

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: 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 3/9/2022 12:18 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report <span style="float: right;">Date: 3/9/2022 Time: 12:18 pm</span> 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____ 6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INGLEMOOR CARE CENTER ( 315322 ) 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	<b>Steve Izzo</b>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name Steve Izzo			2
3	Signatory Title ADMINISTRATOR			3
4	Date (Dated when report is electronic)			4

Cost Center Description	Title V	Title XVIII		Title XIX	
		Part A	Part B		
	1.00	2.00	3.00	4.00	
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	20,699	190	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID	0			0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	20,699	190	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. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 3/9/2022 12:18 pm			
1.00		2.00		3.00			
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:							
1.00	Street: 311 SOUTH LIVINGSTON AVENUE	PO Box:				1.00	
2.00	City: LIVINGSTON	State: NJ	Zip Code: 07039			2.00	
3.00	County: ESSEX	CBSA Code: 35084	Urban/Rural: U			3.00	
3.01		CBSA Code:				3.01	
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)		
		1.00	2.00	3.00	V	XVIII	XIX
SNF and SNF-Based Component Identification:							
4.00	SNF	INGLEMOOR CARE CENTER	315322	01/01/1996	N	P	N
5.00	Nursing Facility						
6.00	ICF/IID						
7.00	SNF-Based HHA						
8.00	SNF-Based RHC						
9.00	SNF-Based FQHC						
10.00	SNF-Based CMHC						
11.00	SNF-Based OLTC						
12.00	SNF-Based HOSPICE						
13.00	SNF-Based CORF						
				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)			5			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	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					N	
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	
19.01	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	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.							
20.00	Straight Line					306,395	
21.00	Declining Balance					0	
22.00	Sum of the Year's Digits					0	
23.00	Sum of line 20 through 22					306,395	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N	
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	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N	
				Part A	Part B	Other	
				1.00	2.00	3.00	
29.00	If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					N	
30.00	Skilled Nursing Facility					N	
31.00	Nursing Facility					N	
32.00	ICF/IID					N	
33.00	SNF-Based HHA					N	
34.00	SNF-Based RHC					N	
35.00	SNF-Based FQHC					N	
36.00	SNF-Based CMHC					N	
36.00	SNF-Based OLTC					N	
				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	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N	
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.						
			Premiums	Paid Losses	Self Insurance		
			1.00	2.00	3.00		
41.00	List malpractice premiums and paid losses:		0	0	0		41.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 3/9/2022 12:18 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
	1.00	2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 3/9/2022 12:18 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.			N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.			N	11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.			Y	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	03/03/2022	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. : 315322

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

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 3/9/2022 12:18 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KITTY	BLISSIT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	KITTY.BLISSIT@HCRNJ.NET	21.00

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

Provider No. : 315322

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

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 3/9/2022 12:18 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	03/03/2022	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	
<b>Cost Report Preparer Contact Information</b>			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

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

Provider No. : 315322

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

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 3/9/2022 12:18 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	138	50,370	0	7,003	10,617	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						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	138	50,370	0	7,003	10,617	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	13,822	31,442	0	308	9	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						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	13,822	31,442	0	308	9	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	145	462	0.00	22.74	1,179.67	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
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	145	462	0.00	22.74	1,179.67	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	68.06	0	337	2	134	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
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	68.06	0	337	2	134	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	473	121.20	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				4.00		
5.00	Other Long Term Care	0	0.00	0.00	5.00		
6.00	SNF-Based CMHC				6.00		
7.00	HOSPICE	0	0.00	0.00	7.00		
8.00	Total (Sum of lines 1-7)	473	121.20	0.00	8.00		

Provider No. : 315322

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/9/2022 12:18 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	6,724,677	0	6,724,677	252,267.00	26.66 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	6,724,677	0	6,724,677	252,267.00	26.66 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST					
9.00	CMHC					
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	6,724,677	0	6,724,677	252,267.00	26.66 13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	1,505,310	0	1,505,310	15,457.00	97.39 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00 16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	1,542,393	0	1,542,393		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	0	0	0		
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)	1,542,393	0	1,542,393		



SNF WAGE INDEX INFORMATION

Provider No. : 315322

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/9/2022 12:18 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	750,450	0	750,450	16,288.00	2.00
3.00	Plant Operation, Maintenance & Repairs	127,597	0	127,597	4,168.00	3.00
4.00	Laundry & Linen Service	71,168	0	71,168	4,343.00	4.00
5.00	Housekeeping	326,338	0	326,338	18,633.00	5.00
6.00	Dietary	546,406	0	546,406	30,555.00	6.00
7.00	Nursing Administration	701,291	0	701,291	13,100.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	10.00
11.00	Social Service	138,646	0	138,646	4,053.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	164,718	0	164,718	10,273.00	13.00
14.00	Total (sum lines 1 thru 13)	2,826,614	0	2,826,614	101,413.00	14.00

SNF WAGE RELATED COSTS		Provider No. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 3/9/2022 12:18 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			31,348 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			0 3.00
4.00	Prior Year Pension Service Cost			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			782,287 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			16,742 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			7,987 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			147,495 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			486,415 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			70,119 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)			1,542,393 24.00
				Amount Reported
				1.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315322

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
3/9/2022 12:18 pm

Occupational Category	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>						
<b>Nursing Occupations</b>						
1.00 Registered Nurses (RNs)	1,094,929	251,136	1,346,065	27,432.00	49.07	1.00
2.00 Licensed Practical Nurses (LPNs)	1,204,015	276,156	1,480,171	36,110.00	40.99	2.00
3.00 Certified Nursing Assistant/Nursing Assistants/Aides	1,599,120	366,779	1,965,899	87,313.00	22.52	3.00
4.00 Total Nursing (sum of lines 1 through 3)	3,898,064	894,071	4,792,135	150,855.00	31.77	4.00
5.00 Physical Therapists	0	0	0	0.00	0.00	5.00
6.00 Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00 Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00 Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00 Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00 Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00 Speech Therapists	0	0	0	0.00	0.00	11.00
12.00 Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00 Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>						
<b>Nursing Occupations</b>						
14.00 Registered Nurses (RNs)	5,080		5,080	73.00	69.59	14.00
15.00 Licensed Practical Nurses (LPNs)	2,676		2,676	61.00	43.87	15.00
16.00 Certified Nursing Assistant/Nursing Assistants/Aides	39,977		39,977	611.00	65.43	16.00
17.00 Total Nursing (sum of lines 14 through 16)	47,733		47,733	745.00	64.07	17.00
18.00 Physical Therapists	238,340		238,340	3,978.00	59.91	18.00
19.00 Physical Therapy Assistants	164,864		164,864	3,302.00	49.93	19.00
20.00 Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00 Occupational Therapists	624,893		624,893	3,751.00	166.59	21.00
22.00 Occupational Therapy Assistants	312,790		312,790	2,215.00	141.21	22.00
23.00 Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00 Speech Therapists	103,145		103,145	1,158.00	89.07	24.00
25.00 Respiratory Therapists	13,545		13,545	307.00	44.12	25.00
26.00 Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315322

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

Worksheet S-7

Date/Time Prepared:  
3/9/2022 12:18 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. : 315322

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

Worksheet S-7

Date/Time Prepared:  
3/9/2022 12:18 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		Provider No. : 315322		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Date/Time Prepared: 3/9/2022 12:18 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		1,087,599	1,087,599	0	1,087,599	1.00
3.00	00300				0		3.00
4.00	00400	750,450	2,450,814	3,201,264	0	3,201,264	4.00
5.00	00500	127,597	559,659	687,256	0	687,256	5.00
6.00	00600	71,168	5,938	77,106	0	77,106	6.00
7.00	00700	326,338	57,681	384,019	0	384,019	7.00
8.00	00800	546,406	342,088	888,494	0	888,494	8.00
9.00	00900	701,291	0	701,291	0	701,291	9.00
10.00	01000	0	0	0	0	0	10.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	138,646	0	138,646	0	138,646	13.00
15.00	01500	164,718	34,262	198,980	0	198,980	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,898,063	543,747	4,441,810	0	4,441,810	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	43,413	43,413	0	43,413	40.00
41.00	04100	0	58,664	58,664	0	58,664	41.00
42.00	04200	0	102,596	102,596	0	102,596	42.00
43.00	04300	0	15,345	15,345	0	15,345	43.00
44.00	04400	0	945,217	945,217	-478,781	466,436	44.00
45.00	04500	0	1,859	1,859	390,012	391,871	45.00
46.00	04600	0	1,990	1,990	88,769	90,759	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	258,556	258,556	0	258,556	49.00
51.00	05100	0	4,049	4,049	0	4,049	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	0	13,435	13,435	0	13,435	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
83.00	08300	0	0	0	0	0	83.00
89.00		6,724,677	8,107,696	14,832,373	0	14,832,373	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	8,045	8,045	0	8,045	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
100.00		6,724,677	8,115,741	14,840,418	0	14,840,418	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315322

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

Worksheet A  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-612	1,086,987	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,580,784	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-996,875	2,204,389	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	687,256	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	77,106	6.00
7.00	00700	HOUSEKEEPING	0	384,019	7.00
8.00	00800	DIETARY	-806	887,688	8.00
9.00	00900	NURSING ADMINISTRATION	0	701,291	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	138,646	13.00
15.00	01500	PATIENT ACTIVITIES	0	198,980	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	4,441,810	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	43,413	40.00
41.00	04100	LABORATORY	0	58,664	41.00
42.00	04200	INTRAVENOUS THERAPY	0	102,596	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	15,345	43.00
44.00	04400	PHYSICAL THERAPY	0	466,436	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	391,871	45.00
46.00	04600	SPEECH PATHOLOGY	0	90,759	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	258,556	49.00
51.00	05100	SUPPORT SURFACES	0	4,049	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
71.00	07100	AMBULANCE	0	13,435	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	-998,293	13,834,080	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	8,045	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
100.00		TOTAL	-998,293	13,842,125	100.00

RECLASSIFICATIONS

Provider No. : 315322

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

Worksheet A-6

Date/Time Prepared:  
3/9/2022 12:18 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - DEFAULT					
1.00		OCCUPATIONAL THERAPY	45.00	0	390,012	1.00
2.00		SPEECH PATHOLOGY	46.00	0	88,769	2.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	478,781	100.00

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



RECLASSIFICATIONS

Provider No. : 315322

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

Worksheet A-6

Date/Time Prepared:  
3/9/2022 12:18 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
	(1) A - DEFAULT	6.00	7.00	8.00	9.00	
1.00		PHYSICAL THERAPY	44.00	0	390,012	1.00
2.00		PHYSICAL THERAPY	44.00	0	88,769	2.00
	TOTALS					
100.00				0	478,781	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. : 315322

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

Worksheet A-7

Date/Time Prepared:  
3/9/2022 12:18 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0	0	0	0	1.00
2.00 Land Improvements	466,928	0	0	0	0	2.00
3.00 Buildings and Fixtures	0	0	0	0	0	3.00
4.00 Building Improvements	3,727,147	0	0	0	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	2,673,026	38,143	0	38,143	0	6.00
7.00 Subtotal (sum of lines 1-6)	6,867,101	38,143	0	38,143	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	6,867,101	38,143	0	38,143	0	9.00
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0				
2.00 Land Improvements	466,928	0				
3.00 Buildings and Fixtures	0	0				
4.00 Building Improvements	3,727,147	0				
5.00 Fixed Equipment	0	0				
6.00 Movable Equipment	2,711,169	0				
7.00 Subtotal (sum of lines 1-6)	6,905,244	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	6,905,244	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315322

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

Worksheet A-8

Date/Time Prepared:  
3/9/2022 12:18 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line No.	
			1.00	2.00	3.00	4.00
1.00 Investment income on restricted funds (chapter 2)	B	-612	CAP REL COSTS - BLDGS & FIXTURES		1.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		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)	B	-12,809	ADMINISTRATIVE & GENERAL		4.00	5.00
6.00 Television and radio service (chapter 21)		0			0.00	6.00
7.00 Parking lot (chapter 21)		0			0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0				8.00
9.00 Home office cost (chapter 21)		0			0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Revenue - Employee meals	B	-806	DIETARY		8.00	14.00
15.00 Cost of meals - Guests		0			0.00	15.00
16.00 Sale of medical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Vending machines		0			0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		82.00	22.00
23.00 Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES		1.00	23.00
24.00 Depreciation--movable equipment		0	*** Cost Center Deleted ***		2.00	24.00
25.00 Other adjustment (specify)		0			0.00	25.00
25.02 MANGEMENT FEES	A	-790,715	ADMINISTRATIVE & GENERAL		4.00	25.02
25.03 CONTRIBUTIONS	A	-12,920	ADMINISTRATIVE & GENERAL		4.00	25.03
25.04 PUBLIC RELATIONS	A	-29,546	ADMINISTRATIVE & GENERAL		4.00	25.04
25.05 AMORT EXP - ORGANIZATIONAL COSTS	A	-2,280	ADMINISTRATIVE & GENERAL		4.00	25.05
25.06 PERSONAL ITEMS	A	-11,221	ADMINISTRATIVE & GENERAL		4.00	25.06
25.07 NJ CBT	A	-91,450	ADMINISTRATIVE & GENERAL		4.00	25.07
25.08 BAD DEBTS PRIVATE	A	-45,934	ADMINISTRATIVE & GENERAL		4.00	25.08
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-998,293				100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315322

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	3.00	3A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	1,086,987	1,086,987			1.00
3.00 00300	EMPLOYEE BENEFITS	1,580,784	0	1,580,784		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	2,204,389	127,857	176,410	2,508,656	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	687,256	32,958	29,994	750,208	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	77,106	26,705	16,730	120,541	6.00
7.00 00700	HOUSEKEEPING	384,019	5,376	76,713	466,108	7.00
8.00 00800	DIETARY	887,688	113,219	128,445	1,129,352	8.00
9.00 00900	NURSING ADMINISTRATION	701,291	10,285	164,854	876,430	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	4,178	0	4,178	12.00
13.00 01300	SOCIAL SERVICE	138,646	12,768	32,592	184,006	13.00
15.00 01500	PATIENT ACTIVITIES	198,980	0	38,721	237,701	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	4,441,810	715,716	916,325	6,073,851	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	43,413	0	0	43,413	40.00
41.00 04100	LABORATORY	58,664	0	0	58,664	41.00
42.00 04200	INTRAVENOUS THERAPY	102,596	0	0	102,596	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	15,345	0	0	15,345	43.00
44.00 04400	PHYSICAL THERAPY	466,436	15,369	0	481,805	44.00
45.00 04500	OCCUPATIONAL THERAPY	391,871	12,739	0	404,610	45.00
46.00 04600	SPEECH PATHOLOGY	90,759	0	0	90,759	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	258,556	4,558	0	263,114	49.00
51.00 05100	SUPPORT SURFACES	4,049	0	0	4,049	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
71.00 07100	AMBULANCE	13,435	0	0	13,435	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	13,834,080	1,081,728	1,580,784	13,828,821	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	8,045	5,259	0	13,304	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
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	13,842,125	1,086,987	1,580,784	13,842,125	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315322

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	916,266				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	26,419	173,642			6.00
7.00	00700	HOUSEKEEPING	5,319	0	574,600		7.00
8.00	00800	DIETARY	112,008	0	72,762	1,564,103	8.00
9.00	00900	NURSING ADMINISTRATION	10,175	0	6,610	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	4,133	0	2,685	0	12.00
13.00	01300	SOCIAL SERVICE	12,632	0	8,206	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	708,061	173,642	459,964	1,564,103	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	15,204	0	9,877	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	12,603	0	8,187	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	4,509	0	2,929	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	911,063	173,642	571,220	1,564,103	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	5,203	0	3,380	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
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	916,266	173,642	574,600	1,564,103	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315322

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	
	10.00	12.00	13.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0				10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	11,921			12.00
13.00 01300	SOCIAL SERVICE	0	0	245,574		13.00
15.00 01500	PATIENT ACTIVITIES	0	0	0	290,316	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	11,921	245,574	290,316	11,959,087
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
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	53,022
41.00 04100	LABORATORY	0	0	0	0	71,649
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	125,306
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	18,742
44.00 04400	PHYSICAL THERAPY	0	0	0	0	613,533
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	514,960
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	110,848
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	328,792
51.00 05100	SUPPORT SURFACES	0	0	0	0	4,945
<b>OTHER REIMBURSABLE COST CENTERS</b>						
71.00 07100	AMBULANCE	0	0	0	0	16,409
<b>SPECIAL PURPOSE COST CENTERS</b>						
83.00 08300	HOSPICE	0	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	0	11,921	245,574	290,316	13,817,293
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	24,832
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
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	0	11,921	245,574	290,316	13,842,125

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315322

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description		Post Stepdown Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	11,959,087	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
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	53,022	40.00
41.00	04100	LABORATORY	71,649	41.00
42.00	04200	INTRAVENOUS THERAPY	125,306	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	18,742	43.00
44.00	04400	PHYSICAL THERAPY	613,533	44.00
45.00	04500	OCCUPATIONAL THERAPY	514,960	45.00
46.00	04600	SPEECH PATHOLOGY	110,848	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	328,792	49.00
51.00	05100	SUPPORT SURFACES	4,945	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
71.00	07100	AMBULANCE	16,409	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
83.00	08300	HOSPICE	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	13,817,293	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	24,832	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
98.00		Cross Foot Adjustments	0	98.00
99.00		Negative Cost Centers	0	99.00
100.00		TOTAL	13,842,125	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315322

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADM NI STRATI VE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	2A	3.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0		3.00
4.00 00400	ADM NI STRATI VE & GENERAL	0	127,857	127,857	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	32,958	32,958	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	26,705	26,705	0	6.00
7.00 00700	HOUSEKEEPING	0	5,376	5,376	0	7.00
8.00 00800	DI ETARY	0	113,219	113,219	0	8.00
9.00 00900	NURSI NG ADM NI STRATI ON	0	10,285	10,285	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00 01200	MEDI CAL RECORDS & LIBRARY	0	4,178	4,178	0	12.00
13.00 01300	SOCI AL SERVI CE	0	12,768	12,768	0	13.00
15.00 01500	PATI ENT ACTI VI TI ES	0	0	0	0	15.00
<b>INPAT IENT ROUT INE SERVI CE COST CENTERS</b>						
30.00 03000	SKI LLED NURSI NG FACI LI TY	0	715,716	715,716	0	30.00
31.00 03100	NURSI NG FACI LI TY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OT HER LONG TERM CARE	0	0	0	0	33.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>						
40.00 04000	RADI OLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRA VENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (I NHALATI ON) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSI CAL THERAPY	0	15,369	15,369	0	44.00
45.00 04500	OCCUPATI ONAL THERAPY	0	12,739	12,739	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00 04700	ELECTROCARDI OLOGY	0	0	0	0	47.00
48.00 04800	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATI ENTS	0	4,558	4,558	0	49.00
51.00 05100	SUPPOR T SURFACES	0	0	0	0	51.00
<b>OT HER REI MBURSA BLE COST CENTERS</b>						
71.00 07100	AMBULANCE	0	0	0	0	71.00
<b>SPECI AL PURPO SE COST CENTERS</b>						
83.00 08300	HOSPI CE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,081,728	1,081,728	0	89.00
<b>NONREI MBURSA BLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	5,259	5,259	0	91.00
92.00 09200	PHYSI CI ANS PRI VATE OFFI CES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATI ENTS LAUNDRY	0	0	0	0	94.00
98.00	Cross Foot Adjustments		0	0	0	98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	1,086,987	1,086,987	0	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315322

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	41,421				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,194	29,259			6.00
7.00	00700	HOUSEKEEPING	240	0	10,874		7.00
8.00	00800	DIETARY	5,063	0	1,377	132,399	8.00
9.00	00900	NURSING ADMINISTRATION	460	0	125	0	20,757
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	187	0	51	0	12.00
13.00	01300	SOCIAL SERVICE	571	0	155	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	32,010	29,259	8,705	132,399	20,757
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	687	0	187	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	570	0	155	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	204	0	55	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	41,186	29,259	10,810	132,399	20,757
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	235	0	64	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
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	41,421	29,259	10,874	132,399	20,757

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315322

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	
	10.00	12.00	13.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0				10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	4,463			12.00
13.00 01300	SOCIAL SERVICE	0	0	15,570		13.00
15.00 01500	PATIENT ACTIVITIES	0	0	0	2,682	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	4,463	15,570	2,682	1,030,084 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
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	490 40.00
41.00 04100	LABORATORY	0	0	0	0	662 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	1,157 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	173 43.00
44.00 04400	PHYSICAL THERAPY	0	0	0	0	21,678 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	18,028 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	1,024 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,785 49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	46 51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
71.00 07100	AMBULANCE	0	0	0	0	152 71.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
83.00 08300	HOSPICE	0	0	0	0	0 83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	4,463	15,570	2,682	1,081,279 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	5,708 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
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00
99.00	Negative Cost Centers	0	0	0	0	0 99.00
100.00	TOTAL	0	4,463	15,570	2,682	1,086,987 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315322

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description		Post Step-Down Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	1,030,084	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
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	490	40.00
41.00	04100	LABORATORY	662	41.00
42.00	04200	INTRAVENOUS THERAPY	1,157	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	173	43.00
44.00	04400	PHYSICAL THERAPY	21,678	44.00
45.00	04500	OCCUPATIONAL THERAPY	18,028	45.00
46.00	04600	SPEECH PATHOLOGY	1,024	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	7,785	49.00
51.00	05100	SUPPORT SURFACES	46	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
71.00	07100	AMBULANCE	152	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
83.00	08300	HOSPICE	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	1,081,279	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	5,708	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
98.00		Cross Foot Adjustments	0	98.00
99.00		Negative Cost Centers	0	99.00
100.00		TOTAL	1,086,987	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315322

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

Worksheet B-1  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
	BLDGS & FIXTURES (SQUARE FEET)					
	1.00	3.00	4A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	37,203				1.00
3.00 00300	EMPLOYEE BENEFITS	0	6,724,677			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	4,376	750,450	-2,508,656	11,333,469	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	1,128	127,597	0	750,208	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	914	71,168	0	120,541	6.00
7.00 00700	HOUSEKEEPING	184	326,338	0	466,108	7.00
8.00 00800	DIETARY	3,875	546,406	0	1,129,352	8.00
9.00 00900	NURSING ADMINISTRATION	352	701,291	0	876,430	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	143	0	0	4,178	12.00
13.00 01300	SOCIAL SERVICE	437	138,646	0	184,006	13.00
15.00 01500	PATIENT ACTIVITIES	0	164,718	0	237,701	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	24,496	3,898,063	0	6,073,851	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	43,413	40.00
41.00 04100	LABORATORY	0	0	0	58,664	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	102,596	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	15,345	43.00
44.00 04400	PHYSICAL THERAPY	526	0	0	481,805	44.00
45.00 04500	OCCUPATIONAL THERAPY	436	0	0	404,610	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	0	90,759	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	156	0	0	263,114	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	4,049	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
71.00 07100	AMBULANCE	0	0	0	13,435	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	37,023	6,724,677	-2,508,656	11,320,165	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	180	0	0	13,304	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
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)	1,086,987	1,580,784		2,508,656	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	29.217724	0.235072		0.221349	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		127,857	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.011281	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315322

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

Worksheet B-1

Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	31,442				6.00
7.00	00700	HOUSEKEEPING	0	30,601			7.00
8.00	00800	DIETARY	0	3,875	94,326		8.00
9.00	00900	NURSING ADMINISTRATION	0	352	0	151,600	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	143	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	437	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	31,442	24,496	94,326	151,600	0 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
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0 40.00
41.00	04100	LABORATORY	0	0	0	0	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0 43.00
44.00	04400	PHYSICAL THERAPY	0	526	0	0	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	0	436	0	0	0 45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	156	0	0	0 49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0 51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	0	0 71.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
83.00	08300	HOSPICE	0	0	0	0	0 83.00
89.00		SUBTOTALS (sum of lines 1-84)	31,442	30,421	94,326	151,600	0 89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	180	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
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)	173,642	574,600	1,564,103	1,087,212	0 102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	5.522613	18.777164	16.581886	7.171583	0.000000 103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	29,259	10,874	132,399	20,757	0 104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.930571	0.355348	1.403632	0.136920	0.000000 105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315322

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

Worksheet B-1  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT CENSUS)	
	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00 00300	EMPLOYEE BENEFITS			3.00
4.00 00400	ADMINISTRATIVE & GENERAL			4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00 00600	LAUNDRY & LINEN SERVICE			6.00
7.00 00700	HOUSEKEEPING			7.00
8.00 00800	DIETARY			8.00
9.00 00900	NURSING ADMINISTRATION			9.00
10.00 01000	CENTRAL SERVICES & SUPPLY			10.00
12.00 01200	MEDICAL RECORDS & LIBRARY	31,442		12.00
13.00 01300	SOCIAL SERVICE	0	31,442	13.00
15.00 01500	PATIENT ACTIVITIES	0	0	15.00
			31,442	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	SKILLED NURSING FACILITY	31,442	31,442	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
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00 04000	RADIOLOGY	0	0	40.00
41.00 04100	LABORATORY	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	49.00
51.00 05100	SUPPORT SURFACES	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
71.00 07100	AMBULANCE	0	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
83.00 08300	HOSPICE	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	31,442	31,442	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	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
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)	11,921	245,574	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	0.379143	7.810381	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	4,463	15,570	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.141944	0.495198	105.00
			0.085300	

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet C Date/Time Prepared: 3/9/2022 12:18 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	53,022	41,029	1.292305 40.00
41.00	04100	LABORATORY	71,649	44,183	1.621642 41.00
42.00	04200	INTRAVENOUS THERAPY	125,306	145,946	0.858578 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	18,742	0	0.000000 43.00
44.00	04400	PHYSICAL THERAPY	613,533	939,193	0.653256 44.00
45.00	04500	OCCUPATIONAL THERAPY	514,960	1,000,913	0.514490 45.00
46.00	04600	SPEECH PATHOLOGY	110,848	227,813	0.486575 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,813	0.000000 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	328,792	367,806	0.893928 49.00
51.00	05100	SUPPORT SURFACES	4,945	0	0.000000 51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	07100	AMBULANCE	16,409	0	0.000000 71.00
100.00		Total	1,858,206	2,774,696	100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 3/9/2022 12:18 pm			
		Title XVIII (1)	Skilled Nursing Facility	PPS			
Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost			
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>							
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	1.292305	27,454	0	35,479	0	40.00
41.00	04100 LABORATORY	1.621642	43,241	0	70,121	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.858578	27,568	0	23,669	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0.653256	608,937	0	397,792	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.514490	644,818	0	331,752	0	45.00
46.00	04600 SPEECH PATHOLOGY	0.486575	117,255	0	57,053	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.893928	222,387	0	198,798	0	49.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
71.00	07100 AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		1,691,660	0	1,114,664	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. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 3/9/2022 12:18 pm
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description			1.00	
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PART II - APPORTIONMENT OF VACCINE COST				
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	0.893928	1.00
2.00		Program vaccine charges (From your records, or the PS&R)	2,025	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)	1,810	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	53,022	0	0.000000	35,479	0	40.00
41.00	04100	LABORATORY	71,649	0	0.000000	70,121	0	41.00
42.00	04200	INTRAVENOUS THERAPY	125,306	0	0.000000	23,669	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	18,742	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	613,533	0	0.000000	397,792	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	514,960	0	0.000000	331,752	0	45.00
46.00	04600	SPEECH PATHOLOGY	110,848	0	0.000000	57,053	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	328,792	0	0.000000	198,798	0	49.00
51.00	05100	SUPPORT SURFACES	4,945	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	1,841,797	0		1,114,664	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 3/9/2022 12:18 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		31,442	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		7,003	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		11,959,087	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		12,521,829	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.955059	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)		11,959,087	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		380.35	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,663,591	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)		2,663,591	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		1,030,084	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		32.76	21.00
22.00	Program capital related cost (Line 3 times line 21)		229,418	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,434,173	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		2,434,173	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		31,442	1.00
2.00	Program inpatient days (see instructions)		7,003	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)		0.222728	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. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 3/9/2022 12:18 pm
		Title XVIIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		4,966,190	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)		4,966,190	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		385,840	5.00
6.00	Allowable bad debts (From your records)		31,844	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		19,045	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		20,699	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)		4,601,049	11.00
12.00	Interim payments (See instructions)		4,580,350	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)		20,699	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIIII ONLY</b>				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		1,810	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		1,810	19.00
20.00	Medicare Part B ancillary charges (See instructions)		2,025	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		1,810	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		1,810	25.00
26.00	Interim payments (See instructions)		1,620	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)		190	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 315322	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 3/9/2022 12:18 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				
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		4,580,350		1,620
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0
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)		4,580,350		1,620
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	PROGRAM TO PROVIDER		20,699		190
6.02	PROVIDER TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		4,601,049		1,810
			Contractor Name		Contractor Number
			1.00	2.00	
8.00	Name of Contractor				

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

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

Provider No. : 315322

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

Worksheet G

Date/Time Prepared:  
3/9/2022 12:18 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	2,734,750	0	0	0	1.00
2.00	Temporary investments	80,031	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	907,907	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	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	848,450	0	0	0	8.00
9.00	Other current assets	348,991	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	<b>4,920,129</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	466,928	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	3,020,072	0	0	0	15.00
16.00	Less Accumulated depreciation	-2,117,844	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	707,075	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	26,550	0	0	0	21.00
22.00	Less: Accumulated depreciation	-26,550	0	0	0	22.00
23.00	Major movable equipment	2,684,619	0	0	0	23.00
24.00	Less: Accumulated depreciation	-2,678,149	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>2,082,701</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28.00</b>
<b>OTHER ASSETS</b>						
29.00	Investments	59,602	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	<b>59,602</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33.00</b>
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	<b>7,062,432</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34.00</b>
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	683,723	0	0	0	35.00
36.00	Salaries, wages, and fees payable	678,078	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	334,578	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	8,501	0	0	0	42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>1,704,880</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	<b>1,704,880</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	5,357,552	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	<b>5,357,552</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59.00</b>
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	<b>7,062,432</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315322

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

Worksheet G-1

Date/Time Prepared:  
3/9/2022 12:18 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		4,548,535		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		2,731,015			2.00
3.00	Total (sum of line 1 and line 2)		7,279,550		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00	ROUNDING	2		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)		2		0	10.00
11.00	Subtotal (line 3 plus line 10)		7,279,552		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00		0		0		13.00
14.00	DIVIDENDS	1,900,000		0		14.00
15.00	OTHER DEDUCTIONS	22,000		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		1,922,000		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		5,357,552		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	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00			0			13.00
14.00	DIVIDENDS		0			14.00
15.00	OTHER DEDUCTIONS		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. : 315322

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

Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
3/9/2022 12:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	12,521,829		12,521,829	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)	12,521,829		12,521,829	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,774,696	0	2,774,696	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	ROUTINE CHARGES/BED HOLD	82,035	0	82,035	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	15,378,560	0	15,378,560	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			14,840,418	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)			14,840,418	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315322

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

Worksheet G-3

Date/Time Prepared:  
3/9/2022 12:18 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	15,378,560	1.00
2.00	Less: contractual allowances and discounts on patients accounts	739,287	2.00
3.00	Net patient revenues (Line 1 minus line 2)	14,639,273	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	14,840,418	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-201,145	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,242	7.00
8.00	Revenues from communications ( Telephone and Internet service)	12,809	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	806	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	0	24.00
24.01	PRIOR YEAR	18,386	24.01
24.02	NON PATIENT REVENUE	851,211	24.02
24.03	BARBER BEAUTY	8,167	24.03
24.50	COVID-19 PHE Funding	2,039,539	24.50
25.00	Total other income (Sum of lines 6 - 24)	2,932,160	25.00
26.00	Total (Line 5 plus line 25)	2,731,015	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)	2,731,015	31.00