

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: 07/31/2027	
INGLEMOOR CARE CENTER		Period:	Run Date Time:
Provider CCN: 31-5322		From: 01/01/2025	3/17/2026 10:56
		To: 12/31/2025	MCRIF32 2540-24
		Version:	2.5.181.1

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTHCARE
COMPLEX COST REPORT STATUS, CERTIFICATION, AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS				
1	ELECTRONICALLY PREPARED	1	2	3
2	MANUALLY PREPARED	Y		1
3	IF AMENDED, NUMBER OF TIMES AMENDED			2
4	MEDICARE UTILIZATION	0		3
5	CONTRACTOR: HCRIS STATUS CODE	F		4
6	CONTRACTOR: COST REPORT RECEIVED DATE	1		5
7	CONTRACTOR: CONTRACTOR NUMBER			6
8	CONTRACTOR: INITIAL COST REPORT FOR THIS CCN			7
9	CONTRACTOR: FINAL COST REPORT FOR THIS CCN			8
10	CONTRACTOR: NPR DATE			9
11	CONTRACTOR: ADR SOFTWARE VENDOR CODE			10
12	CONTRACTOR: REOPENING NUMBER	4		11
		0		12

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.

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, 31-5322 {PROVIDER NAME(S) AND PROVIDER CCN(S)} FOR THE COST REPORTING PERIOD BEGINNING 01/01/2025 AND ENDING 12/31/2025 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS REPORT AND STATEMENT ARE TRUE, CORRECT, COMPLETE AND PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1	Steve Izzo	Y	I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE.	1
2	Signatory Printed Name	STEVE IZZO		2
3	Signatory Title	ADMINISTRATOR		3
4	Signature Date	(Dated when report is electronically signed.)		4

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	Part A	Part B	Title XIX
Cost Center Description		1.00	2.00	3.00	4.00
1.00	SNF	0	3,253	358	0
2.00	NF	0			0
3.00	ICF/IID				0
4.00	SNF-BASED HHA I	0		0	0
100.00	TOTAL	0	3,253	358	0

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 OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 202 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER 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, CONTACT 1-800-MEDICARE.

INGLEMOOR CARE CENTER				Period:	Run Date Time:
Provider CCN: 31-5322				From: 01/01/2025	3/17/2026 10:56
				To: 12/31/2025	MCRIF32 2540-24
					Version: 2.5.181.1

IDENTIFICATION DATA

Worksheet S-2

SNF / SNF HEALTHCARE COMPLEX INFORMATION														
	STREET ADDRESS				P O BOX									
	1.00				2.00									
1.00	ADDRESS LINE 1	311 SOUTH LIVINGSTON AVENUE												
		CITY	STATE	ZIP CODE	COUNTY									
		1.00	2.00	3.00	4.00									
2.00	ADDRESS LINE 2	LIVINGSTON	NJ	07039	ESSEX									
	COMPONENT TYPE	COMPONENT NAME		CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID						
	1.00	2.00		3.00	4.00	5.00	6.00	7.00						
3.00	SNF	INGLEMOOR CARE CENTER		315322	35084	U	01/01/1996	01/01/1996	3.00					
4.00	NF								4.00					
5.00	ICF/IID								5.00					
6.00	SNF-BASED HHA								6.00					
7.00	SNF-BASED HOSPICE								7.00					
8.00	CORF								8.00					
8.10	OPT								8.10					
8.20	OOT								8.20					
8.30	OSP								8.30					
		FROM	TO											
		1.00	2.00											
9.00	COST REPORTING PERIOD	01/01/2025	12/31/2025											
		TOC CODE	SPECIFY OTHER											
		1.00	2.00											
10.00	TYPE OF CONTROL	5												
SNF ORGANIZATION AND OPERATION														
									1.00					
11.00	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?								N					
12.00	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?								N					
		COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE							
		1.00	2.00	3.00	4.00	5.00	6.00							
13.00	Non-contiguous component locations													
						Y/N	DATE	V OR I						
						1.00	2.00	3.00						
14.00	COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination.					N			14.00					
15.00	COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date.					N			15.00					
						1.00	2.00							
16.00	COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF.					N	0		16.00					
		HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	HO/CO CCN	HO/CO CONTRACTOR #					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00					
17.00	HO/CO ALLOCATING TO SNF								17.00					
								1.00						
18.00	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?							N	18.00					
19.00	Did this SNF operate a ventilator care unit?							N	19.00					

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IDENTIFICATION DATA

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SNF OWNED SERVICES						
		1.00	2.00			
20.00	COLUMN 1: Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493? COLUMN 2: Enter the CLIA ID number.	N			20.00	
21.00	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	N			21.00	
22.00	COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number.	N			22.00	
			1.00			
23.00	Is this SNF involved in business transactions, including management contracts, with individuals or entities 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?		N		23.00	
24.00	Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N.		Y		24.00	
PROFESSIONAL SERVICES PURCHASED BY THE SNF						
		1.00	2.00			
29.00	COLUMN 1: Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? COLUMN 2: Were the majority of the expenses (i.e., greater than 50 percent of the total professional services expenses) for services purchased from unrelated organizations located outside of the SNF's local area labor market?	Y	Y		29.00	
SNF-BASED HHA THERAPY COSTS						
		1.00				
31.00	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	N			31.00	
32.00	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	N			32.00	
33.00	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	N			33.00	
MEDICAL MALPRACTICE COST						
		1.00	2.00	3.00		
34.00	Is the SNF legally required to carry malpractice insurance?	N			34.00	
35.00	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.				35.00	
36.00	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	0	0	0	36.00	
37.00	Are malpractice premiums and paid losses reported in other than the A&G cost center?	N			37.00	
LOWER OF COST OR CHARGE EXEMPTION						
		PART A	PART B			
		1.00	2.00			
40.00	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	N	N		40.00	
41.00	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	N	N		41.00	
FINANCIAL STATEMENTS						
		1.00	2.00	3.00		
50.00	COLUMN 1: Were the financial statements prepared by a CPA? COLUMN 2: If column 1 is Y, enter "A" for audited, "C" for complied, or "R" for reviewed in column 2. COLUMN 3: If complete copy of the financial statements not submitted with cost report, enter date available.	Y	A	06/15/2026	50.00	
51.00	Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If "Y", submit a reconciliation.	N			51.00	
BAD DEBTS						
		1.00				
52.00	Is the SNF seeking reimbursement for Medicare bad debts?	Y			52.00	
53.00	If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?	N			53.00	
54.00	If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?	N			54.00	
PS&R REPORT DATA						
	Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
	0	1.00	2.00	3.00	4.00	
55.00	Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 55 "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	Y	02/05/2026	Y	02/05/2026	55.00
56.00	Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		56.00
57.00	If line 55 or 56 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?	N		N		57.00
58.00	If line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?	N		N		58.00

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IDENTIFICATION DATA

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PS&R REPORT DATA							
		Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
		0	1.00	2.00	3.00	4.00	
59.00	If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment:		N		N		59.00
60.00	Is this cost report prepared using only the provider's records?		N		N		60.00

IDENTIFICATION DATA

Worksheet S-2

COST REPORT PREPARER CONTACT INFORMATION					
		FIRST NAME	LAST NAME	TITLE	
		1.00	2.00	3.00	
70.00	PREPARER	CHRIS	GUILBAULT	PREPARER	70.00
		NAME			
		1.00			
71.00	EMPLOYER	HEALTH CARE RESOURCES			71.00
		TELEPHONE NUMBER	EMAIL ADDRESS		
		1.00	2.00		
72.00	CONTACT INFORMATION	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET		72.00

STATISTICAL DATA

Worksheet S-3
Part I

PART I - VISITS AND CENSUS DATA														
		NUMBER OF BEDS	BED DAYS AVAILABLE	INPATIENT DAYS					DISCHARGES					
				TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SNF - FFS	138	50,370	0	7,907	379	15,317	35,819	0	272	3	113	388	1.00
2.00	SNF - HMO			0	2,858	9,358			0	99	6	0	105	2.00
3.00	NF - FFS	0	0	0		0	0	0	0		0	0	0	3.00
4.00	NF - HMO			0		0			0		0	0	0	4.00
5.00	ICF/IID	0	0	0		0	0	0	0		0	0	0	5.00
6.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	TOTAL	138	50,370	0	10,765	9,737	15,317	35,819	0	371	9	113	493	7.00
PART I - VISITS AND CENSUS DATA														
		AVERAGE LENGTH OF STAY					ADMISSIONS					FTE		
		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	EMPLOYEE	NON-PAID	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	
1.00	SNF - FFS	0.00	29.07	126.33	135.55	92.32	0	339	2	51	392	115.60	0.00	1.00
2.00	SNF - HMO	0.00	28.87	1,559.67			0	118	2	0	120			2.00
3.00	NF - FFS	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	3.00
4.00	NF - HMO	0.00		0.00			0		0	0	0			4.00
5.00	ICF/IID	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	5.00
6.00	HOSPICE											0.00	0.00	6.00
7.00	TOTAL													7.00

STATISTICAL DATA

Worksheet S-3
Part II

PART II - SNF WAGE INDEX - DIRECT SALARIES								
		AMOUNT REPORTED	RECLASS- IFICATIONS	ADJUSTMENTS	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		1.00	2.00	3.00	4.00	5.00	6.00	
SALARIES								
1.00	TOTAL SALARY (SEE INSTRUCTIONS)	8,413,693	0	0	8,413,693	279,006.00	30.16	1.00
2.00	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00	2.00
3.00	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00	3.00
4.00	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00	4.00
5.00	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00	5.00
6.00	REVISED WAGES (LINE 1 MINUS LINE 5)	8,413,693	0	0	8,413,693	279,006.00	30.16	6.00
7.00	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00	7.00
8.00	HOSPICE	0	0	0	0	0.00	0.00	8.00
9.00	OTHER EXCLUDED AREAS	0	0	0	0	0.00	0.00	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	0	0	0	0	0.00	0.00	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	8,413,693	0	0	8,413,693	279,006.00	30.16	11.00
OTHER WAGES AND RELATED COST								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	1,390,619	0	0	1,390,619	26,566.00	52.35	12.00
13.00	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	0	0.00	0.00	13.00
14.00	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	0	0.00	0.00	14.00
WAGE RELATED COSTS								
15.00	WAGE RELATED COSTS CORE (SEE PT.IV)	2,023,164	0	0	2,023,164			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	0	0	0	0			16.00
17.00	PHYSICIANS PART A - WRC	0	0	0	0			17.00
18.00	PHYSICIANS PART B - WRC	0	0	0	0			18.00
19.00	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS)	2,023,164	0	0	2,023,164			19.00

STATISTICAL DATA

Worksheet S-3
Part III

PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES									
		WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		0	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	EMPLOYEE BENEFITS DEPARTMENT	3.00	0	0	0	0	0.00	0.00	1.00
2.00	ADMINISTRATIVE AND GENERAL	4.00	852,367	0	0	852,367	15,660.00	54.43	2.00
3.00	PLANT OP, MAINT & REPAIRS	5.00	164,850	0	0	164,850	4,356.00	37.84	3.00
4.00	LAUNDRY AND LINEN SERVICE	6.00	95,457	0	0	95,457	4,247.00	22.48	4.00
5.00	HOUSEKEEPING	7.00	328,933	0	0	328,933	18,046.00	18.23	5.00
6.00	DIETARY	8.00	684,004	0	0	684,004	33,217.00	20.59	6.00
7.00	NURSING ADMINISTRATION	9.00	781,950	0	0	781,950	14,549.00	53.75	7.00
8.00	CENTRAL SERVICES AND SUPPLY	10.00	0	0	0	0	0.00	0.00	8.00
9.00	PHARMACY	11.00	0	0	0	0	0.00	0.00	9.00
10.00	MEDICAL RECORDS	12.00	46,779	0	0	46,779	2,189.00	21.37	10.00
11.00	MEDICAL SOCIAL SERVICES	13.00	157,623	0	0	157,623	4,324.00	36.45	11.00
12.00	ACTIVITIES PROGRAM	14.00	212,743	0	0	212,743	10,264.00	20.73	12.00
13.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	15.00	0	0	0	0	0.00	0.00	13.00
14.00	TRAINING AND IN-SERVICE EDUCATION	16.00	0	0	0	0	0.00	0.00	14.00
15.00	PATIENT TRANSPORTATION PART A	17.00	0	0	0	0	0.00	0.00	15.00
16.00	OTHER GENERAL SERVICE	18.00	0	0	0	0	0.00	0.00	16.00

STATISTICAL DATA

Worksheet S-3
Part IV

PART IV - SNF WAGE RELATED COSTS			
		AMOUNT	
		1.00	
RETIREMENT COST			
1.00	401k EMPLOYER CONTRIBUTIONS	43,679	1.00
2.00	TAX SHELTERED ANNUITY 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			
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 COSTS			
8.00	HEALTH INSURANCE	972,286	8.00
9.00	PRESCRIPTION DRUG PLAN	0	9.00
10.00	DENTAL, HEARING AND VISION PLANS	16,727	10.00
11.00	LIFE INSURANCE	7,943	11.00
12.00	ACCIDENTAL INSURANCE	0	12.00
13.00	DISABILITY INSURANCE	0	13.00
14.00	LONG-TERM CARE INSURANCE	0	14.00
15.00	WORKERS' COMPENSATION INSURANCE	244,439	15.00
16.00	RETIREMENT HEALTH CARE COST	0	16.00
TAXES			
17.00	FICA - EMPLOYER'S PORTION ONLY	648,909	17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0	18.00
19.00	UNEMPLOYMENT INSURANCE	0	19.00
20.00	STATE OR FEDERAL UNEMPLOYMENT TAXES	89,181	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	0	23.00
24.00	TOTAL WAGE RELATED COST	2,023,164	24.00

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STATISTICAL DATA

Worksheet S-3
Part V

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES							
		AMOUNT REPORTED	EMPLOYEE WAGE-RELATED COSTS	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 EMPLOYEES							
1.00	REGISTERED NURSE	1,021,997	245,750	1,267,747	22,719.00	55.80	1.00
2.00	LICENSED PRACTICAL NURSE	1,733,684	416,883	2,150,567	42,614.00	50.47	2.00
3.00	CERTIFIED NURSING ASSISTANT	2,054,011	493,910	2,547,921	100,385.00	25.38	3.00
4.00	TOTAL NURSING EXPENDITURES	4,809,692	1,156,543	5,966,235	165,718.00	36.00	4.00
5.00	PHYSICAL THERAPIST	81,893	19,692	101,585	1,840.00	55.21	5.00
6.00	PHYSICAL THERAPY ASSISTANT	32,198	7,742	39,940	807.00	49.49	6.00
7.00	OCCUPATIONAL THERAPIST	77,168	18,556	95,724	1,735.00	55.17	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	55,648	13,381	69,029	1,109.00	62.24	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	32,388	7,788	40,176	945.00	42.51	9.00
10.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	10.00
11.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	11.00
12.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	12.00
CONTRACT LABOR							
NURSING EMPLOYEES							
15.00	REGISTERED NURSE	6,236	0	6,236	306.00	20.38	15.00
16.00	LICENSED PRACTICAL NURSE	486,211	0	486,211	7,992.00	60.84	16.00
17.00	CERTIFIED NURSING ASSISTANT	334,011	0	334,011	5,446.00	61.33	17.00
18.00	TOTAL NURSING EXPENDITURES	826,458	0	826,458	13,744.00	60.13	18.00
TECHNICAL/PROFESSIONAL EMPLOYEES							
19.00	PHYSICAL THERAPIST	140,228	0	140,228	2,639.00	53.14	19.00
20.00	PHYSICAL THERAPY ASSISTANT	61,690	0	61,690	2,069.00	29.82	20.00
21.00	OCCUPATIONAL THERAPIST	156,576	0	156,576	3,195.00	49.01	21.00
22.00	OCCUPATIONAL THERAPY ASSISTANT	91,363	0	91,363	2,483.00	36.80	22.00
23.00	SPEECH-LANGUAGE PATHOLOGIST	107,880	0	107,880	2,051.00	52.60	23.00
24.00	THERAPY AIDES AND STUDENTS	6,423	0	6,423	385.00	16.68	24.00
25.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	25.00
26.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	26.00
HOME OFFICE/CHAIN ORGANIZATION							
NURSING EMPLOYEES							
29.00	REGISTERED NURSE	0	0	0	0.00	0.00	29.00
30.00	LICENSED PRACTICAL NURSE	0	0	0	0.00	0.00	30.00
31.00	CERTIFIED NURSING ASSISTANT	0	0	0	0.00	0.00	31.00
32.00	TOTAL NURSING EXPENDITURES	0	0	0	0.00	0.00	32.00
TECHNICAL/PROFESSIONAL EMPLOYEES							
33.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	33.00
34.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	34.00
35.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	35.00
36.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	36.00
37.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	37.00
38.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	38.00
39.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	39.00
40.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	40.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES				950,632	950,632	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT				115,781	115,781	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	2,052,373	2,052,373	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	852,367	134,461	986,828	2,727,106	3,713,934	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	164,850	0	164,850	657,415	822,265	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	95,457	0	95,457	12,738	108,195	6.00
7.00	00700	HOUSEKEEPING	328,933	0	328,933	63,670	392,603	7.00
8.00	00800	DIETARY	684,004	0	684,004	501,828	1,185,832	8.00
9.00	00900	NURSING ADMINISTRATION	781,950	0	781,950	0	781,950	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS	46,779	0	46,779	0	46,779	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	157,623	0	157,623	0	157,623	13.00
14.00	01400	ACTIVITIES PROGRAM	212,743	0	212,743	35,312	248,055	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	0	0	0	17.00
18.00	01800	PATIENT ACTIVITIES	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	5,088,987	1,786,815	6,875,802	496,504	7,372,306	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	0	0	43,985	43,985	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	31.00
32.00	03200	LABORATORY	0	0	0	52,369	52,369	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	0	124,667	124,667	33.00
34.00	03400	RESPIRATORY THERAPY	0	0	0	16,104	16,104	34.00
35.00	03500	PHYSICAL THERAPY	0	0	0	6,199	6,199	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	0	0	0	0	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	288,436	288,436	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0	0	42.00
43.00	04300	DENTAL CARE	0	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	18,818	18,818	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	2,683	2,683	71.00
72.00	07200	HOSPICE	0	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	0	76.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES		0	0	15,152	15,152	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	81.00
89.00		SUBTOTAL	8,413,693	1,921,276	10,334,969	8,181,772	18,516,741	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	NONPAID WORKERS	0	0	0	28,939	28,939	91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	92.00
100.00		TOTAL	8,413,693	1,921,276	10,334,969	8,210,711	18,545,680	100.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES	0	950,632	0	950,632		1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT	0	115,781	0	115,781		2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	2,052,373	0	2,052,373		3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	0	3,713,934	-1,442,002	2,271,932		4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	822,265	0	822,265		5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	108,195	0	108,195		6.00
7.00	00700	HOUSEKEEPING	0	392,603	0	392,603		7.00
8.00	00800	DIETARY	0	1,185,832	-1,415	1,184,417		8.00
9.00	00900	NURSING ADMINISTRATION	0	781,950	0	781,950		9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0		10.00
11.00	01100	PHARMACY	0	0	0	0		11.00
12.00	01200	MEDICAL RECORDS	0	46,779	0	46,779		12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	157,623	0	157,623		13.00
14.00	01400	ACTIVITIES PROGRAM	0	248,055	0	248,055		14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0		15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0		16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	0	0		17.00
18.00	01800	PATIENT ACTIVITIES	0	0	0	0		18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	0	7,372,306	0	7,372,306		25.00
26.00	02600	NURSING FACILITY	0	0	0	0		26.00
27.00	02700	ICF/IID	0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	43,985	0	43,985		30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0		31.00
32.00	03200	LABORATORY	0	52,369	0	52,369		32.00
33.00	03300	INTRAVENOUS THERAPY	0	124,667	0	124,667		33.00
34.00	03400	RESPIRATORY THERAPY	0	16,104	0	16,104		34.00
35.00	03500	PHYSICAL THERAPY	0	6,199	0	6,199		35.00
36.00	03600	OCCUPATIONAL THERAPY	0	0	0	0		36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0		37.00
38.00	03800	AUDIOLOGY	0	0	0	0		38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0		39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	288,436	0	288,436		41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0		42.00
43.00	04300	DENTAL CARE	0	0	0	0		43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	18,818	0	18,818		44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0		45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0		46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0		60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0		61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0		62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0		63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY	0	0	0	0		70.00
71.00	07100	AMBULANCE	0	2,683	0	2,683		71.00
72.00	07200	HOSPICE	0	0	0	0		72.00
73.00	07300	CORF	0	0	0	0		73.00
74.00	07400	OPT	0	0	0	0		74.00
75.00	07500	OOT	0	0	0	0		75.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
76.00	07600	OSP	0	0	0	0		76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES	0	15,152	0	15,152		80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0		81.00
89.00		SUBTOTAL	0	18,516,741	-1,443,417	17,073,324		89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0		90.00
91.00	09100	NONPAID WORKERS	0	28,939	0	28,939		91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0		92.00
100.00		TOTAL	0	18,545,680	-1,443,417	17,102,263		100.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
		BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	LAND	0	0	0	0	0	0	0	1.00
2.00	LAND IMPROVEMENTS	466,928	0	0	0	0	466,928	0	2.00
3.00	BUILDINGS AND FIXTURES	0	0	0	0	0	0	0	3.00
4.00	BUILDING IMPROVEMENTS	3,727,147	0	0	0	0	3,727,147	0	4.00
5.00	FIXED EQUIPMENT	0	0	0	0	0	0	0	5.00
6.00	MOVABLE EQUIPMENT	2,739,474	14,556	0	14,556	0	2,754,030	0	6.00
7.00	SUBTOTAL	6,933,549	14,556	0	14,556	0	6,948,105	0	7.00
8.00	RECONCILING ITEMS	0	0	0	0	0	0	0	8.00
9.00	TOTAL	6,933,549	14,556	0	14,556	0	6,948,105	0	9.00
PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)									
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	91,455	570,134	0	69,800	219,243	0	950,632	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	115,781	0	0	0	0	0	115,781	2.00
3.00	TOTAL	207,236	570,134	0	69,800	219,243	0	1,066,413	3.00

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

	DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	WORKSHEET A	
				COST CENTER	LINE NO.
1.00		2.00	3.00	4.00	5.00
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)	B	-860	ADMINISTRATIVE AND GENERAL	4.00 1.00
2.00	TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8)		0		0.00 2.00
3.00	REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)		0		0.00 3.00
4.00	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8)		0		0.00 4.00
5.00	TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 5.00
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 6.00
7.00	PARKING LOT (CMS PUB. 15-1, CHAPTER 21)		0		0.00 7.00
8.00	REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	0		8.00
9.00	SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)		0		0.00 9.00
10.00	RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10)	A-8-1	0		10.00
11.00	LAUNDRY AND LINEN SERVICE		0		0.00 11.00
12.00	REVENUE - EMPLOYEE MEALS	B	-1,135	DIETARY	8.00 12.00
13.00	COST OF MEALS - GUESTS	B	-280	DIETARY	8.00 13.00
14.00	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS		0		0.00 14.00
15.00	SALE OF DRUGS TO OTHER THAN PATIENTS		0		0.00 15.00
16.00	REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS		0		0.00 16.00
17.00	VENDING MACHINES		0		0.00 17.00
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 18.00
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS		0		0.00 19.00
20.00	DEPRECIATION--BUILDINGS AND FIXTURES		0	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00 20.00
21.00	DEPRECIATION--MOVABLE EQUIPMENT		0	CAPITAL RELATED-MOVABLE EQUIPMENT	2.00 21.00
22.00	SHORT TERM INPATIENT HOSPICE CARE		0		0.00 22.00
23.00	HOSPICE NON-CORE CONTRACTED SERVICES		0		0.00 23.00
24.02	MANAGEMENT FEES	A	-954,655	ADMINISTRATIVE AND GENERAL	4.00 24.02
24.03	CONTRIBUTIONS	A	-5,125	ADMINISTRATIVE AND GENERAL	4.00 24.03
24.04	PUBLIC RELATIONS	A	-33,100	ADMINISTRATIVE AND GENERAL	4.00 24.04
24.05	BAD DEBTS	A	-142,217	ADMINISTRATIVE AND GENERAL	4.00 24.05
24.06	PERSONAL ITEMS	A	-12,233	ADMINISTRATIVE AND GENERAL	4.00 24.06
24.07	NJ CBT	A	-293,574	ADMINISTRATIVE AND GENERAL	4.00 24.07
25.00	ADVERTISING	A	-238	ADMINISTRATIVE AND GENERAL	4.00 25.00
100.00	TOTAL		-1,443,417		100.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMEN T	Subtotal	ADMINISTRA TIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	950,632	950,632							1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT	115,781		115,781						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,052,373	0	0	2,052,373					3.00
4.00	ADMINISTRATIVE AND GENERAL	2,271,932	111,818	13,619	207,920	2,605,289	2,605,289			4.00
5.00	PLANT OP, MAINT. & REPAIRS	822,265	28,823	3,510	40,212	894,810	160,809	1,055,619		5.00
6.00	LAUNDRY AND LINEN SERVICE	108,195	23,355	2,844	23,285	157,679	28,337	30,437	216,453	6.00
7.00	HOUSEKEEPING	392,603	4,702	573	80,237	478,115	85,923	6,127	0	7.00
8.00	DIETARY	1,184,417	99,016	12,060	166,850	1,462,343	262,802	129,043	0	8.00
9.00	NURSING ADMINISTRATION	781,950	8,995	1,095	190,743	982,783	176,619	11,722	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS	46,779	0	0	11,411	58,190	10,457	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	157,623	3,654	445	38,449	200,171	35,973	4,762	0	13.00
14.00	ACTIVITIES PROGRAM	248,055	0	0	51,895	299,950	53,905	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	11,166	1,360	0	12,526	2,251	14,553	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	7,372,306	625,936	76,235	1,241,371	9,315,848	1,674,174	815,749	216,453	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	43,985	0	0	0	43,985	7,905	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	52,369	0	0	0	52,369	9,411	0	0	32.00
33.00	INTRAVENOUS THERAPY	124,667	0	0	0	124,667	22,404	0	0	33.00
34.00	RESPIRATORY THERAPY	16,104	0	0	0	16,104	2,894	0	0	34.00
35.00	PHYSICAL THERAPY	6,199	13,441	1,637	0	21,277	3,824	17,517	0	35.00
36.00	OCCUPATIONAL THERAPY	0	11,141	1,357	0	12,498	2,246	14,519	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,858	470	0	4,328	778	5,029	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	288,436	0	0	0	288,436	51,836	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	18,818	0	0	0	18,818	3,382	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMEN T	Subtotal	ADMINISTRA TIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
71.00	AMBULANCE	2,683	0	0	0	2,683	482	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	15,152	128	16	0	15,296	2,749	167	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	17,073,324	946,033	115,221	2,052,373	17,068,165	2,599,161	1,049,625	216,453	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	28,939	4,599	560	0	34,098	6,128	5,994	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	17,102,263	950,632	115,781	2,052,373	17,102,263	2,605,289	1,055,619	216,453	100.00

INGLEMOOR CARE CENTER				Period:	Run Date Time:
Provider CCN: 31-5322				From: 01/01/2025	3/17/2026 10:56
				To: 12/31/2025	MCRIF32 2540-24
					Version: 2.5.181.1

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	570,165								7.00
8.00	DIETARY	72,200	1,926,388							8.00
9.00	NURSING ADMINISTRATION	6,559	0	1,177,683						9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	68,647			12.00
13.00	MEDICAL SOCIAL SERVICES	2,664	0	0	0	0	0	243,570		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	353,855	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	8,142	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	456,415	1,926,388	1,177,683	0	0	68,647	243,570	353,855	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	9,801	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	8,124	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,813	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	93	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	566,811	1,926,388	1,177,683	0	0	68,647	243,570	353,855	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	3,354	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	570,165	1,926,388	1,177,683	0	0	68,647	243,570	353,855	100.00

INGLEMOOR CARE CENTER					Period:	Run Date Time:	3/17/2026 10:56
Provider CCN: 31-5322					From: 01/01/2025	MCRIF32	2540-24
					To: 12/31/2025	Version:	2.5.181.1

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY									8.00
9.00	NURSING ADMINISTRATION									9.00
10.00	CENTRAL SERVICES AND SUPPLY									10.00
11.00	PHARMACY									11.00
12.00	MEDICAL RECORDS									12.00
13.00	MEDICAL SOCIAL SERVICES									13.00
14.00	ACTIVITIES PROGRAM									14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0								15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0							16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0						17.00
18.00	PATIENT ACTIVITIES	0	0	0	37,472					18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	0	0	37,472	16,286,254	0	16,286,254		25.00
26.00	NURSING FACILITY	0	0		0	0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0		0	51,890	0	51,890		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	0		31.00
32.00	LABORATORY	0	0		0	61,780	0	61,780		32.00
33.00	INTRAVENOUS THERAPY	0	0		0	147,071	0	147,071		33.00
34.00	RESPIRATORY THERAPY	0	0		0	18,998	0	18,998		34.00
35.00	PHYSICAL THERAPY	0	0		0	52,419	0	52,419		35.00
36.00	OCCUPATIONAL THERAPY	0	0		0	37,387	0	37,387		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		0	0	0	0		37.00
38.00	AUDIOLOGY	0	0		0	0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	12,948	0	12,948		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		0	340,272	0	340,272		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	0		42.00
43.00	DENTAL CARE	0	0		0	0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	22,200	0	22,200		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0		0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	3,165	0	3,165		71.00
72.00	HOSPICE	0	0		0	0	0	0		72.00

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
73.00	CORF	0	0		0	0	0	0		73.00
74.00	OPT	0	0		0	0	0	0		74.00
75.00	OOT	0	0		0	0	0	0		75.00
76.00	OSP	0	0		0	0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0		0	18,305	0	18,305		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0	0		81.00
89.00	SUBTOTAL	0	0	0	37,472	17,052,689	0	17,052,689		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	49,574	0	49,574		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0	0		92.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	0	0	0	37,472	17,102,263	0	17,102,263		100.00

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMEN T	ADMINISTRA TIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0				3.00
4.00	ADMINISTRATIVE AND GENERAL	0	111,818	13,619	125,437	0	125,437			4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	28,823	3,510	32,333	0	7,743	40,076		5.00
6.00	LAUNDRY AND LINEN SERVICE	0	23,355	2,844	26,199	0	1,364	1,156	28,719	6.00
7.00	HOUSEKEEPING	0	4,702	573	5,275	0	4,137	233	0	7.00
8.00	DIETARY	0	99,016	12,060	111,076	0	12,654	4,899	0	8.00
9.00	NURSING ADMINISTRATION	0	8,995	1,095	10,090	0	8,504	445	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	504	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	0	3,654	445	4,099	0	1,732	181	0	13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	2,595	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	11,166	1,360	12,526	0	108	552	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	625,936	76,235	702,171	0	80,606	30,969	28,719	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	381	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	453	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	1,079	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	139	0	0	34.00
35.00	PHYSICAL THERAPY	0	13,441	1,637	15,078	0	184	665	0	35.00
36.00	OCCUPATIONAL THERAPY	0	11,141	1,357	12,498	0	108	551	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,858	470	4,328	0	37	191	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	2,496	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	163	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

INGLEMOOR CARE CENTER			Period:	Run Date Time:	3/17/2026 10:56
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			To: 12/31/2025	Version:	2.5.181.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMEN T	ADMINISTRA TIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
71.00	AMBULANCE	0	0	0	0	0	23	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	128	16	144	0	132	6	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	0	946,033	115,221	1,061,254	0	125,142	39,848	28,719	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	4,599	560	5,159	0	295	228	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	950,632	115,781	1,066,413	0	125,437	40,076	28,719	100.00

INGLEMOOR CARE CENTER				Period:	Run Date Time:
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					Version: 2.5.181.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	9,645								7.00
8.00	DIETARY	1,221	129,850							8.00
9.00	NURSING ADMINISTRATION	111	0	19,150						9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	504			12.00
13.00	MEDICAL SOCIAL SERVICES	45	0	0	0	0	0	6,057		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	2,595	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	138	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	7,720	129,850	19,150	0	0	504	6,057	2,595	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	166	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	137	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	48	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00

INGLEMOOR CARE CENTER				Period:	Run Date Time:
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	2	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	9,588	129,850	19,150	0	0	504	6,057	2,595	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	57	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	9,645	129,850	19,150	0	0	504	6,057	2,595	100.00

INGLEMOOR CARE CENTER						Period:	Run Date Time:	3/17/2026 10:56		
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						To: 12/31/2025	Version:	2.5.181.1		

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY									8.00
9.00	NURSING ADMINISTRATION									9.00
10.00	CENTRAL SERVICES AND SUPPLY									10.00
11.00	PHARMACY									11.00
12.00	MEDICAL RECORDS									12.00
13.00	MEDICAL SOCIAL SERVICES									13.00
14.00	ACTIVITIES PROGRAM									14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0								15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0							16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0						17.00
18.00	PATIENT ACTIVITIES	0	0	0	13,324					18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	0	0	13,324	1,021,665	0	1,021,665		25.00
26.00	NURSING FACILITY	0	0		0	0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0		0	381	0	381		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	0		31.00
32.00	LABORATORY	0	0		0	453	0	453		32.00
33.00	INTRAVENOUS THERAPY	0	0		0	1,079	0	1,079		33.00
34.00	RESPIRATORY THERAPY	0	0		0	139	0	139		34.00
35.00	PHYSICAL THERAPY	0	0		0	16,093	0	16,093		35.00
36.00	OCCUPATIONAL THERAPY	0	0		0	13,294	0	13,294		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		0	0	0	0		37.00
38.00	AUDIOLOGY	0	0		0	0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	4,604	0	4,604		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		0	2,496	0	2,496		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	0		42.00
43.00	DENTAL CARE	0	0		0	0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	163	0	163		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0		0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	23	0	23		71.00
72.00	HOSPICE	0	0		0	0	0	0		72.00

INGLEMOOR CARE CENTER			Period:	Run Date Time:	3/17/2026 10:56
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
73.00	CORF	0	0		0	0	0	0		73.00
74.00	OPT	0	0		0	0	0	0		74.00
75.00	OOT	0	0		0	0	0	0		75.00
76.00	OSP	0	0		0	0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0		0	284	0	284		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0	0		81.00
89.00	SUBTOTAL	0	0	0	13,324	1,060,674	0	1,060,674		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	5,739	0	5,739		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0	0		92.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	0	0	0	13,324	1,066,413	0	1,066,413		100.00

INGLEMOOR CARE CENTER				Period:	Run Date Time:
Provider CCN: 31-5322				From: 01/01/2025	3/17/2026 10:56
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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T (GROSS SALARIES)	RECONCIL- IATION	ADMINISTRA TIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CE NSUS)	HOUSEKEEPI NG (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	37,203								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT		37,203							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,413,693						3.00
4.00	ADMINISTRATIVE AND GENERAL	4,376	4,376	852,367	-2,605,289	14,496,974				4.00
5.00	PLANT OP, MAINT. & REPAIRS	1,128	1,128	164,850	0	894,810	31,699			5.00
6.00	LAUNDRY AND LINEN SERVICE	914	914	95,457	0	157,679	914	35,819		6.00
7.00	HOUSEKEEPING	184	184	328,933	0	478,115	184	0	30,601	7.00
8.00	DIETARY	3,875	3,875	684,004	0	1,462,343	3,875	0	3,875	8.00
9.00	NURSING ADMINISTRATION	352	352	781,950	0	982,783	352	0	352	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS	0	0	46,779	0	58,190	0	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	143	143	157,623	0	200,171	143	0	143	13.00
14.00	ACTIVITIES PROGRAM	0	0	212,743	0	299,950	0	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	437	437	0	0	12,526	437	0	437	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	24,496	24,496	5,088,987	0	9,315,848	24,496	35,819	24,496	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	43,985	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	52,369	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	124,667	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	16,104	0	0	0	34.00
35.00	PHYSICAL THERAPY	526	526	0	0	21,277	526	0	526	35.00
36.00	OCCUPATIONAL THERAPY	436	436	0	0	12,498	436	0	436	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	151	151	0	0	4,328	151	0	151	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	288,436	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	18,818	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T (GROSS SALARIES)	RECONCIL- IATION	ADMINISTRA TIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CE NSUS)	HOUSEKEEPI NG (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	2,683	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	5	5	0	0	15,296	5	0	5	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	37,023	37,023	8,413,693	-2,605,289	14,462,876	31,519	35,819	30,421	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	180	180	0	0	34,098	180	0	180	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	950,632	115,781	2,052,373		2,605,289	1,055,619	216,453	570,165	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	25.552563	3.112141	0.243932		0.179713	33.301334	6.042966	18.632234	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II			0		125,437	40,076	28,719	9,645	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II			0.000000		0.008653	1.264267	0.801781	0.315186	105.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NUR SING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (TIME SPENT)	MEDICAL SOCIAL SERVICES (PATIENT CE NSUS)	ACTIVITIES PROGRAM (TIME SPENT)	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	107,457								8.00
9.00	NURSING ADMINISTRATION	0	179,462							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS	0	0	0	0	35,819				12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	35,819			13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	35,819		14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	107,457	179,462	0	0	35,819	35,819	35,819	0	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NUR SING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (TIME SPENT)	MEDICAL SOCIAL SERVICES (PATIENT CE NSUS)	ACTIVITIES PROGRAM (TIME SPENT)	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	107,457	179,462	0	0	35,819	35,819	35,819	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	1,926,388	1,177,683	0	0	68,647	243,570	353,855	0	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	17.927059	6.562297	0.000000	0.000000	1.916497	6.800022	9.878975	0.000000	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	129,850	19,150	0	0	504	6,057	2,595	0	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	1.208390	0.106708	0.000000	0.000000	0.014071	0.169100	0.072448	0.000000	105.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS)	PATIENT ACTIVITIES (PATIENT CE NSUS)		
		16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES					1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE AND GENERAL					4.00
5.00	PLANT OP, MAINT. & REPAIRS					5.00
6.00	LAUNDRY AND LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES AND SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS					12.00
13.00	MEDICAL SOCIAL SERVICES					13.00
14.00	ACTIVITIES PROGRAM					14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM					15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0				16.00
17.00	PATIENT TRANSPORTATION PART A	0	0			17.00
18.00	PATIENT ACTIVITIES	0	0	35,819		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
25.00	SKILLED NURSING FACILITY	0	0	35,819		25.00
26.00	NURSING FACILITY	0		0		26.00
27.00	ICF/IID	0		0		27.00
ANCILLARY SERVICE COST CENTERS						
30.00	RADIOLOGY-DIAGNOSTIC	0		0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0		0		31.00
32.00	LABORATORY	0		0		32.00
33.00	INTRAVENOUS THERAPY	0		0		33.00
34.00	RESPIRATORY THERAPY	0		0		34.00
35.00	PHYSICAL THERAPY	0		0		35.00
36.00	OCCUPATIONAL THERAPY	0		0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0		0		37.00
38.00	AUDIOLOGY	0		0		38.00
39.00	ELECTROCARDIOLOGY	0		0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0		0		41.00
42.00	DRUGS: IV SOLUTIONS	0		0		42.00
43.00	DENTAL CARE	0		0		43.00
44.00	APPLIANCES AND EQUIPMENT	0		0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0		0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0		0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0		0		47.00
OUTPATIENT SERVICE COST CENTERS						
60.00	SCREENING & PREVENTIVE SERVICES	0		0		60.00
61.00	OUTPATIENT LABORATORY	0		0		61.00
62.00	PORTABLE X-RAY SERVICES	0		0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0		0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0		0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS						

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS)	PATIENT ACTIVITIES (PATIENT CE NSUS)		
		16.00	17.00	18.00		
70.00	HOME HEALTH AGENCY	0		0		70.00
71.00	AMBULANCE	0	0	0		71.00
72.00	HOSPICE	0		0		72.00
73.00	CORF	0		0		73.00
74.00	OPT	0		0		74.00
75.00	OOT	0		0		75.00
76.00	OSP	0		0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0		0		77.00
COST REIMBURSED SERVICES COST CENTERS						
80.00	PREVENTIVE VACCINES	0		0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0		0		81.00
89.00	SUBTOTAL	0	0	35,819		89.00
NONREIMBURSABLE COST CENTERS						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		0		90.00
91.00	NONPAID WORKERS	0		0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0		0		92.00
98.00	CROSS FOOT ADJUSTMENT					98.00
99.00	NEGATIVE COST CENTER					99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	0	0	37,472		102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	0.000000	0.000000	1.046149		103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	0	0	13,324		104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.000000	0.000000	0.371981		105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

	Cost Center Description	TOTAL COST	CHARGES		COST TO CHARGE RATIO	
			TOTAL CHARGES	RECLASS-IFICATIONS		
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
25.00	SKILLED NURSING FACILITY	16,286,254	17,276,782	0	17,276,782	25.00
26.00	NURSING FACILITY	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS						
30.00	RADIOLOGY-DIAGNOSTIC	51,890	41,615	0	41,615	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	31.00
32.00	LABORATORY	61,780	56,253	0	56,253	32.00
33.00	INTRAVENOUS THERAPY	147,071	23,314	0	23,314	33.00
34.00	RESPIRATORY THERAPY	18,998	0	0	0	34.00
35.00	PHYSICAL THERAPY	52,419	913,808	0	913,808	35.00
36.00	OCCUPATIONAL THERAPY	37,387	1,125,275	0	1,125,275	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	271,092	0	271,092	37.00
38.00	AUDIOLOGY	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,948	2,961	0	2,961	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	340,272	437,732	0	437,732	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	22,200	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS						
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS						
71.00	AMBULANCE	3,165	0	0	0	71.00
COST REIMBURSED SERVICES COST CENTERS						
80.00	PREVENTIVE VACCINES	18,305	22,425	0	22,425	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	81.00
100.00	Total	17,052,689	20,171,257	0	20,171,257	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D

		Title XVIII				Skilled Nursing Facility			
			HEALTHCARE CHARGES			HEALTHCARE COSTS			
		RATIO OF COST TO CHARGES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
30.00	RADIOLOGY-DIAGNOSTIC	1.246906	32,376	0		40,370	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0		31.00
32.00	LABORATORY	1.098253	53,389	0		58,635	0		32.00
33.00	INTRAVENOUS THERAPY	6.308270	23,314	0		147,071	0		33.00
34.00	RESPIRATORY THERAPY	0.000000	0	0		0	0		34.00
35.00	PHYSICAL THERAPY	0.057363	504,450	0		28,937	0		35.00
36.00	OCCUPATIONAL THERAPY	0.033225	570,980	0		18,971	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0.000000	132,106	0		0	0		37.00
38.00	AUDIOLOGY	0.000000	0	0		0	0		38.00
39.00	ELECTROCARDIOLOGY	0.000000	0	0		0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4.372847	0	0		0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0.777352	276,210	0		214,712	0		41.00
42.00	DRUGS: IV SOLUTIONS	0.000000	0	0		0	0		42.00
43.00	DENTAL CARE	0.000000	0	0		0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0.000000	0	0		0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0.000000	0	0		0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0.000000	0	0		0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0.000000	0	0		0	0		47.00
OUTPATIENT SERVICE COST CENTERS									
64.00	OTHER OUTPATIENT SERVICE COST	0.000000	0	0		0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
71.00	AMBULANCE	0.000000	0	0		0	0		71.00
COST REIMBURSED SERVICES COST CENTERS									
80.00	PREVENTIVE VACCINES	0.816276			22,425			18,305	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0		81.00
100.00	Total		1,592,825	0	22,425	508,696	0	18,305	100.00

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Provider CCN: 31-5322			

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Title XVIII		Skilled Nursing Facility	
		1.00	
INPATIENT DAYS			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	35,819	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	7,907	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,286,254	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	17,276,782	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.942667	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	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	0.00	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	16,286,254	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	454.68	16.00
17.00	PROGRAM ROUTINE SERVICE COST	3,595,155	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,595,155	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,021,665	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	28.52	21.00
22.00	PROGRAM CAPITAL RELATED COST	225,508	22.00
23.00	INPATIENT ROUTINE SERVICE COST	3,369,647	23.00
24.00	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0	24.00
25.00	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	3,369,647	25.00
26.00	ENTER THE PER DIEM LIMITATION		26.00
27.00	INPATIENT ROUTINE SERVICE COST LIMITATION		27.00
28.00	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS		28.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

Worksheet E
Part A

Title XVIII		Skilled Nursing Facility	
		1.00	
1.00	INPATIENT PPS AMOUNT	5,938,854	1.00
2.00	ALLOWABLE BAD DEBTS	5,106	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	5,106	3.00
4.00	REIMBURSABLE BAD DEBTS	3,319	4.00
5.00	TOTAL REIMBURSABLE COST	5,942,173	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	732,412	7.00
8.00	OTHER ADJUSTMENTS (SPECIFY)	0	8.00
9.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	9.00
10.00	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	66	10.00
11.00	SEQUESTRATION AMOUNT	104,129	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	5,105,566	13.00
14.00	INTERIM PAYMENTS	5,102,313	14.00
15.00	TENTATIVE ADJUSTMENT	0	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	3,253	16.00
17.00	PROTESTED AMOUNTS	0	17.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART B

Worksheet E
Part B

Title XVIII		Skilled Nursing Facility	
		1.00	
1.00	PART B ANCILLARY SERVICE COSTS	0	1.00
2.00	PREVENTIVE VACCINES	18,305	2.00
3.00	TOTAL REASONABLE COSTS	18,305	3.00
4.00	MEDICARE PART B ANCILLARY CHARGES	22,425	4.00
5.00	COST OF COVERED SERVICES	18,305	5.00
6.00	ALLOWABLE BAD DEBTS	0	6.00
7.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES	0	7.00
8.00	REIMBURSABLE BAD DEBTS	0	8.00
9.00	TOTAL REIMBURSABLE COST	18,305	9.00
10.00	PRIMARY PAYER AMOUNTS	0	10.00
11.00	COINSURANCE AND DEDUCTIBLES	0	11.00
12.00	OTHER ADJUSTMENTS (SPECIFY)	0	12.00
13.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	13.00
14.00	SEQUESTRATION AMOUNT	366	14.00
15.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	15.00
16.00	NET REIMBURSABLE COST	17,939	16.00
17.00	INTERIM PAYMENTS	17,581	17.00
18.00	TENTATIVE ADJUSTMENT	0	18.00
19.00	BALANCE DUE PROVIDER/PROGRAM	358	19.00
20.00	PROTESTED AMOUNTS	0	20.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO
MEDICARE BENEFICIARIES

Worksheet E-1

		Title XVIII		Skilled Nursing Facility	
		PART A		PART B	
		DATE	AMOUNT	DATE	AMOUNT
		1.00	2.00	3.00	4.00
1.00	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,102,313		17,581
2.00	INTERIM PAYMENTS PAYABLE		0		0
3.00	RETROACTIVE LUMP SUM ADJUSTMENTS				3.00
PROGRAM TO PROVIDER					
3.01	ADJUSTMENT 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	ADJUSTMENT TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	SUBTOTAL		0		0
4.00	TOTAL INTERIM PAYMENTS		5,102,313		17,581
5.00	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS				5.00
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		0		0
6.00	CONTRACTOR: NET SETTLEMENT AMOUNT				6.00
6.01	PROGRAM TO PROVIDER		3,253		358
6.02	PROVIDER TO PROGRAM		0		0
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		5,105,566		17,939
NAME OF CONTRACTOR		CONTRACTOR NUMBER		DATE OF NPR	
1.00		2.00		3.00	
8.00					8.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

Worksheet E-2

Title XIX		Skilled Nursing Facility	
		1.00	
COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	INPATIENT ANCILLARY SERVICES	0	1.00
2.00	OUTPATIENT SERVICES	0	2.00
3.00	INPATIENT ROUTINE SERVICES	0	3.00
4.00	COST OF COVERED SERVICES	0	4.00
5.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	5.00
6.00	SUBTOTAL	0	6.00
7.00	PRIMARY PAYER AMOUNTS	0	7.00
8.00	TOTAL REASONABLE COST	0	8.00
REASONABLE CHARGES			
9.00	INPATIENT ANCILLARY SERVICES CHARGES	0	9.00
10.00	OUTPATIENT SERVICES CHARGES	0	10.00
11.00	INPATIENT ROUTINE SERVICES CHARGES	0	11.00
12.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	12.00
13.00	TOTAL REASONABLE CHARGES	0	13.00
CUSTOMARY CHARGES			
14.00	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0	14.00
15.00	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	15.00
16.00	RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000)	0.000000	16.00
17.00	TOTAL CUSTOMARY CHARGES	0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18.00	COST OF COVERED SERVICES	0	18.00
19.00	COST SHARING	0	19.00
20.00	SUBTOTAL	0	20.00
21.00	ALLOWABLE BAD DEBTS	0	21.00
22.00	SUBTOTAL	0	22.00
23.00	OTHER ADJUSTMENTS (SPECIFY)	0	23.00
24.00	SUBTOTAL	0	24.00
25.00	INTERIM PAYMENTS	0	25.00
26.00	BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES)	0	26.00

BALANCE SHEET

Worksheet G

		1.00	
ASSETS			
CURRENT ASSETS			
1.00	CASH ON HAND AND IN BANKS	2,021,666	1.00
2.00	TEMPORARY INVESTMENTS	75,699	2.00
3.00	NOTES RECEIVABLE	0	3.00
4.00	ACCOUNTS RECEIVABLE	867,580	4.00
5.00	OTHER RECEIVABLES	0	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	0	6.00
7.00	INVENTORY	0	7.00
8.00	PREPAID EXPENSES	242,093	8.00
9.00	OTHER CURRENT ASSETS	554,544	9.00
10.00	DUE FROM OTHER FUNDS	0	10.00
11.00	TOTAL CURRENT ASSETS)	3,761,582	11.00
FIXED ASSETS			
12.00	LAND	0	12.00
13.00	LAND IMPROVEMENTS	466,928	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	0	14.00
15.00	BUILDINGS	3,020,072	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	2,506,898	16.00
17.00	LEASEHOLD IMPROVEMENTS	0	17.00
18.00	LESS: ACCUMULATED AMORTIZATION	0	18.00
19.00	FIXED EQUIPMENT	707,075	19.00
20.00	LESS: ACCUMULATED DEPRECIATION	0	20.00
21.00	AUTOMOBILES AND TRUCKS	26,550	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	26,550	22.00
23.00	MAJOR MOVABLE EQUIPMENT	2,727,481	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	3,276,834	24.00
25.00	MINOR EQUIPMENT - DEPRECIABLE	0	25.00
26.00	MINOR EQUIPMENT NONDEPRECIABLE	0	26.00
27.00	OTHER FIXED ASSETS	0	27.00
28.00	TOTAL FIXED ASSETS	1,137,824	28.00
OTHER ASSETS			
29.00	INVESTMENTS	94,311	29.00
30.00	DEPOSITS ON LEASES	0	30.00
31.00	DUE FROM OWNERS/OFFICERS	0	31.00
32.00	OTHER ASSETS	0	32.00
33.00	TOTAL OTHER ASSETS	94,311	33.00
34.00	TOTAL ASSETS	4,993,717	34.00
LIABILITIES			
CURRENT LIABILITIES			
35.00	ACCOUNTS PAYABLE	792,028	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	518,486	36.00
37.00	PAYROLL TAXES PAYABLE	0	37.00
38.00	NOTES & LOANS PAYABLE (SHORT TERM)	0	38.00
39.00	DEFERRED INCOME	541,907	39.00
40.00	ACCELERATED PAYMENTS	0	40.00
41.00	DUE TO OTHER FUNDS	0	41.00
42.00	OTHER CURRENT LIABILITIES	6,724	42.00
43.00	TOTAL CURRENT LIABILITIES	1,859,145	43.00
LONG TERM LIABILITIES			
44.00	MORTGAGE PAYABLE	0	44.00
45.00	NOTES PAYABLE	0	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	0	47.00
48.00	OTHER LONG TERM LIABILITIES	0	48.00
49.00	TOTAL LONG TERM LIABILITIES	0	49.00
50.00	TOTAL LIABILITIES	1,859,145	50.00
CAPITAL ACCOUNTS			
51.00	FUND BALANCE	3,134,572	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	4,993,717	52.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

PART I - PATIENT REVENUES													
		INPATIENT					OUTPATIENT						
		MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
GENERAL INPATIENT ROUTINE CARE SERVICES													
1.00	SKILLED NURSING FACILITY	4,016,355	1,384,241	2,421,524	68,164	9,386,498						17,276,782	1.00
2.00	NURSING FACILITY	0	0	0	0	0						0	2.00
3.00	ICF/IID	0	0	0	0	0						0	3.00
4.00	TOTAL GENERAL INPATIENT CARE SERVICES	4,016,355	1,384,241	2,421,524	68,164	9,386,498						17,276,782	4.00
ALL OTHER SERVICES													
5.00	ANCILLARY SERVICES	1,659,615	126,811	17,331	555,857	113,607	477,106	0	0	0	0	2,950,327	5.00
6.00	HOME HEALTH AGENCY						0	0	0	0	0	0	6.00
7.00	AMBULANCE		0	0	0	0	0	0	0	0	0	0	7.00
8.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	8.00
9.00	ALL OTHER REVENUES	0	0	0	0	0	0	0	0	0	0	0	9.00
10.00	TOTAL PATIENT REVENUES	5,675,970	1,511,052	2,438,855	624,021	9,500,105	477,106	0	0	0	0	20,227,109	10.00
PART II - OPERATING EXPENSES													
		TOTAL											
		1.00											
11.00	OPERATING EXPENSES	18,545,680											11.00
12.00	ADD (SPECIFY)	0											12.00
13.00	TOTAL ADDITIONS	0											13.00
14.00	DEDUCT (SPECIFY)	0											14.00
15.00	TOTAL DEDUCTIONS	0											15.00
16.00	TOTAL OPERATING EXPENSES	18,545,680											16.00

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STATEMENT OF REVENUES AND EXPENSES

Worksheet G-3

		1.00	
INCOME FROM SERVICES TO PATIENTS			
1.00	TOTAL PATIENT REVENUES	20,227,109	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	535,040	2.00
3.00	NET PATIENT REVENUES	19,692,069	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	18,545,680	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	1,146,389	5.00
OTHER INCOME			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	0	6.00
7.00	INCOME FROM INVESTMENTS	324,316	7.00
8.00	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	6,790	8.00
9.00	REVENUE FROM TELEVISION AND RADIO SERVICES	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	1,415	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	PRIOR YEAR	16,162	24.00
24.01	NON PATIENT REVENUE	1,144,060	24.01
24.02	BARBER BEAUTY	29,748	24.02
25.00	PHE FUNDING	0	25.00
26.00	TOTAL OTHER INCOME	1,522,491	26.00
27.00	TOTAL INCOME	2,668,880	27.00
EXPENSES			
28.00	OTHER EXPENSES (SPECIFY)	0	28.00
29.00		0	29.00
30.00		0	30.00
31.00	TOTAL OTHER EXPENSES	0	31.00
32.00	NET INCOME (LOSS) FOR THE PERIOD	2,668,880	32.00