

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0463 Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 9/7/2022 1:37 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No. <u>12001</u>	7. <input type="checkbox"/> First Cost Report for this Provider CCN
	5. Date Received: <u>06/01/2022</u>	8. <input type="checkbox"/> Last Cost Report for this Provider CCN	9. NPR Date: <u>09/23/2022</u>
		10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened	11. Contractor Vendor Code <u>4</u>
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONTINUING CARE AT SEABROOK VILLAGE (315469) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title XVIII			Title XIX	
	Title V	Part A	Part B		
	1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
7.10 SNF - BASED CORF I	0		0	0	7.10
7.30 SNF - BASED OPT X	0		0	0	7.30
100.00 TOTAL	0	0	0	0	100.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 9/7/2022 1:37 pm				
1.00		2.00		3.00				
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 3002 ESSEX ROAD	PO Box:				1.00		
2.00	City: TINTON FALLS	State: NJ	Zip Code: 07753			2.00		
3.00	County: MONMOUTH	CBSA Code: 35154	Urban/Rural: U			3.00		
3.01		CBSA Code:				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
		1.00	2.00	3.00	V	XVIII	XIX	
					4.00	5.00	6.00	
SNF and SNF-Based Component Identification:								
4.00	SNF	CONTINUING CARE AT SEABROOK VILLAGE	315469	08/08/2001	N	P	O	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA	SEABROOK VILLAGE OPT	317093	12/04/2008	N	P	N	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
13.10	SNF-Based OPT	OP REHAB AGENCY AT SEABROOK VILLAGE	316702	08/08/2003				13.10
				From:	To:			
				1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2021	12/31/2021		14.00	
15.00	Type of Control (See Instructions)			2			15.00	
				Y/N				
				1.00				
Type of Freestanding Skilled Nursing Facility								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					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					14,195,748		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					14,195,748		23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					Y		25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00
				Part A	Part B	Other		
				1.00	2.00	3.00		
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		29.00
30.00	Nursing Facility					N		30.00
31.00	ICF/IID					N		31.00
32.00	SNF-Based HHA					N		32.00
33.00	SNF-Based RHC					N		33.00
34.00	SNF-Based FQHC					N		34.00
35.00	SNF-Based CMHC					N		35.00
36.00	SNF-Based OLTC					N		36.00
				Y/N				
				1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00

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

Provider No. : 315469

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

Worksheet S-2
 Part I
 Date/Time Prepared:
 9/7/2022 1:37 pm

		Premiums	Paid Losses	Self Insurance	
		1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:	0	0	0	41.00
				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
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.			H57210	44.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.					
45.00	Name: ERICKSON LIVING MANAGEMENT, LLC	Contractor's Name: NOVITAS SOLUTIONS		Contractor's Number: 12001	
46.00	Street: 701 MAIDEN CHOICE LANE	PO Box:			
47.00	City: CATONSVILLE	State: MD		Zip Code: 21228	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 9/7/2022 1:37 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	04/25/2022	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N	18.00

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

Provider No. : 315469

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 9/7/2022 1:37 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JON	UNROE	19.00
20.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	713-499-4600	JUNROE@BKD.COM	21.00

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

Provider No. : 315469

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 9/7/2022 1:37 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	04/25/2022	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
Cost Report Preparer Contact Information			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PARTNER	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

VOLUNTARY CONTACT INFORMATION

Provider No. : 315469

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

Worksheet S-2
Part V
Date/Time Prepared:
9/7/2022 1:37 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	Staci	13.00
14.00	Last Name	Henderson	14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number	4104022347	17.00
18.00	E-mail Address	Staci.Henderson@erickson.com	18.00
19.00	Department		19.00
20.00	Mailing Address 1	Dept: Central Accounting	20.00
21.00	Mailing Address 2		21.00
22.00	City	Baltimore	22.00
23.00	State		23.00
			MD
24.00	Zip	21228	24.00

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

Provider No. : 315469

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

Worksheet S-3
 Part I
 Date/Time Prepared:
 9/7/2022 1:37 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	86	31,390	0	3,691	2,421	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	2,174	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
6.30	SNF-Based OPT						6.30
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	86	31,390	0	5,865	2,421	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	12,043	18,155	0	159	8	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	1,198	3,372				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
6.30	SNF-Based OPT						6.30
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	13,241	21,527	0	159	8	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	189	356	0.00	23.21	302.63	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
6.30	SNF-Based OPT						6.30
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	189	356	0.00	23.21	302.63	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	51.00	0	199	5	175	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
6.30	SNF-Based OPT						6.30
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	51.00	0	199	5	175	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	379	100.97	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		5.81	0.00			4.00
5.00	Other Long Term Care	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
6.30	SNF-Based OPT		4.46	0.00			6.30
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	379	111.24	0.00			8.00

Provider No. : 315469

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

Worksheet S-3
Part II
Date/Time Prepared:
9/7/2022 1:37 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	22,745,534	0	22,745,534	936,838.16	24.28
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	22,745,534	0	22,745,534	936,838.16	24.28
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	526,178	0	526,178	12,088.55	43.53
9.00	CMHC	0	0	0	0.00	0.00
9.10	CORF					
9.20	OPT					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	11,692,161	0	11,692,161	560,014.31	20.88
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	12,218,339	0	12,218,339	572,102.86	21.36
13.00	Total Adjusted Salaries (line 6 minus line 12)	10,527,195	0	10,527,195	364,735.30	28.86
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	355,351	0	355,351	3,916.41	90.73
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	6,446,119	0	6,446,119		
18.00	Wage-related costs other (See Part IV)	134,486	0	134,486		
19.00	Wage related costs (excluded units)	3,521,669	0	3,521,669		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	3,058,936	0	3,058,936		

SNF WAGE INDEX INFORMATION

Provider No. : 315469

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

Worksheet S-3
Part III
Date/Time Prepared:
9/7/2022 1:37 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)		
	1.00	2.00	3.00	4.00	5.00		
PART III - OVERHEAD COST - DIRECT SALARIES							
1.00	Employee Benefits	149,050	0	149,050	3,670.12	40.61	1.00
2.00	Administrative & General	2,176,430	0	2,176,430	51,189.82	42.52	2.00
3.00	Plant Operation, Maintenance & Repairs	1,219,792	0	1,219,792	58,738.16	20.77	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	169,718	0	169,718	3,953.06	42.93	6.00
7.00	Nursing Administration	0	0	0	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	0	0	0	0.00	0.00	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	1,055,778	0	1,055,778	41,171.98	25.64	13.00
14.00	Total (sum lines 1 thru 13)	4,770,768	0	4,770,768	158,723.14	30.06	14.00

SNF WAGE RELATED COSTS		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 9/7/2022 1:37 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		491,870	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		3,151,233	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		988,493	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		1,723,727	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		68,361	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		22,435	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		6,446,119	24.00
				Amount Reported
				1.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS		134,486	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315469

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

Worksheet S-3
Part V
Date/Time Prepared:
9/7/2022 1:37 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	688,977	0	688,977	14,231.70	48.41	1.00
2.00	Licensed Practical Nurses (LPNs)	1,125,000	0	1,125,000	29,486.86	38.15	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,807,705	0	1,807,705	77,913.29	23.20	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,621,682	0	3,621,682	121,631.85	29.78	4.00
5.00	Physical Therapists	108,054	0	108,054	2,274.58	47.51	5.00
6.00	Physical Therapy Assistants	88,045	0	88,045	2,202.05	39.98	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	235,790	0	235,790	4,831.00	48.81	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	84,282	0	84,282	1,773.33	47.53	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	141,014		141,014	1,382.38	102.01	14.00
15.00	Licensed Practical Nurses (LPNs)	160,231		160,231	1,549.70	103.39	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	31,907		31,907	614.33	51.94	16.00
17.00	Total Nursing (sum of lines 14 through 16)	333,152		333,152	3,546.41	93.94	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	22,200		22,200	370.00	60.00	26.00

SNF-BASED HOME HEALTH AGENCY STATISTICAL DATA		Provider No. : 315469 HHA CCN: 317093		Period: From 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 9/7/2022 1:37 pm			
		Title XVIII		Home Health Agency I		PPS			
		Title V		Title XVIII		Title XIX		Other	
		1.00		2.00		3.00		4.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	County	MONMOUTH							1.00
DESCRIPTION									
2.00	Home Health Aide Hours	0		330		0		158	
3.00	Unduplicated Census Count (see instructions)	0.00		141.00		0.00		67.00	
				Staff		Contract		Total	
				1.00		2.00		3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)									
4.00	Enter the number of hours in your normal work week			40.00				4.00	
5.00	Administrator and Assistant Administrator(s)			1.26		0.00		1.26	
6.00	Director(s) and Assistant Director(s)			0.00		0.00		0.00	
7.00	Other Administrative Personnel			1.71		0.00		1.71	
8.00	Direct Nursing Service			2.29		0.00		2.29	
9.00	Nursing Supervisor			0.00		0.00		0.00	
10.00	Physical Therapy Service			1.06		0.00		1.06	
11.00	Physical Therapy Supervisor			0.00		0.00		0.00	
12.00	Occupational Therapy Service			0.88		0.00		0.88	
13.00	Occupational Therapy Supervisor			0.00		0.00		0.00	
14.00	Speech Pathology Service			0.08		0.00		0.08	
15.00	Speech Pathology Supervisor			0.00		0.00		0.00	
16.00	Medical Social Service			0.00		0.00		0.00	
17.00	Medical Social Service Supervisor			0.00		0.00		0.00	
18.00	Home Health Aide			0.23		0.00		0.23	
19.00	Home Health Aide Supervisor			0.00		0.00		0.00	
20.00	Other (specify)			0.00		0.00		0.00	
HOME HEALTH AGENCY CBSA CODES									
21.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3				21.00	
22.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 22 contains the first code).			35154				22.00	
22.01	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 22 contains the first code).			50012				22.01	
22.02	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 22 contains the first code).			50020				22.02	
		Full Episodes		LUPA Episodes		PEP Only Episodes		Total (columns 1 through 4)	
		Without Outliers		With Outliers					
		1.00		2.00		3.00		4.00	
								5.00	
PPS ACTIVITY DATA									
23.00	Skilled Nursing Visits	645		113		33		0	
24.00	Skilled Nursing Visit Charges	112,875		19,775		5,775		0	
25.00	Physical Therapy Visits	546		83		14		0	
26.00	Physical Therapy Visit Charges	109,200		16,600		2,800		0	
27.00	Occupational Therapy Visits	382		104		7		0	
28.00	Occupational Therapy Visit Charges	76,400		20,800		1,400		0	
29.00	Speech Pathology Visits	60		15		0		0	
30.00	Speech Pathology Visit Charges	12,000		3,000		0		0	
31.00	Medical Social Service Visits	2		0		0		0	
32.00	Medical Social Service Visit Charges	400		0		0		0	
33.00	Home Health Aide Visits	114		55		1		0	
34.00	Home Health Aide Visit Charges	14,250		6,875		125		0	
35.00	Total visits (sum of lines 23, 25, 27, 29, 31, and 33)	1,749		370		55		0	
36.00	Other Charges	0		0		0		0	
37.00	Total Charges (sum of lines 24, 26, 28, 30, 32, 34, and 36)	325,125		67,050		10,100		0	
38.00	Total Number of Episodes (standard/non outlier)	195				34		0	
39.00	Total Number of Outlier Episodes			16				0	
40.00	Total Non-Routine Medical Supply Charges	5,760		808		282		0	
		Total							
		5.00							
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	County							1.00	
DESCRIPTION									
2.00	Home Health Aide Hours	488						2.00	
3.00	Unduplicated Census Count (see instructions)	207.00						3.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315469

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

Worksheet S-7
Date/Time Prepared:
9/7/2022 1:37 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315469

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

Worksheet S-7

Date/Time Prepared:
9/7/2022 1:37 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 9/7/2022 1:37 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
	1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES		19,744,012	0	19,744,012
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		1,176,525	0	1,176,525
3.00 00300	EMPLOYEE BENEFITS	149,050	6,580,605	0	6,729,655
4.00 00400	ADMINISTRATIVE & GENERAL	2,176,430	4,542,851	-105,553	6,613,728
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,219,792	982,015	0	2,201,807
6.00 00600	LAUNDRY & LINEN SERVICE	0	0	0	0
7.00 00700	HOUSEKEEPING	0	0	0	0
8.00 00800	DIETARY	169,718	137,452	0	307,170
9.00 00900	NURSING ADMINISTRATION	0	0	0	0
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0
11.00 01100	PHARMACY	0	0	0	0
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0
13.00 01300	SOCIAL SERVICE	0	0	0	0
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00 01500	ACTIVITIES	1,055,778	-10,664	0	1,045,114
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	5,240,257	2,121,673	26,593	7,388,523
31.00 03100	NURSING FACILITY	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	28,931	0	28,931
41.00 04100	LABORATORY	0	11,453	0	11,453
42.00 04200	INTRAVENOUS THERAPY	0	26,169	0	26,169
43.00 04300	OXYGEN (INHALATION) THERAPY	0	8,883	0	8,883
44.00 04400	PHYSICAL THERAPY	196,099	10,683	0	206,782
45.00 04500	OCCUPATIONAL THERAPY	235,789	277	0	236,066
46.00 04600	SPEECH PATHOLOGY	84,282	704	0	84,986
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	125,640	0	125,640
49.00 04900	DRUGS CHARGED TO PATIENTS	0	158,951	0	158,951
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	153	0	153
52.00 05200	OTHER ANCILLARY SERVICE	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0
62.00 06200	FOHC	0	0	0	0
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	526,178	110,401	0	636,579
71.00 07100	AMBULANCE	0	0	0	0
72.00 07200	CORF	0	0	0	0
72.10 07210	OPT	382,067	49,082	0	431,149
73.00 07300	CMHC	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0
81.00 08100	INTEREST EXPENSE	0	0	0	0
82.00 08200	UTILIZATION REVIEW	0	0	0	0
83.00 08300	HOSPICE	0	0	0	0
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	11,435,440	35,805,796	-78,960	47,162,276
NONREIMBURSABLE COST CENTERS					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0
95.00 09500	OTHER NONREIMBURSABLE COST	10,432,409	10,263,943	78,960	20,775,312
95.01 09501	MARKETING	877,685	2,114,002	0	2,991,687
100.00	TOTAL	22,745,534	48,183,741	0	70,929,275

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315469

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

Worksheet A
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + - col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-246,210	19,497,802	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	1,176,525	2.00
3.00	00300	EMPLOYEE BENEFITS	-42,001	6,687,654	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-2,789,187	3,824,541	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	2,201,807	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	6.00
7.00	00700	HOUSEKEEPING	0	0	7.00
8.00	00800	DIETARY	-116,018	191,152	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	ACTIVITIES	-26,512	1,018,602	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	-304,670	7,083,853	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	28,931	40.00
41.00	04100	LABORATORY	0	11,453	41.00
42.00	04200	INTRAVENOUS THERAPY	0	26,169	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	8,883	43.00
44.00	04400	PHYSICAL THERAPY	0	206,782	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	236,066	45.00
46.00	04600	SPEECH PATHOLOGY	0	84,986	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	125,640	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	158,951	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	153	51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	-38,867	597,712	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF	0	0	72.00
72.10	07210	OPT	10,932	442,081	72.10
73.00	07300	CMHC	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-3,552,533	43,609,743	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	-179,467	20,595,845	95.00
95.01	09501	MARKETING	-3,046	2,988,641	95.01
100.00		TOTAL	-3,735,046	67,194,229	100.00

RECLASSIFICATIONS

Provider No. : 315469

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

Worksheet A-6

Date/Time Prepared:
9/7/2022 1:37 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - MEDICAL DIRECTOR RECLASS					
1.00		SKILLED NURSING FACILITY	30.00	0	26,593	1.00
2.00		OTHER NONREIMBURSABLE COST	95.00	0	78,960	2.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	105,553	100.00

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

Provider No. : 315469

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

Date/Time Prepared:
9/7/2022 1:37 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
	(1) A - MEDICAL DIRECTOR RECLASS	6.00	7.00	8.00	9.00	
1.00		ADMINISTRATIVE & GENERAL	4.00	0	105,553	1.00
2.00			0.00	0	0	2.00
	TOTALS			0	105,553	100.00
100.00				0	105,553	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315469

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

Worksheet A-7

Date/Time Prepared:
9/7/2022 1:37 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	16,749,004	0	0	0	0	1.00
2.00 Land Improvements	3,171,315	94,393	0	94,393	0	2.00
3.00 Buildings and Fixtures	297,084,283	12,254,257	0	12,254,257	0	3.00
4.00 Building Improvements	46,216	0	0	0	29,710	4.00
5.00 Fixed Equipment	1,538,510	0	0	0	212,015	5.00
6.00 Movable Equipment	7,168,715	0	0	0	1,198,975	6.00
7.00 Subtotal (sum of lines 1-6)	325,758,043	12,348,650	0	12,348,650	1,440,700	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	325,758,043	12,348,650	0	12,348,650	1,440,700	9.00
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	16,749,004	0				1.00
2.00 Land Improvements	3,265,708	0				2.00
3.00 Buildings and Fixtures	309,338,540	0				3.00
4.00 Building Improvements	16,506	0				4.00
5.00 Fixed Equipment	1,326,495	0				5.00
6.00 Movable Equipment	5,969,740	0				6.00
7.00 Subtotal (sum of lines 1-6)	336,665,993	0				7.00
8.00 Reconciling Items	0	0				8.00
9.00 Total (line 7 minus line 8)	336,665,993	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 315469

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

Worksheet A-8

Date/Time Prepared:
9/7/2022 1:37 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line No.	
			Cost Center			
			3.00	4.00		
1.00 Investment income on restricted funds (chapter 2)		0			0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00 Television and radio service (chapter 21)		0			0.00	6.00
7.00 Parking lot (chapter 21)		0			0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0				8.00
9.00 Home office cost (chapter 21)		0			0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-3,015,869				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	B	-471	ADMINISTRATIVE & GENERAL		4.00	18.00
19.00 Vending machines	B	-1,823	OTHER NONREIMBURSABLE COST		95.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW		82.00	22.00
23.00 Depreciation--buildings and fixtures			CAP REL COSTS - BLDGS & FIXTURES		1.00	23.00
24.00 Depreciation--movable equipment			CAP REL COSTS - MOVABLE EQUIPMENT		2.00	24.00
25.00 CONTRIBUTIONS	A	-1,198	ADMINISTRATIVE & GENERAL		4.00	25.00
25.01 GIFT SHOP REVENUE	B	-124,139	OTHER NONREIMBURSABLE COST		95.00	25.01
25.02 GUEST ROOM RENT REVENUE	B	-35,510	OTHER NONREIMBURSABLE COST		95.00	25.02
25.03 ENTERTAINMENT	A	-13,620	DIETARY		8.00	25.03
25.04 ENTERTAINMENT	A	-366	ADMINISTRATIVE & GENERAL		4.00	25.04
25.05 ADVERTISING AND PR EXPENSE	A	-972	MARKETING		95.01	25.05
25.06 ADVERTISING AND PR EXPENSE	A	-135	MARKETING		95.01	25.06
25.07 LIQUOR	A	40	SKILLED NURSING FACILITY		30.00	25.07
25.08 LIQUOR	A	4,930	OTHER NONREIMBURSABLE COST		95.00	25.08
25.09 LIQUOR	A	-2,759	OTHER NONREIMBURSABLE COST		95.00	25.09
25.10 ADVERTISING AND PR EXPENSE	A	-56	MARKETING		95.01	25.10
25.11 ADVERTISING AND PR EXPENSE	A	-5,525	OTHER NONREIMBURSABLE COST		95.00	25.11
25.12 INTERNET ADVERTISING	A	-430	DIETARY		8.00	25.12
25.14 LEASE REVENUE	B	-19,523	OTHER NONREIMBURSABLE COST		95.00	25.14
25.15 BAD DEBT	A	-13,232	SKILLED NURSING FACILITY		30.00	25.15
25.16 LIQUOR	A	145	OTHER NONREIMBURSABLE COST		95.00	25.16
25.17 BAD DEBT	A	-78,502	SKILLED NURSING FACILITY		30.00	25.17
25.18 BAD DEBT	A	-15,243	HOME HEALTH AGENCY COST		70.00	25.18
25.19 LEASE REVENUE	B	-74,224	OTHER NONREIMBURSABLE COST		95.00	25.19
25.20 ADVERTISING AND PR EXPENSE	A	-1,883	MARKETING		95.01	25.20
25.21 ADVERTISING AND PR EXPENSE	A	-29	EMPLOYEE BENEFITS		3.00	25.21
25.22 GIFTS	A	-513	OTHER NONREIMBURSABLE COST		95.00	25.22
25.23 BAD DEBT	A	-87,929	ADMINISTRATIVE & GENERAL		4.00	25.23
25.24 INTEREST INCOME -	B	-246,210	CAP REL COSTS - BLDGS & FIXTURES		1.00	25.24
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-3,735,046				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.

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

Provider No. : 315469

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

Worksheet A-8-1
Parts I-11
Date/Time Prepared:
9/7/2022 1:37 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		3.00	EMPLOYEE BENEFITS	HOME OFFICE COSTS	1.00
2.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	2.00
3.00		8.00	DIETARY	HOME OFFICE COSTS	3.00
4.00		15.00	ACTIVITIES	HOME OFFICE COSTS	4.00
5.00		30.00	SKILLED NURSING FACILITY	HOME OFFICE COSTS	5.00
6.00		70.00	HOME HEALTH AGENCY COST	HOME OFFICE COSTS	6.00
7.00		72.10	OPT	HOME OFFICE COSTS	7.00
8.00		95.00	OTHER NONREIMBURSABLE COST	HOME OFFICE COSTS	8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		0	41,972	-41,972	1.00
2.00		0	2,699,223	-2,699,223	2.00
3.00		0	101,968	-101,968	3.00
4.00		0	26,512	-26,512	4.00
5.00		519,386	732,362	-212,976	5.00
6.00		36,491	60,115	-23,624	6.00
7.00		25,502	14,570	10,932	7.00
8.00		2,883,653	2,804,179	79,474	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	3,465,032	6,480,901	-3,015,869	10.00

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

Provider No. : 315469

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

Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/7/2022 1:37 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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 B 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00		B	0.00	1.00
2.00			0.00	2.00
3.00			0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:		0.00	100.00

(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 relative of such person has financial interest in related 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.

	Related Organization(s) and/or Home Office		
	Name	Percentage of Ownership	Type of Business
	4.00	5.00	6.00

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 B 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	ERICKSON LIVING MANAGEMENT	0.00	CCRC MGMT/DVPM	1.00
2.00		0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(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 relative of such person has financial interest in related 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.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315469

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

Worksheet B
Part I
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	19,497,802	19,497,802			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	1,176,525		1,176,525		2.00
3.00 00300	EMPLOYEE BENEFITS	6,687,654	0	0	6,687,654	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	3,824,541	0	0	644,136	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	2,201,807	0	0	361,010	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00 00700	HOUSEKEEPING	0	0	0	0	7.00
8.00 00800	DIETARY	191,152	0	0	50,230	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	ACTIVITIES	1,018,602	0	0	312,468	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	7,083,853	780,932	47,123	1,550,906	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	28,931	0	0	0	40.00
41.00 04100	LABORATORY	11,453	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	26,169	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	8,883	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	206,782	0	0	58,037	44.00
45.00 04500	OCCUPATIONAL THERAPY	236,066	0	0	69,784	45.00
46.00 04600	SPEECH PATHOLOGY	84,986	0	0	24,944	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,640	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	158,951	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	153	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	597,712	12,495	754	155,728	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
72.00 07200	CORF	0	0	0	0	72.00
72.10 07210	OPT	442,081	14,942	902	113,077	72.10
73.00 07300	CMHC	0	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	43,609,743	808,369	48,779	3,340,320	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	20,595,845	18,689,433	1,127,746	3,087,574	95.00
95.01 09501	MARKETING	2,988,641	0	0	259,760	95.01
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	67,194,229	19,497,802	1,176,525	6,687,654	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315469

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

Worksheet B
Part I
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,468,677				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	182,580	2,745,397			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	00700	HOUSEKEEPING	0	0	0		7.00
8.00	00800	DIETARY	17,197	0	0	258,579	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	ACTIVITIES	94,828	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	674,150	109,960	0	25,217	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	2,061	0	0	0	40.00
41.00	04100	LABORATORY	816	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	1,864	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	633	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	18,866	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	21,789	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	7,832	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,951	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11,324	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	11	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	54,620	1,759	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
72.10	07210	OPT	40,679	2,104	0	0	72.10
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,138,201	113,823	0	25,217	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	3,099,053	2,631,574	0	233,362	95.00
95.01	09501	MARKETING	231,423	0	0	0	95.01
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	4,468,677	2,745,397	0	258,579	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315469

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

Worksheet B
Part I
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		9.00	10.00	11.00	12.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
3.00	00300						3.00	
4.00	00400						4.00	
5.00	00500						5.00	
6.00	00600						6.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900	0					9.00	
10.00	01000	0	0				10.00	
11.00	01100	0	0	0			11.00	
12.00	01200	0	0	0	0		12.00	
13.00	01300	0	0	0	0	0	13.00	
14.00	01400	0	0	0	0	0	14.00	
15.00	01500	0	0	0	0	0	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	0	0	0	0	0	30.00	
31.00	03100	0	0	0	0	0	31.00	
32.00	03200	0	0	0	0	0	32.00	
33.00	03300	0	0	0	0	0	33.00	
ANCILLARY SERVICE COST CENTERS								
40.00	04000	0	0	0	0	0	40.00	
41.00	04100	0	0	0	0	0	41.00	
42.00	04200	0	0	0	0	0	42.00	
43.00	04300	0	0	0	0	0	43.00	
44.00	04400	0	0	0	0	0	44.00	
45.00	04500	0	0	0	0	0	45.00	
46.00	04600	0	0	0	0	0	46.00	
47.00	04700	0	0	0	0	0	47.00	
48.00	04800	0	0	0	0	0	48.00	
49.00	04900	0	0	0	0	0	49.00	
50.00	05000	0	0	0	0	0	50.00	
51.00	05100	0	0	0	0	0	51.00	
52.00	05200	0	0	0	0	0	52.00	
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	0	0	0	0	0	60.00	
61.00	06100	0	0	0	0	0	61.00	
62.00	06200	0	0	0	0	0	62.00	
63.00	06300	0	0	0	0	0	63.00	
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	0	0	0	0	0	70.00	
71.00	07100	0	0	0	0	0	71.00	
72.00	07200	0	0	0	0	0	72.00	
72.10	07210	0	0	0	0	0	72.10	
73.00	07300	0	0	0	0	0	73.00	
74.00	07400	0	0	0	0	0	74.00	
SPECIAL PURPOSE COST CENTERS								
80.00	08000						80.00	
81.00	08100						81.00	
82.00	08200						82.00	
83.00	08300	0	0	0	0	0	83.00	
84.00	08400	0	0	0	0	0	84.00	
89.00	SUBTOTALS (sum of lines 1-84)						0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
91.00	09100	0	0	0	0	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
93.00	09300	0	0	0	0	0	93.00	
94.00	09400	0	0	0	0	0	94.00	
95.00	09500	0	0	0	0	0	95.00	
95.01	09501	0	0	0	0	0	95.01	
98.00	Cross Foot Adjustments						0	98.00
99.00	Negative Cost Centers						0	99.00
100.00	TOTAL						0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315469

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

Worksheet B
Part I
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	Subtotal	Post Stepdown Adjustments	Total	
		ACTIVITIES				
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY					10.00
11.00 01100	PHARMACY					11.00
12.00 01200	MEDICAL RECORDS & LIBRARY					12.00
13.00 01300	SOCIAL SERVICE					13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0				14.00
15.00 01500	ACTIVITIES	0	1,425,898			15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	57,082	10,329,223	0	10,329,223
31.00 03100	NURSING FACILITY	0	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	30,992	0	30,992
41.00 04100	LABORATORY	0	0	12,269	0	12,269
42.00 04200	INTRAVENOUS THERAPY	0	0	28,033	0	28,033
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	9,516	0	9,516
44.00 04400	PHYSICAL THERAPY	0	0	283,685	0	283,685
45.00 04500	OCCUPATIONAL THERAPY	0	0	327,639	0	327,639
46.00 04600	SPEECH PATHOLOGY	0	0	117,762	0	117,762
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	134,591	0	134,591
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	170,275	0	170,275
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	164	0	164
52.00 05200	OTHER ANCILLARY SERVICE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00 06200	FOHC	0	0	0	0	0
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	823,068	0	823,068
71.00 07100	AMBULANCE	0	0	0	0	0
72.00 07200	CORF	0	0	0	0	0
72.10 07210	OPT	0	0	613,785	0	613,785
73.00 07300	CMHC	0	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
83.00 08300	HOSPICE	0	0	0	0	0
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00 08400	SUBTOTALS (sum of lines 1-84)	0	57,082	12,881,002	0	12,881,002
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00 09500	OTHER NONREIMBURSABLE COST	0	1,368,816	50,833,403	0	50,833,403
95.01 09501	MARKETING	0	0	3,479,824	0	3,479,824
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	0	1,425,898	67,194,229	0	67,194,229

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315469

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

Worksheet B
Part II
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS
		BLDGS & FIXTURES	MOVABLE EQUIPMENT		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT				2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	0	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 00700	HOUSEKEEPING	0	0	0	7.00
8.00 00800	DIETARY	0	0	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	0	0	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	14.00
15.00 01500	ACTIVITIES	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	0	780,932	47,123	828,055
31.00 03100	NURSING FACILITY	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00 06200	FOHC	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	12,495	754	13,249
71.00 07100	AMBULANCE	0	0	0	71.00
72.00 07200	CORF	0	0	0	72.00
72.10 07210	OPT	0	14,942	902	15,844
73.00 07300	CMHC	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00 08100	INTEREST EXPENSE				81.00
82.00 08200	UTILIZATION REVIEW				82.00
83.00 08300	HOSPICE	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	808,369	48,779	857,148
NONREIMBURSABLE COST CENTERS					
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	0	18,689,433	1,127,746	19,817,179
95.01 09501	MARKETING	0	0	0	95.01
98.00	Cross Foot Adjustments				98.00
99.00	Negative Cost Centers		0	0	99.00
100.00	TOTAL	0	19,497,802	1,176,525	20,674,327

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315469

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

Worksheet B
Part II
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	0			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	00700	HOUSEKEEPING	0	0	0	0	7.00
8.00	00800	DIETARY	0	0	0	0	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	ACTIVITIES	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	0	0	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
72.10	07210	OPT	0	0	0	0	72.10
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	0	0	0	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	MARKETING	0	0	0	0	95.01
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	0	0	0	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315469

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

Worksheet B
Part II
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		9.00	10.00	11.00	12.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
3.00	00300						3.00	
4.00	00400						4.00	
5.00	00500						5.00	
6.00	00600						6.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900	0					9.00	
10.00	01000	0	0				10.00	
11.00	01100	0	0	0			11.00	
12.00	01200	0	0	0	0		12.00	
13.00	01300	0	0	0	0	0	13.00	
14.00	01400	0	0	0	0	0	14.00	
15.00	01500	0	0	0	0	0	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	0	0	0	0	0	30.00	
31.00	03100	0	0	0	0	0	31.00	
32.00	03200	0	0	0	0	0	32.00	
33.00	03300	0	0	0	0	0	33.00	
ANCILLARY SERVICE COST CENTERS								
40.00	04000	0	0	0	0	0	40.00	
41.00	04100	0	0	0	0	0	41.00	
42.00	04200	0	0	0	0	0	42.00	
43.00	04300	0	0	0	0	0	43.00	
44.00	04400	0	0	0	0	0	44.00	
45.00	04500	0	0	0	0	0	45.00	
46.00	04600	0	0	0	0	0	46.00	
47.00	04700	0	0	0	0	0	47.00	
48.00	04800	0	0	0	0	0	48.00	
49.00	04900	0	0	0	0	0	49.00	
50.00	05000	0	0	0	0	0	50.00	
51.00	05100	0	0	0	0	0	51.00	
52.00	05200	0	0	0	0	0	52.00	
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	0	0	0	0	0	60.00	
61.00	06100	0	0	0	0	0	61.00	
62.00	06200	0	0	0	0	0	62.00	
63.00	06300	0	0	0	0	0	63.00	
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	0	0	0	0	0	70.00	
71.00	07100	0	0	0	0	0	71.00	
72.00	07200	0	0	0	0	0	72.00	
72.10	07210	0	0	0	0	0	72.10	
73.00	07300	0	0	0	0	0	73.00	
74.00	07400	0	0	0	0	0	74.00	
SPECIAL PURPOSE COST CENTERS								
80.00	08000						80.00	
81.00	08100						81.00	
82.00	08200						82.00	
83.00	08300	0	0	0	0	0	83.00	
84.00	08400	0	0	0	0	0	84.00	
89.00	SUBTOTALS (sum of lines 1-84)						0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
91.00	09100	0	0	0	0	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
93.00	09300	0	0	0	0	0	93.00	
94.00	09400	0	0	0	0	0	94.00	
95.00	09500	0	0	0	0	0	95.00	
95.01	09501	0	0	0	0	0	95.01	
98.00	Cross Foot Adjustments						0	98.00
99.00	Negative Cost Centers						0	99.00
100.00	TOTAL						0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315469

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

Worksheet B
Part II
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	Subtotal	Post Step-Down Adjustments	Total	
		ACTIVITIES				
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY					10.00
11.00 01100	PHARMACY					11.00
12.00 01200	MEDICAL RECORDS & LIBRARY					12.00
13.00 01300	SOCIAL SERVICE					13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0				14.00
15.00 01500	ACTIVITIES	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	0	828,055	0	828,055
31.00 03100	NURSING FACILITY	0	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	0
41.00 04100	LABORATORY	0	0	0	0	0
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00 04400	PHYSICAL THERAPY	0	0	0	0	0
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	0
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	0
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	0	0	0
52.00 05200	OTHER ANCILLARY SERVICE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00 06200	FOHC	0	0	0	0	0
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	13,249	0	13,249
71.00 07100	AMBULANCE	0	0	0	0	0
72.00 07200	CORF	0	0	0	0	0
72.10 07210	OPT	0	0	15,844	0	15,844
73.00 07300	CMHC	0	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					82.00
83.00 08300	HOSPICE	0	0	0	0	0
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	0	0	857,148	0	857,148
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	19,817,179	0	19,817,179
95.01 09501	MARKETING	0	0	0	0	0
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	0	0	20,674,327	0	20,674,327

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315469

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

Worksheet B-1
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)					
	1.00	2.00	3.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	1,498,065					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		1,498,065				2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	22,596,484			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	0	2,176,430	-4,468,677	62,725,552	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	0	1,219,792	0	2,562,817	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00 00700	HOUSEKEEPING	0	0	0	0	0	7.00
8.00 00800	DIETARY	0	0	169,718	0	241,382	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	0	0	0	0	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00 01500	ACTIVITIES	0	0	1,055,778	0	1,331,070	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	SKILLED NURSING FACILITY	60,001	60,001	5,240,257	0	9,462,814	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00 04000	RADIOLOGY	0	0	0	0	28,931	40.00
41.00 04100	LABORATORY	0	0	0	0	11,453	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	26,169	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	8,883	43.00
44.00 04400	PHYSICAL THERAPY	0	0	196,099	0	264,819	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	235,789	0	305,850	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	84,282	0	109,930	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	125,640	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	158,951	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	153	51.00
52.00 05200	OTHER ANCILLARY SERVICE	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00 06000	CLINIC	0	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00 07000	HOME HEALTH AGENCY COST	960	960	526,178	0	766,689	70.00
71.00 07100	AMBULANCE	0	0	0	0	0	71.00
72.00 07200	CORF	0	0	0	0	0	72.00
72.10 07210	OPT	1,148	1,148	382,067	0	571,002	72.10
73.00 07300	CMHC	0	0	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00 08100	INTEREST EXPENSE						81.00
82.00 08200	UTILIZATION REVIEW						82.00
83.00 08300	HOSPICE	0	0	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	62,109	62,109	11,286,390	-4,468,677	15,976,553	89.00
NONREIMBURSABLE COST CENTERS							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	1,435,956	1,435,956	10,432,409	0	43,500,598	95.00
95.01 09501	MARKETING	0	0	877,685	0	3,248,401	95.01
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)	19,497,802	1,176,525	6,687,654		4,468,677	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	13.015324	0.785363	0.295960		0.071242	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		0	104.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315469

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

Worksheet B-1

Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)					
	1.00	2.00	3.00				
105.00 Unit cost multiplier (Wkst. B, Part 11)			0.000000	4A	0.000000	105.00	

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315469

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

Worksheet B-1
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,498,065				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0			6.00
7.00	00700	HOUSEKEEPING	0	0	0		7.00
8.00	00800	DIETARY	0	0	0	558,492	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	ACTIVITIES	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	60,001	0	0	54,465	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	960	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
72.10	07210	OPT	1,148	0	0	0	72.10
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	62,109	0	0	54,465	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	1,435,956	0	0	504,027	95.00
95.01	09501	MARKETING	0	0	0	0	95.01
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)	2,745,397	0	0	258,579	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.832629	0.000000	0.000000	0.462995	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315469

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

Worksheet B-1
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (TOTAL PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (TOTAL PATIENT DAYS)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	ACTIVITIES	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	0	0	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0		0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
72.10	07210	OPT	0	0	0	0	72.10
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	0	0	0	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	MARKETING	0	0	0	0	95.01
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)	0	0	0	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315469

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

Worksheet B-1
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		OTHER GENERAL SERVICE		
		ACTIVITIES (PATIENT DAYS)		
		15.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION		14.00
15.00	01500	ACTIVITIES	453,510	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	18,155	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF	0	72.00
72.10	07210	OPT	0	72.10
73.00	07300	CMHC	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	18,155	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	435,355	95.00
95.01	09501	MARKETING	0	95.01
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)	1,425,898	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	3.144138	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet C Date/Time Prepared: 9/7/2022 1:37 pm	
Cost Center Description		Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	30,992	26,276	1.179479 40.00
41.00	04100	LABORATORY	12,269	10,266	1.195110 41.00
42.00	04200	INTRAVENOUS THERAPY	28,033	42,928	0.653024 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	9,516	0	0.000000 43.00
44.00	04400	PHYSICAL THERAPY	283,685	502,504	0.564543 44.00
45.00	04500	OCCUPATIONAL THERAPY	327,639	564,187	0.580728 45.00
46.00	04600	SPEECH PATHOLOGY	117,762	221,063	0.532708 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,591	2,753	48.888849 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	170,275	138,210	1.232002 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000 50.00
51.00	05100	SUPPORT SURFACES	164	0	0.000000 51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	0	0.000000 52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	0.000000 60.00
61.00	06100	RURAL HEALTH CLINIC			61.00
62.00	06200	FOHC			62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000 63.00
71.00	07100	AMBULANCE	0	0	0.000000 71.00
100.00		Total	1,114,926	1,508,187	100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 315469

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

Worksheet D
Part I
Date/Time Prepared:
9/7/2022 1:37 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

		Health Care Program Charges		Health Care Program Cost			
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	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
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	1.179479	11,763	0	13,874	0 40.00	
41.00	04100 LABORATORY	1.195110	1,339	0	1,600	0 41.00	
42.00	04200 INTRAVENOUS THERAPY	0.653024	32,197	0	21,025	0 42.00	
43.00	04300 OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0 43.00	
44.00	04400 PHYSICAL THERAPY	0.564543	254,557	0	143,708	0 44.00	
45.00	04500 OCCUPATIONAL THERAPY	0.580728	289,318	0	168,015	0 45.00	
46.00	04600 SPEECH PATHOLOGY	0.532708	109,679	0	58,427	0 46.00	
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00	
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	48.888849	0	0	0	0 48.00	
49.00	04900 DRUGS CHARGED TO PATIENTS	1.232002	101,322	0	124,829	0 49.00	
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00	
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0 51.00	
52.00	05200 OTHER ANCILLARY SERVICE	0.000000	0	0	0	0 52.00	
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0 60.00	
61.00	06100 RURAL HEALTH CLINIC					0 61.00	
62.00	06200 FOHC					0 62.00	
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0 63.00	
71.00	07100 AMBULANCE (2)	0.000000		0		0 71.00	
100.00	Total (Sum of lines 40 - 71)		800,175	0	531,478	0 100.00	

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 9/7/2022 1:37 pm				
		Title XVIII	Skilled Nursing Facility	PPS				
Cost Center Description					1.00			
PART II - APPORTIONMENT OF VACCINE COST								
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)		1.232002	1.00			
2.00		Program vaccine charges (From your records, or the PS&R)		0	2.00			
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)		0	3.00			
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)		
		1.00	2.00	3.00	4.00	5.00		
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	30,992	0	0.000000	13,874	0	40.00
41.00	04100	LABORATORY	12,269	0	0.000000	1,600	0	41.00
42.00	04200	INTRAVENOUS THERAPY	28,033	0	0.000000	21,025	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	9,516	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	283,685	0	0.000000	143,708	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	327,639	0	0.000000	168,015	0	45.00
46.00	04600	SPEECH PATHOLOGY	117,762	0	0.000000	58,427	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,591	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	170,275	0	0.000000	124,829	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES	164	0	0.000000	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE	0	0	0.000000	0	0	52.00
100.00		Total (Sum of lines 40 - 52)	1,114,926	0		531,478	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 9/7/2022 1:37 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		18,155	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		3,691	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		10,329,223	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		9,711,317	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.063627	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		10,329,223	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		568.95	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,099,994	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		2,099,994	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)		828,055	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		45.61	21.00
22.00	Program capital related cost (Line 3 times line 21)		168,347	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,931,647	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)		1,931,647	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		18,155	1.00
2.00	Program inpatient days (see instructions)		3,691	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)		0.203305	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIIII		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 9/7/2022 1:37 pm
		Title XVIIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)			2,351,940 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)			2,351,940 3.00
4.00	Primary payor amounts			0 4.00
5.00	Coinurance			281,960 5.00
6.00	Allowable bad debts (From your records)			0 6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)			0 7.00
8.00	Adjusted reimbursable bad debts. (See instructions)			0 8.00
9.00	Recovery of bad debts - for statistical records only			0 9.00
10.00	Utilization review			0 10.00
11.00	Subtotal (See instructions)			2,069,980 11.00
12.00	Interim payments (See instructions)			2,069,980 12.00
13.00	Tentative adjustment			0 13.00
14.00	OTHER adjustment (See instructions)			0 14.00
14.50	Demonstration payment adjustment amount before sequestration			0 14.50
14.55	Demonstration payment adjustment amount after sequestration			0 14.55
14.75	Sequestration for non-claims based amounts (see instructions)			0 14.75
14.99	Sequestration amount (see instructions)			0 14.99
15.00	Balance due provider/program (see Instructions)			0 15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)			0 16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIIII ONLY				
17.00	Ancillary services Part B			0 17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)			0 18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)			0 19.00
20.00	Medicare Part B ancillary charges (See instructions)			0 20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)			0 21.00
22.00	Primary payor amounts			0 22.00
23.00	Coinurance and deductibles			0 23.00
24.00	Allowable bad debts (From your records)			0 24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)			0 24.01
24.02	Adjusted reimbursable bad debts (see instructions)			0 24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			0 25.00
26.00	Interim payments (See instructions)			0 26.00
27.00	Tentative adjustment			0 27.00
28.00	Other Adjustments (See instructions) Specify			0 28.00
28.50	Demonstration payment adjustment amount before sequestration			0 28.50
28.55	Demonstration payment adjustment amount after sequestration			0 28.55
28.99	Sequestration amount (see instructions)			0 28.99
29.00	Balance due provider/program (see instructions)			0 29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2			0 30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part II Date/Time Prepared: 9/7/2022 1:37 pm
		Title XIX	Skilled Nursing Facility	Cost
				1.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 9/7/2022 1:37 pm		
		Title XVIII	Skilled Nursing Facility	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,069,980		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,069,980		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,069,980		0	7.00
			Contractor Name		Contractor Number	
			1.00	2.00		
8.00	Name of Contractor	Novitas Solutions		12001		8.00

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

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

Provider No. : 315469

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

Worksheet G

Date/Time Prepared:
9/7/2022 1:37 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	5,631,490	0	0	0	1.00
2.00	Temporary investments	135,493	0	0	0	2.00
3.00	Notes receivable	2,298,600	0	0	0	3.00
4.00	Accounts receivable	2,444,931	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-569,635	0	0	0	6.00
7.00	Inventory	178,973	0	0	0	7.00
8.00	Prepaid expenses	472,971	0	0	0	8.00
9.00	Other current assets	15,369,409	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)	25,962,232	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,749,004	0	0	0	12.00
13.00	Land improvements	3,265,708	0	0	0	13.00
14.00	Less: Accumulated depreciation	-760,545	0	0	0	14.00
15.00	Buildings	309,338,540	0	0	0	15.00
16.00	Less Accumulated depreciation	-117,836,332	0	0	0	16.00
17.00	Leasehold improvements	16,506	0	0	0	17.00
18.00	Less: Accumulated Amortization	-16,506	0	0	0	18.00
19.00	Fixed equipment	1,326,495	0	0	0	19.00
20.00	Less: Accumulated depreciation	-527,706	0	0	0	20.00
21.00	Automobiles and trucks	953,783	0	0	0	21.00
22.00	Less: Accumulated depreciation	-880,486	0	0	0	22.00
23.00	Major movable equipment	5,015,957	0	0	0	23.00
24.00	Less: Accumulated depreciation	-3,063,222	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	8,958,968	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	222,540,164	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	68,289,635	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	636,398	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	68,926,033	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	317,428,429	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	2,152,254	0	0	0	35.00
36.00	Salaries, wages, and fees payable	2,196,142	0	0	0	36.00
37.00	Payroll taxes payable	510,571	0	0	0	37.00
38.00	Notes & loans payable (Short term)	1,337,071	0	0	0	38.00
39.00	Deferred income	51,915	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	-1,137,538	0	0	0	41.00
42.00	Other current liabilities	277,476,625	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	282,587,040	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	99,106,331	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	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	99,106,331	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	381,693,371	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-64,264,942	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-64,264,942	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	317,428,429	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315469

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

Worksheet G-1

Date/Time Prepared:
9/7/2022 1:37 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-61,459,801		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-2,522,354			2.00
3.00	Total (sum of line 1 and line 2)		-63,982,155		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-63,982,155		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00	INTERCOMPANY ADJUSTMENT	282,787		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		282,787		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-64,264,942		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments)					4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00	INTERCOMPANY ADJUSTMENT		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315469

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

Worksheet G-2
Parts I-III
Date/Time Prepared:
9/7/2022 1:37 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	9,711,317		9,711,317	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)	9,711,317		9,711,317	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	1,508,187	0	1,508,187	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		2,110,786	2,110,786	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
11.30	OPT		637,981	637,981	11.30
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)	11,219,504	2,748,767	13,968,271	14.00
Cost Center Description			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			70,929,275	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)			70,929,275	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315469

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

Worksheet G-3

Date/Time Prepared:
9/7/2022 1:37 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	13,968,271	1.00
2.00	Less: contractual allowances and discounts on patients accounts	3,459,547	2.00
3.00	Net patient revenues (Line 1 minus line 2)	10,508,724	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	70,929,275	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-60,420,551	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	364,666	6.00
7.00	Income from investments	5,490,799	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	176,915	14.00
15.00	Revenue from rental of living quarters	35,510	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	471	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	124,139	20.00
21.00	Rental of vending machines	1,823	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	51,703,874	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	57,898,197	25.00
26.00	Total (Line 5 plus line 25)	-2,522,354	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,522,354	31.00

ANALYSIS OF SNF-BASED HOME HEALTH AGENCY COSTS

Provider No. : 315469

Period: From 01/01/2021

Worksheet H

HHA CCN: 317093

To 12/31/2021

Date/Time Prepared: 9/7/2022 1:37 pm

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	201,130	0	0	0	103,839	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	137,782	0	0	0	0	6.00
7.00	Physical Therapy	91,016	0	0	0	0	7.00
8.00	Occupational Therapy	77,391	0	0	0	0	8.00
9.00	Speech Pathology	13,811	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	5,048	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	6,562	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
15.00	Telemedicine	0	0	0	0	0	15.00
HHA NONREIMBURSABLE SERVICES							
16.00	Home Dialysis Aide Services	0	0	0	0	0	16.00
17.00	Respiratory Therapy	0	0	0	0	0	17.00
18.00	Private Duty Nursing	0	0	0	0	0	18.00
19.00	Clinic	0	0	0	0	0	19.00
20.00	Health Promotion Activities	0	0	0	0	0	20.00
21.00	Day Care Program	0	0	0	0	0	21.00
22.00	Home Delivered Meals Program	0	0	0	0	0	22.00
23.00	Homemaker Service	0	0	0	0	0	23.00
24.00	All Others (specify)	0	0	0	0	0	24.00
25.00	Total (sum of lines 1-24)	526,178	0	0	0	110,401	25.00
		Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	304,969	0	304,969	-38,867	266,102	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	137,782	0	137,782	0	137,782	6.00
7.00	Physical Therapy	91,016	0	91,016	0	91,016	7.00
8.00	Occupational Therapy	77,391	0	77,391	0	77,391	8.00
9.00	Speech Pathology	13,811	0	13,811	0	13,811	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	5,048	0	5,048	0	5,048	11.00
12.00	Supplies (see instructions)	6,562	0	6,562	0	6,562	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
15.00	Telemedicine	0	0	0	0	0	15.00
HHA NONREIMBURSABLE SERVICES							
16.00	Home Dialysis Aide Services	0	0	0	0	0	16.00
17.00	Respiratory Therapy	0	0	0	0	0	17.00
18.00	Private Duty Nursing	0	0	0	0	0	18.00
19.00	Clinic	0	0	0	0	0	19.00
20.00	Health Promotion Activities	0	0	0	0	0	20.00
21.00	Day Care Program	0	0	0	0	0	21.00
22.00	Home Delivered Meals Program	0	0	0	0	0	22.00
23.00	Homemaker Service	0	0	0	0	0	23.00
24.00	All Others (specify)	0	0	0	0	0	24.00
25.00	Total (sum of lines 1-24)	636,579	0	636,579	-38,867	597,712	25.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider No. : 315469	Period: 01/01/2021	Worksheet H-1
		HHA CCN: 317093	To 12/31/2021	Part I
				Date/Time Prepared: 9/7/2022 1:37 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	266,102	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	137,782	0	0	0	6.00
7.00	Physical Therapy	91,016	0	0	0	7.00
8.00	Occupational Therapy	77,391	0	0	0	8.00
9.00	Speech Pathology	13,811	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	5,048	0	0	0	11.00
12.00	Supplies (see instructions)	6,562	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
15.00	Telemedicine	0	0	0	0	15.00
HHA NONREIMBURSABLE SERVICES						
16.00	Home Dialysis Aide Services	0	0	0	0	16.00
17.00	Respiratory Therapy	0	0	0	0	17.00
18.00	Private Duty Nursing	0	0	0	0	18.00
19.00	Clinic	0	0	0	0	19.00
20.00	Health Promotion Activities	0	0	0	0	20.00
21.00	Day Care Program	0	0	0	0	21.00
22.00	Home Delivered Meals Program	0	0	0	0	22.00
23.00	Homemaker Service	0	0	0	0	23.00
24.00	All Others (specify)	0	0	0	0	24.00
25.00	Total (sum of lines 1-24)	597,712	0	0	0	25.00
		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)		
		4A.00	5.00	6.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0				1.00
2.00	Capital Related - Movable Equipment	0				2.00
3.00	Plant Operation & Maintenance	0				3.00
4.00	Transportation	0				4.00
5.00	Administrative and General	266,102	266,102			5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	137,782	110,563	248,345		6.00
7.00	Physical Therapy	91,016	73,036	164,052		7.00
8.00	Occupational Therapy	77,391	62,103	139,494		8.00
9.00	Speech Pathology	13,811	11,083	24,894		9.00
10.00	Medical Social Services	0	0	0		10.00
11.00	Home Health Aide	5,048	4,051	9,099		11.00
12.00	Supplies (see instructions)	6,562	5,266	11,828		12.00
13.00	Drugs	0	0	0		13.00
14.00	DME	0	0	0		14.00
15.00	Telemedicine	0	0	0		15.00
HHA NONREIMBURSABLE SERVICES						
16.00	Home Dialysis Aide Services	0	0	0		16.00
17.00	Respiratory Therapy	0	0	0		17.00
18.00	Private Duty Nursing	0	0	0		18.00
19.00	Clinic	0	0	0		19.00
20.00	Health Promotion Activities	0	0	0		20.00
21.00	Day Care Program	0	0	0		21.00
22.00	Home Delivered Meals Program	0	0	0		22.00
23.00	Homemaker Service	0	0	0		23.00
24.00	All Others (specify)	0	0	0		24.00
25.00	Total (sum of lines 1-24)	597,712		597,712		25.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider No. : 315469
HHA CCN: 317093

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

Worksheet H-1
Part II
Date/Time Prepared:
9/7/2022 1:37 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	960				0	1.00
2.00	Capital Related - Movable Equipment		960			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	960	960	0	0	-266,102	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
15.00	Tel emedicine	0	0	0	0	0	15.00
HHA NONREIMBURSABLE SERVICES							
16.00	Home Dialysis Aide Services	0	0	0	0	0	16.00
17.00	Respiratory Therapy	0	0	0	0	0	17.00
18.00	Private Duty Nursing	0	0	0	0	0	18.00
19.00	Clinic	0	0	0	0	0	19.00
20.00	Health Promotion Activities	0	0	0	0	0	20.00
21.00	Day Care Program	0	0	0	0	0	21.00
22.00	Home Delivered Meals Program	0	0	0	0	0	22.00
23.00	Homemaker Service	0	0	0	0	0	23.00
24.00	All Others (specify)	0	0	0	0	0	24.00
25.00	Total (sum of lines 1-24)	960	960	0	0	-266,102	25.00
26.00	Cost To Be Allocated	0	0	0	0	0	26.00
27.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		27.00
		Administrative & General (ACCUM. COST)					
		5.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation (see instructions)						4.00
5.00	Administrative and General	331,610					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	137,782					6.00
7.00	Physical Therapy	91,016					7.00
8.00	Occupational Therapy	77,391					8.00
9.00	Speech Pathology	13,811					9.00
10.00	Medical Social Services	0					10.00
11.00	Home Health Aide	5,048					11.00
12.00	Supplies (see instructions)	6,562					12.00
13.00	Drugs	0					13.00
14.00	DME	0					14.00
15.00	Tel emedicine	0					15.00
HHA NONREIMBURSABLE SERVICES							
16.00	Home Dialysis Aide Services	0					16.00
17.00	Respiratory Therapy	0					17.00
18.00	Private Duty Nursing	0					18.00
19.00	Clinic	0					19.00
20.00	Health Promotion Activities	0					20.00
21.00	Day Care Program	0					21.00
22.00	Home Delivered Meals Program	0					22.00
23.00	Homemaker Service	0					23.00
24.00	All Others (specify)	0					24.00
25.00	Total (sum of lines 1-24)	331,610					25.00
26.00	Cost To Be Allocated	266,102					26.00
27.00	Unit Cost Multiplier	0.802455					27.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider No. : 315469
HHA CCN: 317093

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

Worksheet H-2
Part I
Date/Time Prepared:
9/7/2022 1:37 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		1.00	2.00			
	0			3.00	3A	
1.00 Administrative and General		12,495	754	59,526	72,775	1.00
2.00 Skilled Nursing Care	248,345	0	0	40,778	289,123	2.00
3.00 Physical Therapy	164,052	0	0	26,937	190,989	3.00
4.00 Occupational Therapy	139,494	0	0	22,905	162,399	4.00
5.00 Speech Pathology	24,894	0	0	4,088	28,982	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	9,099	0	0	1,494	10,593	7.00
8.00 Supplies	11,828	0	0	0	11,828	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Telemedicine	0	0	0	0	0	11.00
12.00 Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00 Respiratory Therapy	0	0	0	0	0	13.00
14.00 Private Duty Nursing	0	0	0	0	0	14.00
15.00 Clinic	0	0	0	0	0	15.00
16.00 Health Promotion Activities	0	0	0	0	0	16.00
17.00 Day Care Program	0	0	0	0	0	17.00
18.00 Home Delivered Meals Program	0	0	0	0	0	18.00
19.00 Homemaker Service	0	0	0	0	0	19.00
20.00 All Others (specify)	0	0	0	0	0	20.00
21.00 Total (sum of lines 1-20) (2)	597,712	12,495	754	155,728	766,689	21.00
22.00 Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6 decimal places.					0.000000	22.00

(1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

Cost Center Description	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
1.00 Administrative and General	5,185	1,759	0	0	0	1.00
2.00 Skilled Nursing Care	20,597	0	0	0	0	2.00
3.00 Physical Therapy	13,606	0	0	0	0	3.00
4.00 Occupational Therapy	11,569	0	0	0	0	4.00
5.00 Speech Pathology	2,065	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	755	0	0	0	0	7.00
8.00 Supplies	843	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Telemedicine	0	0	0	0	0	11.00
12.00 Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00 Respiratory Therapy	0	0	0	0	0	13.00
14.00 Private Duty Nursing	0	0	0	0	0	14.00
15.00 Clinic	0	0	0	0	0	15.00
16.00 Health Promotion Activities	0	0	0	0	0	16.00
17.00 Day Care Program	0	0	0	0	0	17.00
18.00 Home Delivered Meals Program	0	0	0	0	0	18.00
19.00 Homemaker Service	0	0	0	0	0	19.00
20.00 All Others (specify)	0	0	0	0	0	20.00
21.00 Total (sum of lines 1-20) (2)	54,620	1,759	0	0	0	21.00
22.00 Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6 decimal places.						22.00

(1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	9.00	10.00	11.00	12.00	13.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider No. : 315469

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 317093

To 12/31/2021

Part I
Date/Time Prepared:
9/7/2022 1:37 pm

Home Health Agency I

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
8.00	Supplies	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Telemedicine	0	0	0	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00	Respiratory Therapy	0	0	0	0	0	13.00
14.00	Private Duty Nursing	0	0	0	0	0	14.00
15.00	Clinic	0	0	0	0	0	15.00
16.00	Health Promotion Activities	0	0	0	0	0	16.00
17.00	Day Care Program	0	0	0	0	0	17.00
18.00	Home Delivered Meals Program	0	0	0	0	0	18.00
19.00	Homemaker Service	0	0	0	0	0	19.00
20.00	All Others (specify)	0	0	0	0	0	20.00
21.00	Total (sum of lines 1-20) (2)	0	0	0	0	0	21.00
22.00	Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6 decimal places.						22.00

(1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE ACTIVITIES	Subtotal (sum of cols. 3A - 15)	Post Stepdown Adjustments	Subtotal (col s. 16 ± 17)	
			15.00				
1.00	Administrative and General	0	0	79,719	0	79,719	1.00
2.00	Skilled Nursing Care	0	0	309,720	0	309,720	2.00
3.00	Physical Therapy	0	0	204,595	0	204,595	3.00
4.00	Occupational Therapy	0	0	173,968	0	173,968	4.00
5.00	Speech Pathology	0	0	31,047	0	31,047	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	11,348	0	11,348	7.00
8.00	Supplies	0	0	12,671	0	12,671	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Telemedicine	0	0	0	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00	Respiratory Therapy	0	0	0	0	0	13.00
14.00	Private Duty Nursing	0	0	0	0	0	14.00
15.00	Clinic	0	0	0	0	0	15.00
16.00	Health Promotion Activities	0	0	0	0	0	16.00
17.00	Day Care Program	0	0	0	0	0	17.00
18.00	Home Delivered Meals Program	0	0	0	0	0	18.00
19.00	Homemaker Service	0	0	0	0	0	19.00
20.00	All Others (specify)	0	0	0	0	0	20.00
21.00	Total (sum of lines 1-20) (2)	0	0	823,068	0	823,068	21.00
22.00	Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6 decimal places.						22.00

(1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs	
		19.00	20.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	33,215	342,935	2.00
3.00	Physical Therapy	21,941	226,536	3.00
4.00	Occupational Therapy	18,657	192,625	4.00
5.00	Speech Pathology	3,330	34,377	5.00
6.00	Medical Social Services	0	0	6.00
7.00	Home Health Aide	1,217	12,565	7.00
8.00	Supplies	1,359	14,030	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Telemedicine	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	12.00
13.00	Respiratory Therapy	0	0	13.00
14.00	Private Duty Nursing	0	0	14.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider No. : 315469

Period:

Worksheet H-2

HHA CCN: 317093

From 01/01/2021
To 12/31/2021

Part I
Date/Time Prepared:
9/7/2022 1:37 pm

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Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs	
		19.00	20.00	
15.00	Clinic	0	0	15.00
16.00	Health Promotion Activities	0	0	16.00
17.00	Day Care Program	0	0	17.00
18.00	Home Delivered Meals Program	0	0	18.00
19.00	Homemaker Service	0	0	19.00
20.00	All Others (specify)	0	0	20.00
21.00	Total (sum of lines 1-20) (2)	79,719	823,068	21.00
22.00	Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6 decimal places.	0.107243		22.00

(1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider No. : 315469 HHA CCN: 317093		Period: From 01/01/2021 To 12/31/2021		Worksheet H-2 Part II Date/Time Prepared: 9/7/2022 1:37 pm	
				Home Health Agency I		PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)				
		1.00	2.00	3.00	4A	4.00	
1.00	Administrative and General	960	960	201,130	0	72,775	1.00
2.00	Skilled Nursing Care	0	0	137,782	0	289,123	2.00
3.00	Physical Therapy	0	0	91,016	0	190,989	3.00
4.00	Occupational Therapy	0	0	77,391	0	162,399	4.00
5.00	Speech Pathology	0	0	13,811	0	28,982	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	5,048	0	10,593	7.00
8.00	Supplies (see instructions)	0	0	0	0	11,828	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Telemedicine	0	0	0	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00	Respiratory Therapy	0	0	0	0	0	13.00
14.00	Private Duty Nursing	0	0	0	0	0	14.00
15.00	Clinic	0	0	0	0	0	15.00
16.00	Health Promotion Activities	0	0	0	0	0	16.00
17.00	Day Care Program	0	0	0	0	0	17.00
18.00	Home Delivered Meals Program	0	0	0	0	0	18.00
19.00	Homemaker Service	0	0	0	0	0	19.00
20.00	All Others (specify)	0	0	0	0	0	20.00
21.00	Total (sum of lines 1-20)	960	960	526,178		766,689	21.00
22.00	Total cost to be allocated	12,495	754	155,728		54,620	22.00
23.00	Unit cost multiplier	13.015625	0.785417	0.295961		0.071241	23.00
Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	960	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Telemedicine	0	0	0	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00	Respiratory Therapy	0	0	0	0	0	13.00
14.00	Private Duty Nursing	0	0	0	0	0	14.00
15.00	Clinic	0	0	0	0	0	15.00
16.00	Health Promotion Activities	0	0	0	0	0	16.00
17.00	Day Care Program	0	0	0	0	0	17.00
18.00	Home Delivered Meals Program	0	0	0	0	0	18.00
19.00	Homemaker Service	0	0	0	0	0	19.00
20.00	All Others (specify)	0	0	0	0	0	20.00
21.00	Total (sum of lines 1-20)	960	0	0	0	0	21.00
22.00	Total cost to be allocated	1,759	0	0	0	0	22.00
23.00	Unit cost multiplier	1.832292	0.000000	0.000000	0.000000	0.000000	23.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (TOTAL PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (TOTAL PATIENT DAYS)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider No. : 315469 HHA CCN: 317093	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 9/7/2022 1:37 pm
		Home Health Agency I	PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (TOTAL PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (TOTAL PATIENT DAYS)	
		10.00	11.00	12.00	13.00	14.00	
11.00	Telemedicine	0	0	0	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00	Respiratory Therapy	0	0	0	0	0	13.00
14.00	Private Duty Nursing	0	0	0	0	0	14.00
15.00	Clinic	0	0	0	0	0	15.00
16.00	Health Promotion Activities	0	0	0	0	0	16.00
17.00	Day Care Program	0	0	0	0	0	17.00
18.00	Home Delivered Meals Program	0	0	0	0	0	18.00
19.00	Homemaker Service	0	0	0	0	0	19.00
20.00	All Others (specify)	0	0	0	0	0	20.00
21.00	Total (sum of lines 1-20)	0	0	0	0	0	21.00
22.00	Total cost to be allocated	0	0	0	0	0	22.00
23.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	23.00

Cost Center Description		OTHER GENERAL SERVICE ACTIVITIES (PATIENT DAYS)	
		15.00	
1.00	Administrative and General	0	1.00
2.00	Skilled Nursing Care	0	2.00
3.00	Physical Therapy	0	3.00
4.00	Occupational Therapy	0	4.00
5.00	Speech Pathology	0	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	0	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Telemedicine	0	11.00
12.00	Home Dialysis Aide Services	0	12.00
13.00	Respiratory Therapy	0	13.00
14.00	Private Duty Nursing	0	14.00
15.00	Clinic	0	15.00
16.00	Health Promotion Activities	0	16.00
17.00	Day Care Program	0	17.00
18.00	Home Delivered Meals Program	0	18.00
19.00	Homemaker Service	0	19.00
20.00	All Others (specify)	0	20.00
21.00	Total (sum of lines 1-20)	0	21.00
22.00	Total cost to be allocated	0	22.00
23.00	Unit cost multiplier	0.000000	23.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider No. : 315469	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Parts I-II Date/Time Prepared: 9/7/2022 1:37 pm	
			HHA CCN: 317093	Title XVIII	Home Health Agency I	PPS
Cost Center Description	From, Wkst. H-2, Part I, col. 20, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	342,935		1,287	1.00
2.00	Physical Therapy	3.00	226,536	0	978	2.00
3.00	Occupational Therapy	4.00	192,625	0	756	3.00
4.00	Speech Pathology	5.00	34,377	0	113	4.00
5.00	Medical Social Services	6.00	0	0	2	5.00
6.00	Home Health Aide	7.00	12,565		236	6.00
7.00	Total (sum of lines 1-6)		809,038	0	3,372	7.00
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	
Patient Services by CBSA						
8.00	Skilled Nursing Care	35154	0	1		8.00
8.01	Skilled Nursing Care	50012	0	785		8.01
8.02	Skilled Nursing Care	50020	0	5		8.02
9.00	Physical Therapy	35154	0	0		9.00
9.01	Physical Therapy	50012	0	640		9.01
9.02	Physical Therapy	50020	0	3		9.02
10.00	Occupational Therapy	35154	0	0		10.00
10.01	Occupational Therapy	50012	0	490		10.01
10.02	Occupational Therapy	50020	0	3		10.02
11.00	Speech Pathology	35154	0	0		11.00
11.01	Speech Pathology	50012	0	74		11.01
11.02	Speech Pathology	50020	0	1		11.02
12.00	Medical Social Services	35154	0	0		12.00
12.01	Medical Social Services	50012	0	2		12.01
12.02	Medical Social Services	50020	0	0		12.02
13.00	Home Health Aide	35154	0	0		13.00
13.01	Home Health Aide	50012	0	170		13.01
13.02	Home Health Aide	50020	0	0		13.02
14.00	Total (sum of lines 8-13)		0	2,174		14.00
Cost Center Description	From Wkst. H-2 Part I, col. 20, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
	0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	14,030	0	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	16.00
Cost Center Description	From Wkst. C, Part I, col. 3, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED SKILLED NURSING FACILITY DEPARTMENTS						
1.00	Physical Therapy	44.00	0.564543	0	0	1.00
2.00	Occupational Therapy	45.00	0.580728	0	0	2.00
3.00	Speech Pathology	46.00	0.532708	0	0	3.00
4.00	Cost of Medical Supplies	48.00	48.888849	0	0	4.00
5.00	Cost of Drugs	49.00	1.232002	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider No. : 315469 HHA CCN: 317093	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Parts I-III Date/Time Prepared: 9/7/2022 1:37 pm	
		Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits			Cost of Services
		Part A	Part B		Part A
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	9.00
PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	266.46	0	791	0 1.00
2.00	Physical Therapy	231.63	0	643	0 2.00
3.00	Occupational Therapy	254.79	0	493	0 3.00
4.00	Speech Pathology	304.22	0	75	0 4.00
5.00	Medical Social Services	0.00	0	2	0 5.00
6.00	Home Health Aide	53.24	0	170	0 6.00
7.00	Total (sum of lines 1-6)		0	2,174	0 7.00
Cost Center Description					
		5.00	6.00	7.00	8.00 9.00
Patient Services by CBSA					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
8.02	Skilled Nursing Care				8.02
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
9.02	Physical Therapy				9.02
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
10.02	Occupational Therapy				10.02
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
11.02	Speech Pathology				11.02
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
12.02	Medical Social Services				12.02
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
13.02	Home Health Aide				13.02
14.00	Total (sum of lines 8-13)				14.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		Part A
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			5.00	6.00	7.00
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.000000		0	0 15.00
16.00	Cost of Drugs	0.000000			0 16.00
Cost Center Description					
			Transfer to Part I as Indicated		
			4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED SKILLED NURSING FACILITY DEPARTMENTS					
1.00	Physical Therapy		col. 2, line 2.00		1.00
2.00	Occupational Therapy		col. 2, line 3.00		2.00
3.00	Speech Pathology		col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00		4.00
5.00	Cost of Drugs		col. 2, line 16.00		5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider No. : 315469 HHA CCN: 317093		Period: From 01/01/2021 To 12/31/2021		Worksheet H-3 Parts I-III Date/Time Prepared: 9/7/2022 1:37 pm	
				Title XVIII		Home Health Agency I	
Cost Center Description		Cost of Services		Total Program Cost (sum of col s. 9-10)			
		Part B					
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance				
		10.00	11.00	12.00			
PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	210,770		210,770			1.00
2.00	Physical Therapy	148,938		148,938			2.00
3.00	Occupational Therapy	125,611		125,611			3.00
4.00	Speech Pathology	22,817		22,817			4.00
5.00	Medical Social Services	0		0			5.00
6.00	Home Health Aide	9,051		9,051			6.00
7.00	Total (sum of lines 1-6)	517,187		517,187			7.00
Cost Center Description		10.00	11.00	12.00			
Patient Services by CBSA							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Cost of Services					
		Part B					
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance				
		10.00	11.00				
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs	0	0				16.00

CALCULATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT		Provider No. : 315469	Period:	Worksheet H-4
		HHA CCN: 317093	From 01/01/2021 To 12/31/2021	Parts I-II Date/Time Prepared: 9/7/2022 1:37 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	544,705	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	48,068	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	11,978	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	11,677	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	616,428	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	616,428	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	616,428	26.00
27.00	Allowable bad debts (from your records)	0	0	27.00
28.00	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	616,428	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Demonstration payment adjustment amount before sequestration	0	0	30.50
30.55	Demonstration payment adjustment amount after sequestration	0	0	30.55
30.75	Sequestration for non-claims based amounts (see instructions)	0	0	30.75
30.99	Sequestration amount (see instructions)	0	0	30.99
31.00	Subtotal (see instructions)	0	616,428	31.00
32.00	Interim payments (see instructions)	0	616,428	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (see instructions)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO SNF-BASED HHA FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider No. : 315469
HHA CCN: 317093

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

Worksheet H-5
Date/Time Prepared:
9/7/2022 1:37 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		616,428	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, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98))		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		616,428	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (see instructions)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		616,428	7.00
				Contractor Name		Contractor Number
				1.00		2.00
8.00	Name of Contractor	Novitas Solutions		12001		8.00