	<b>0</b>	100.00

- (1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
- (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.


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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

		Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>									
1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	121,550	0	0	0	0	121,550	0	2.00
3.00	Buildings and Fixtures	5,645,501	0	0	0	0	5,645,501	0	3.00
4.00	Building Improvements	689,011	13,534	0	13,534	0	702,545	0	4.00
5.00	Fixed Equipment	158,689	5,080	0	5,080	0	163,769	0	5.00
6.00	Movable Equipment	768,459	0	0	0	0	768,459	0	6.00
7.00	Subtotal (sum of lines 1-6)	7,383,210	18,614	0	18,614	0	7,401,824	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	7,383,210	18,614	0	18,614	0	7,401,824	0	9.00

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

	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)	A	-15,226	ACTIVITIES	15.00 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	60,806		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	UTILIZATION REVIEW	82.00 22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00 23.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00 24.00
25.00	MISC INCOME	B	-2,166	ADMINISTRATIVE & GENERAL	4.00 25.00
25.01	UNALLOWED A & G	A	-940,337	ADMINISTRATIVE & GENERAL	4.00 25.01
25.02	HEP/SALINE	A	1,695	SKILLED NURSING FACILITY	30.00 25.02
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-895,228		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.



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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1  
Parts I & II  
PPS

**PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)		
1.00	4.00	ADMINISTRATIVE & GENERAL	3.00	4.00	5.00	6.00	
1.00	4.00	HOME OFFICE A&G	707,982	680,400	27,582	1.00	
2.00	4.00	HOME OFFICE CAPITAL	33,224	0	33,224	2.00	
3.00	44.00	PHYSICAL THERAPY	PT	478,356	478,356	0	3.00
4.00	45.00	OCCUPATIONAL THERAPY	OT	445,689	445,689	0	4.00
5.00	46.00	SPEECH PATHOLOGY	ST	136,539	136,539	0	5.00
6.00	30.00	SKILLED NURSING FACILITY	NURSING PURCHASED SERVICES	76,425	76,425	0	6.00
7.00	43.00	OXYGEN (INHALATION) THERAPY	RT	47,577	47,577	0	7.00
8.00	4.00	MEDICAL DIRECTOR		70,635	70,635	0	8.00
9.00	0.00			0	0	0	9.00
10.00	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>		<b>1,996,427</b>	<b>1,935,621</b>	<b>60,806</b>	<b>10.00</b>	

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
			Name	Percentage of Ownership	Type of Business	
1.00	2.00	3.00	4.00	5.00	6.00	
1.00	B	0.00	GENESIS HEALTHCARE	100.00	MANAGEMENT COMPANY	1.00
2.00	B	0.00	POWERBACK REHAB/LONGEVITY	100.00	PT OT ST	2.00
3.00	B	0.00	CSU/CARE SAVE	100.00	NURSING PURCHASED SERVICES	3.00
4.00	B	0.00	POWERBACK RESPIRATORY	100.00	RT	4.00
5.00	B	0.00	ALIGNMED PARTNERS	100.00	MEDICAL DIRECTOR	5.00
6.00		0.00		0.00		6.00
7.00		0.00		0.00		7.00
8.00		0.00		0.00		8.00
9.00		0.00		0.00		9.00
10.00		0.00		0.00		10.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or organization.
- E. Individual is director, officer, administrator or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

G. Other (financial or non-financial) specify:

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	1,493,434	1,493,434							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	34,491		34,491						2.00
3.00	EMPLOYEE BENEFITS	947,315	42,391	979	990,685					3.00
4.00	ADMINISTRATIVE & GENERAL	2,094,010	31,603	730	62,990	2,189,333	2,189,333			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	636,706	45,435	1,049	15,098	698,288	117,865	816,153		5.00
6.00	LAUNDRY & LINEN SERVICE	220,927	81,603	1,885	0	304,415	51,383	48,472	404,270	6.00
7.00	HOUSEKEEPING	576,459	23,948	553	0	600,960	101,437	14,225	0	7.00
8.00	DIETARY	1,173,203	73,814	1,705	0	1,248,722	210,773	43,845	0	8.00
9.00	NURSING ADMINISTRATION	488,042	45,300	1,046	67,171	601,559	101,538	26,908	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	182,818	2,104	49	5,688	190,659	32,182	1,250	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	22,924	18,263	422	3,504	45,113	7,615	10,848	0	12.00
13.00	SOCIAL SERVICE	283,133	15,936	368	42,726	342,163	57,754	9,466	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	193,645	20,457	472	28,885	243,459	41,094	12,151	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	5,276,115	996,517	23,015	764,623	7,060,270	1,191,705	591,928	404,270	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	26,637	0	0	0	26,637	4,496	0	0	40.00
41.00	LABORATORY	64,748	0	0	0	64,748	10,929	0	0	41.00
42.00	INTRAVENOUS THERAPY	19,030	0	0	0	19,030	3,212	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	69,888	2,238	52	0	72,178	12,183	1,329	0	43.00
44.00	PHYSICAL THERAPY	480,562	47,897	1,106	0	529,565	89,386	28,450	0	44.00
45.00	OCCUPATIONAL THERAPY	445,689	28,425	656	0	474,770	80,137	16,884	0	45.00
46.00	SPEECH PATHOLOGY	136,539	0	0	0	136,539	23,047	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,953	207	0	9,160	1,546	5,318	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	282,297	8,550	197	0	291,044	49,126	5,079	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	5,134	0	0	0	5,134	867	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
89.00	SUBTOTALS (sum of lines 1-84)	0	1.00	2.00	3.00	3A	4.00	5.00	6.00	89.00
		<b>15,153,746</b>	<b>1,493,434</b>	<b>34,491</b>	<b>990,685</b>	<b>15,153,746</b>	<b>2,188,275</b>	<b>816,153</b>	<b>404,270</b>	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	6,271	0	0	0	6,271	1,058	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	<b>15,160,017</b>	<b>1,493,434</b>	<b>34,491</b>	<b>990,685</b>	<b>15,160,017</b>	<b>2,189,333</b>	<b>816,153</b>	<b>404,270</b>	100.00

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	716,622								7.00
8.00	DIETARY	41,702	1,545,042							8.00
9.00	NURSING ADMINISTRATION	25,593	0	755,598						9.00
10.00	CENTRAL SERVICES & SUPPLY	1,189	0	0	225,280					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	10,318	0	0	0	0	73,894			12.00
13.00	SOCIAL SERVICE	9,003	0	0	0	0	0	418,386		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	11,557	0	0	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	562,989	1,545,042	755,598	225,280	0	63,302	418,386	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	40	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	158	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	66	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,264	0	0	0	0	55	0	0	43.00
44.00	PHYSICAL THERAPY	27,060	0	0	0	0	4,188	0	0	44.00
45.00	OCCUPATIONAL THERAPY	16,059	0	0	0	0	4,000	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	1,075	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,058	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	4,830	0	0	0	0	1,009	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	1	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	716,622	1,545,042	755,598	225,280	0	73,894	418,386	0	89.00

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	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	0	0	0	0	99.00
100.00	<b>TOTAL</b>	<b>716,622</b>	<b>1,545,042</b>	<b>755,598</b>	<b>225,280</b>	<b>0</b>	<b>73,894</b>	<b>418,386</b>	<b>0</b>	<b>100.00</b>


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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
		15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.00
15.00	ACTIVITIES	308,261				15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	SKILLED NURSING FACILITY	308,261	13,127,031	0	13,127,031	30.00
31.00	NURSING FACILITY	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0	31,173	0	31,173	40.00
41.00	LABORATORY	0	75,835	0	75,835	41.00
42.00	INTRAVENOUS THERAPY	0	22,308	0	22,308	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	87,009	0	87,009	43.00
44.00	PHYSICAL THERAPY	0	678,649	0	678,649	44.00
45.00	OCCUPATIONAL THERAPY	0	591,850	0	591,850	45.00
46.00	SPEECH PATHOLOGY	0	160,661	0	160,661	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,082	0	21,082	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	351,088	0	351,088	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	6,002	0	6,002	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	CLINIC	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	FQHC					62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	71.00
72.00	CORF	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW					82.00
83.00	HOSPICE	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	308,261	15,152,688	0	15,152,688	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
		15.00	16.00	17.00	18.00	
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	7,329	0	7,329	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	308,261	15,160,017	0	15,160,017	100.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	42,391	979	43,370	43,370				3.00
4.00	ADMINISTRATIVE & GENERAL	0	31,603	730	32,333	2,758	35,091			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	45,435	1,049	46,484	661	1,889	49,034		5.00
6.00	LAUNDRY & LINEN SERVICE	0	81,603	1,885	83,488	0	823	2,912	87,223	6.00
7.00	HOUSEKEEPING	0	23,948	553	24,501	0	1,626	855	0	7.00
8.00	DIETARY	0	73,814	1,705	75,519	0	3,378	2,634	0	8.00
9.00	NURSING ADMINISTRATION	0	45,300	1,046	46,346	2,941	1,627	1,617	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	2,104	49	2,153	249	516	75	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	18,263	422	18,685	153	122	652	0	12.00
13.00	SOCIAL SERVICE	0	15,936	368	16,304	1,870	926	569	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	20,457	472	20,929	1,265	659	730	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	996,517	23,015	1,019,532	33,473	19,104	35,563	87,223	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	72	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	175	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	51	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	2,238	52	2,290	0	195	80	0	43.00
44.00	PHYSICAL THERAPY	0	47,897	1,106	49,003	0	1,432	1,709	0	44.00
45.00	OCCUPATIONAL THERAPY	0	28,425	656	29,081	0	1,284	1,014	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	369	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,953	207	9,160	0	25	319	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	8,550	197	8,747	0	787	305	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	14	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,493,434	34,491	1,527,925	43,370	35,074	49,034	87,223	89.00



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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
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	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	17	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	<b>TOTAL</b>	<b>0</b>	<b>1,493,434</b>	<b>34,491</b>	<b>1,527,925</b>	<b>43,370</b>	<b>35,091</b>	<b>49,034</b>	<b>87,223</b>	<b>100.00</b>


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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	26,982								7.00
8.00	DIETARY	1,570	83,101							8.00
9.00	NURSING ADMINISTRATION	964	0	53,495						9.00
10.00	CENTRAL SERVICES & SUPPLY	45	0	0	3,038					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	388	0	0	0	0	20,000			12.00
13.00	SOCIAL SERVICE	339	0	0	0	0	0	20,008		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	435	0	0	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	21,197	83,101	53,495	3,038	0	17,133	20,008	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	11	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	43	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	18	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	48	0	0	0	0	15	0	0	43.00
44.00	PHYSICAL THERAPY	1,019	0	0	0	0	1,133	0	0	44.00
45.00	OCCUPATIONAL THERAPY	605	0	0	0	0	1,083	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	291	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	190	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	182	0	0	0	0	273	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	26,982	83,101	53,495	3,038	0	20,000	20,008	0	89.00

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	<b>TOTAL</b>	<b>26,982</b>	<b>83,101</b>	<b>53,495</b>	<b>3,038</b>	<b>0</b>	<b>20,000</b>	<b>20,008</b>	<b>0</b>	<b>100.00</b>


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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total	
		15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.00
15.00	ACTIVITIES	24,018				15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	SKILLED NURSING FACILITY	24,018	1,416,885	0	1,416,885	30.00
31.00	NURSING FACILITY	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0	83	0	83	40.00
41.00	LABORATORY	0	218	0	218	41.00
42.00	INTRAVENOUS THERAPY	0	69	0	69	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	2,628	0	2,628	43.00
44.00	PHYSICAL THERAPY	0	54,296	0	54,296	44.00
45.00	OCCUPATIONAL THERAPY	0	33,067	0	33,067	45.00
46.00	SPEECH PATHOLOGY	0	660	0	660	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,694	0	9,694	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	10,294	0	10,294	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	14	0	14	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	CLINIC	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	FQHC					62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	71.00
72.00	CORF	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW					82.00
83.00	HOSPICE	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	24,018	1,527,908	0	1,527,908	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
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	Cost Center Description	ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total	
		15.00	16.00	17.00	18.00	
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	17	0	17	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	93.00
94.00	PATIENT'S LAUNDRY	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	<b>TOTAL</b>	<b>24,018</b>	<b>1,527,925</b>	<b>0</b>	<b>1,527,925</b>	<b>100.00</b>

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ. FEET)	MOVABLE EQUIPMENT (SQ. FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQ. FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	33,363								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		33,363							2.00
3.00	EMPLOYEE BENEFITS	947	947	6,480,826						3.00
4.00	ADMINISTRATIVE & GENERAL	706	706	412,068	-2,189,333	12,970,684				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,015	1,015	98,769	0	698,288	30,695			5.00
6.00	LAUNDRY & LINEN SERVICE	1,823	1,823	0	0	304,415	1,823	47,139		6.00
7.00	HOUSEKEEPING	535	535	0	0	600,960	535	0	28,337	7.00
8.00	DIETARY	1,649	1,649	0	0	1,248,722	1,649	0	1,649	8.00
9.00	NURSING ADMINISTRATION	1,012	1,012	439,418	0	601,559	1,012	0	1,012	9.00
10.00	CENTRAL SERVICES & SUPPLY	47	47	37,212	0	190,659	47	0	47	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	408	408	22,924	0	45,113	408	0	408	12.00
13.00	SOCIAL SERVICE	356	356	279,503	0	342,163	356	0	356	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	457	457	188,959	0	243,459	457	0	457	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	22,262	22,262	5,001,973	0	7,060,270	22,262	47,139	22,262	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	26,637	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	64,748	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	19,030	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	50	50	0	0	72,178	50	0	50	43.00
44.00	PHYSICAL THERAPY	1,070	1,070	0	0	529,565	1,070	0	1,070	44.00
45.00	OCCUPATIONAL THERAPY	635	635	0	0	474,770	635	0	635	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	136,539	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	200	200	0	0	9,160	200	0	200	48.00
49.00	DRUGS CHARGED TO PATIENTS	191	191	0	0	291,044	191	0	191	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	5,134	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ. FEET)	MOVABLE EQUIPMENT (SQ. FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQ. FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	<b>33,363</b>	<b>33,363</b>	<b>6,480,826</b>	<b>-2,189,333</b>	<b>12,964,413</b>	<b>30,695</b>	<b>47,139</b>	<b>28,337</b>	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	6,271	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	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)	1,493,434	34,491	990,685		2,189,333	816,153	404,270	716,622	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	44.763181	1.033810	0.152864		0.168791	26.589119	8.576126	25.289268	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			43,370		35,091	49,034	87,223	26,982	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.006692		0.002705	1.597459	1.850336	0.952183	105.00

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITIES (TOTAL PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	141,417								8.00
9.00	NURSING ADMINISTRATION	0	47,139							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	57,548						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	25,736,744				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	47,139			13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0		14.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	47,139	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	141,417	47,139	57,548	0	22,047,347	47,139	0	47,139	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	14,102	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	54,930	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	23,115	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	19,086	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	1,458,684	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	1,393,362	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	374,492	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	351,436	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	190	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC		0	0		0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00




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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITIES (TOTAL PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	<b>141,417</b>	<b>47,139</b>	<b>57,548</b>	<b>0</b>	<b>25,736,744</b>	<b>47,139</b>	<b>0</b>	<b>47,139</b>	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	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)	1,545,042	755,598	225,280	0	73,894	418,386	0	308,261	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	10.925433	16.029148	3.914645	0.000000	0.002871	8.875581	0.000000	6.539405	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	83,101	53,495	3,038	0	20,000	20,008	0	24,018	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.587631	1.134835	0.052791	0.000000	0.000777	0.424447	0.000000	0.509514	105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	31,173	14,102	2.210538	40.00
41.00	LABORATORY	75,835	54,930	1.380575	41.00
42.00	INTRAVENOUS THERAPY	22,308	23,115	0.965088	42.00
43.00	OXYGEN (INHALATION) THERAPY	87,009	19,086	4.558787	43.00
44.00	PHYSICAL THERAPY	678,649	1,458,684	0.465247	44.00
45.00	OCCUPATIONAL THERAPY	591,850	1,393,362	0.424764	45.00
46.00	SPEECH PATHOLOGY	160,661	374,492	0.429010	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,082	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	351,088	351,436	0.999010	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	6,002	190	31.589474	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	CLINIC	0	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	<b>2,025,657</b>	<b>3,689,397</b>		100.00

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

**Worksheet D**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
		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)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	2.210538	0	0	0	0	40.00
41.00	LABORATORY	1.380575	511	0	705	0	41.00
42.00	INTRAVENOUS THERAPY	0.965088	6,528	0	6,300	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	4.558787	4,542	0	20,706	0	43.00
44.00	PHYSICAL THERAPY	0.465247	517,743	0	240,878	0	44.00
45.00	OCCUPATIONAL THERAPY	0.424764	562,446	0	238,907	0	45.00
46.00	SPEECH PATHOLOGY	0.429010	182,176	0	78,155	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0.999010	126,497	0	126,372	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	31.589474	190	0	6,002	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	AMBULANCE (2)	0.000000					71.00
100.00	Total (Sum of lines 40 - 71)		<b>1,400,633</b>	<b>0</b>	<b>718,025</b>	<b>0</b>	100.00

(1) For titles 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.

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS


**Worksheet D**  
**Parts II-III**  
PPS

Title XVIII Skilled Nursing Facility

PART II - APPORTIONMENT OF VACCINE COST		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	0.999010	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	33,152	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)	33,119	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
	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	

ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	31,173	0	0.000000	0	0	40.00
41.00	LABORATORY	75,835	0	0.000000	705	0	41.00
42.00	INTRAVENOUS THERAPY	22,308	0	0.000000	6,300	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	87,009	0	0.000000	20,706	0	43.00
44.00	PHYSICAL THERAPY	678,649	0	0.000000	240,878	0	44.00
45.00	OCCUPATIONAL THERAPY	591,850	0	0.000000	238,907	0	45.00
46.00	SPEECH PATHOLOGY	160,661	0	0.000000	78,155	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,082	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	351,088	0	0.000000	126,372	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	SUPPORT SURFACES	6,002	0	0.000000	6,002	0	51.00
52.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00
100.00	Total (Sum of lines 40 - 52)	<b>2,025,657</b>	<b>0</b>		<b>718,025</b>	<b>0</b>	100.00


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COMPUTATION OF INPATIENT ROUTINE COSTS

**Worksheet D-1**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS		1.00	
<b>INPATIENT DAYS</b>			
1.00	Inpatient days including private room days	47,139	1.00
2.00	Private room days	447	2.00
3.00	Inpatient days including private room days applicable to the Program	6,009	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	<b>13,127,031</b>	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
6.00	General inpatient routine service charges	21,870,340	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.600221	7.00
8.00	Enter private room charges from your records	225,730	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	504.99	9.00
10.00	Enter semi-private room charges from your records	21,644,610	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	463.56	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	41.43	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	24.87	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	11,117	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	13,115,914	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	278.24	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,671,944	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)	<b>1,671,944</b>	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)	1,416,885	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	30.06	21.00
22.00	Program capital related cost (Line 3 times line 21)	180,631	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,491,313	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)	<b>1,491,313</b>	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
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>			
		1.00	
1.00	Total SNF inpatient days	47,139	1.00
2.00	Program inpatient days (see instructions)	6,009	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)	0.127474	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00


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	To: 12/31/2024	Version:	10.23.179.0	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

**Worksheet E**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>		1.00	
1.00	Inpatient PPS amount (See Instructions)	4,044,506	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)	<b>4,044,506</b>	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	690,744	5.00
6.00	Allowable bad debts (From your records)	240,490	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	141,222	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	156,319	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)	<b>3,510,081</b>	11.00
12.00	Interim payments (See instructions)	3,431,929	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)	3,126	14.75
14.99	Sequestration amount (see instructions)	67,075	14.99
15.00	Balance due provider/program (see Instructions)	<b>7,951</b>	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 - ANCILLARY 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)	33,119	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	<b>33,119</b>	19.00
20.00	Medicare Part B ancillary charges (See instructions)	33,152	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	33,119	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance 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)	<b>33,119</b>	25.00
26.00	Interim payments (See instructions)	23,392	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)	662	28.99
29.00	Balance due provider/program (see instructions)	<b>9,065</b>	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00


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CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

**Worksheet E**  
**Part II**  
**PPS**

Title XIX Skilled Nursing Facility

		1.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1.00	Inpatient ancillary services (see Instructions)	0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)	0	2.00
3.00	Outpatient services	0	3.00
4.00	Inpatient routine services (see instructions)	0	4.00
5.00	Utilization review--physicians' compensation (from provider records)	0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)	0	6.00
7.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	0	7.00
8.00	<b>SUBTOTAL (Line 6 minus line 7)</b>	<b>0</b>	<b>8.00</b>
9.00	Primary payor amounts	0	9.00
10.00	<b>Total Reasonable Cost (Line 8 minus line 9)</b>	<b>0</b>	<b>10.00</b>
<b>REASONABLE CHARGES</b>			
11.00	Inpatient ancillary service charges	0	11.00
12.00	Outpatient service charges	0	12.00
13.00	Inpatient routine service charges	0	13.00
14.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	0	14.00
15.00	<b>Total reasonable charges</b>	<b>0</b>	<b>15.00</b>
<b>CUSTOMARY CHARGES</b>			
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)	0.000000	18.00
19.00	<b>Total customary charges (see instructions)</b>	<b>0</b>	<b>19.00</b>
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
20.00	Cost of covered services (see Instructions)	0	20.00
21.00	Deductibles	0	21.00
22.00	<b>Subtotal (Line 20 minus line 21)</b>	<b>0</b>	<b>22.00</b>
23.00	Coinsurance	0	23.00
24.00	<b>Subtotal (Line 22 minus line 23)</b>	<b>0</b>	<b>24.00</b>
25.00	Allowable bad debts (from your records)	0	25.00
26.00	<b>Subtotal (sum of lines 24 and 25)</b>	<b>0</b>	<b>26.00</b>
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	0	28.00
29.00	Other Adjustments (see instructions) Specify	0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets ( if minus, enter amount in parentheses)	0	30.00
31.00	<b>Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)</b>	<b>0</b>	<b>31.00</b>
32.00	Interim payments	0	32.00
33.00	<b>Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)</b>	<b>0</b>	<b>33.00</b>

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED


Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	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		3,424,037		23,392	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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	05/17/2024	7,892		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
<b>Provider to Program</b>						
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)		<b>7,892</b>		<b>0</b>	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)		<b>3,431,929</b>		<b>23,392</b>	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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)		<b>0</b>		<b>0</b>	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		7,951		9,065	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		<b>3,439,880</b>		<b>32,457</b>	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						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.




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

**Worksheet G**

PPS

		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	4,969	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	2,644,205	0	0	0	4.00
5.00	Other receivables	3,593	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-545,249	0	0	0	6.00
7.00	Inventory	37,692	0	0	0	7.00
8.00	Prepaid expenses	1,168,625	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	<b>3,313,835</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	121,550	0	0	0	13.00
14.00	Less: Accumulated depreciation	-83,738	0	0	0	14.00
15.00	Buildings	5,645,501	0	0	0	15.00
16.00	Less Accumulated depreciation	-3,760,475	0	0	0	16.00
17.00	Leasehold improvements	702,545	0	0	0	17.00
18.00	Less: Accumulated Amortization	-556,599	0	0	0	18.00
19.00	Fixed equipment	163,769	0	0	0	19.00
20.00	Less: Accumulated depreciation	-134,418	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	768,459	0	0	0	23.00
24.00	Less: Accumulated depreciation	-724,801	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	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	<b>2,141,793</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	6,597,872	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	<b>6,597,872</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33.00</b>
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	<b>12,053,500</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	1,610,037	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	0	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	2,883	0	0	0	41.00
42.00	Other current liabilities	3,019,556	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	<b>4,632,476</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	2,373,275	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	APIC DISTRIBUTIONS; R/E EARNINGS	3,955,198	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	<b>6,328,473</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>

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

**Worksheet G**

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	<b>10,960,949</b>	<b>0</b>	<b>0</b>	<b>0</b>	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,092,551				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	<b>1,092,551</b>	<b>0</b>	<b>0</b>	<b>0</b>	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	<b>12,053,500</b>	<b>0</b>	<b>0</b>	<b>0</b>	60.00
( ) = contra amount						

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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

	General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)	1,092,551							2.00
3.00	Total (sum of line 1 and line 2)	<b>1,092,551</b>		<b>0</b>		<b>0</b>		<b>0</b>	3.00
4.00	Additions (credit adjustments)								4.00
5.00		0		0		0		0	5.00
6.00		0		0		0		0	6.00
7.00		0		0		0		0	7.00
8.00		0		0		0		0	8.00
9.00		0		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	10.00
11.00	Subtotal (line 3 plus line 10)	<b>1,092,551</b>		<b>0</b>		<b>0</b>		<b>0</b>	11.00
12.00	Deductions (debit adjustments)								12.00
13.00		0		0		0		0	13.00
14.00		0		0		0		0	14.00
15.00		0		0		0		0	15.00
16.00		0		0		0		0	16.00
17.00		0		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	<b>1,092,551</b>		<b>0</b>		<b>0</b>		<b>0</b>	19.00


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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**Worksheet G-2**  
**Part I**  
**PPS**

<b>PART I - PATIENT REVENUES</b>					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	22,047,347		22,047,347	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	22,047,347		22,047,347	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	3,703,456	0	3,703,456	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	25,750,803	0	25,750,803	14.00
<b>PART II - OPERATING EXPENSES</b>					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			16,055,245	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)			16,055,245	15.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	25,750,803	1.00
2.00	Less: contractual allowances and discounts on patients accounts	8,620,922	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,129,881	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	16,055,245	4.00
5.00	Net income from service to patients (Line 3 minus 4)	<b>1,074,636</b>	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	MISC INCOME	17,915	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	<b>17,915</b>	25.00
26.00	Total (Line 5 plus line 25)	<b>1,092,551</b>	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)	<b>0</b>	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	<b>1,092,551</b>	31.00