

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: 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/26/2022 3:48 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 5/26/2022	Time: 3:48 pm
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 WATERS EDGE HEALTHCARE & REHAB. CTR (315324) 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	1	2	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	64,560	576	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	64,560	576	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. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:48 pm				
1.00		2.00		3.00				
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 512 UNION STREET	PO Box:				1.00		
2.00	City: TRENTON	State: NJ	Zip Code: 08611			2.00		
3.00	County: MERCER	CBSA Code: 45940	Urban/Rural: U			3.00		
3.01		CBSA Code:				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
		1.00	2.00	3.00	V	XVIII	XIX	
					4.00	5.00	6.00	
SNF and SNF-Based Component Identification:								
4.00	SNF	WATERS EDGE HEALTHCARE & REHAB. CTR	315324	06/15/1993	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00
				From:	To:			
				1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2021	12/31/2021		14.00	
15.00	Type of Control (See Instructions)				6		15.00	
				Y/N				
				1.00				
Type of Freestanding Skilled Nursing Facility								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					N		18.00
Miscellaneous Cost Reporting Information								
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.								
20.00	Straight Line					79,894		20.00
21.00	Declining Balance					0		21.00
22.00	Sum of the Year's Digits					0		22.00
23.00	Sum of line 20 through 22					79,894		23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00
				Part A	Part B	Other		
				1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.								
29.00	Skilled Nursing Facility					N		29.00
30.00	Nursing Facility					N		30.00
31.00	ICF/IID					N		31.00
32.00	SNF-Based HHA					N		32.00
33.00	SNF-Based RHC					N		33.00
34.00	SNF-Based FQHC					N		34.00
35.00	SNF-Based CMHC					N		35.00
36.00	SNF-Based OLTC					N		36.00
				Y/N				
				1.00			2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00
			Premiums	Paid Losses	Self Insurance			
			1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:			0	0	0		41.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider No. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:48 pm
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		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:
46.00	Street:	PO Box:	
47.00	City:	State:	Zip Code:

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 3:48 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			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	04/18/2022	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. : 315324

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/26/2022 3:48 pm

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

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

Provider No. : 315324

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/26/2022 3:48 pm

		Part B		
		Date		
		4.00		
PS&R Data				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	04/18/2022		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.			14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:			17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.			18.00
			3.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STAFF		19.00
20.00	Enter the employer/company name of the cost report preparer.			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			21.00

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

Provider No. : 315324

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

Worksheet S-3
 Part I
 Date/Time Prepared:
 5/26/2022 3:48 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	215	78,475	0	5,170	33,358	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	215	78,475	0	5,170	33,358	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	4,788	43,316	0	80	128	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	4,788	43,316	0	80	128	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	59	267	0.00	64.63	260.61	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	59	267	0.00	64.63	260.61	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	162.23	0	97	72	64	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	162.23	0	97	72	64	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	233	171.47	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC		0.00	0.00			6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	233	171.47	0.00			8.00

Provider No. : 315324

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 3:48 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	8,147,791	0	8,147,791	354,584.00	22.98
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	8,147,791	0	8,147,791	354,584.00	22.98
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,147,791	0	8,147,791	354,584.00	22.98
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	0.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,850,576	0	1,850,576		
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)	1,850,576	0	1,850,576		

Provider No. : 315324

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 3:48 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	360,027	0	11,651.00	30.90	2.00
3.00	Plant Operation, Maintenance & Repairs	230,164	0	12,561.00	18.32	3.00
4.00	Laundry & Linen Service	179,551	0	13,031.00	13.78	4.00
5.00	Housekeeping	490,438	0	30,154.00	16.26	5.00
6.00	Dietary	742,314	0	40,115.00	18.50	6.00
7.00	Nursing Administration	154,392	0	4,160.00	37.11	7.00
8.00	Central Services and Supply	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0.00	0.00	10.00
11.00	Social Service	126,056	0	4,160.00	30.30	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	232,936	0	13,446.00	17.32	13.00
14.00	Total (sum lines 1 thru 13)	2,515,878	0	129,278.00	19.46	14.00

SNF WAGE RELATED COSTS		Provider No. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 3:48 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		130,047	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		676,345	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		87,038	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		286,445	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		609,320	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		57,372	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 (Sum of lines 1 - 23)		1,846,567	24.00
				Amount Reported
				1.00
Part B - Other than Core Related Cost				
25.00	UNI FORM AND TRANSPORT		4,009	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315324

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

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 3:48 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	793,347	0	793,347	16,580.00	47.85	1.00
2.00	Licensed Practical Nurses (LPNs)	1,993,211	0	1,993,211	65,087.00	30.62	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,184,037	0	2,184,037	129,429.00	16.87	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,970,595	0	4,970,595	211,096.00	23.55	4.00
5.00	Physical Therapists	317,862	0	317,862	8,523.00	37.29	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	172,437	0	172,437	3,510.00	49.13	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	92,845	0	92,845	2,080.00	44.64	11.00
12.00	Respiratory Therapists	78,174	0	78,174	2,177.00	35.91	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0	0	0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0	0	0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0	0	0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0	0	0	0.00	0.00	17.00
18.00	Physical Therapists	0	0	0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0	0	0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0	0	0	0.00	0.00	20.00
21.00	Occupational Therapists	0	0	0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0	0	0	0.00	0.00	23.00
24.00	Speech Therapists	0	0	0	0.00	0.00	24.00
25.00	Respiratory Therapists	0	0	0	0.00	0.00	25.00
26.00	Other Medical Staff	0	0	0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315324

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

Worksheet S-7
Date/Time Prepared:
5/26/2022 3:48 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. : 315324

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

Worksheet S-7

Date/Time Prepared:
5/26/2022 3:48 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. : 315324

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

Worksheet A
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		2,511,499	2,511,499	0	2,511,499	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,850,576	1,850,576	0	1,850,576	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	360,027	1,814,943	2,174,970	0	2,174,970	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	230,164	623,168	853,332	0	853,332	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	179,551	38,546	218,097	0	218,097	6.00
7.00	00700	HOUSEKEEPING	490,438	204,556	694,994	0	694,994	7.00
8.00	00800	DIETARY	742,314	490,568	1,232,882	0	1,232,882	8.00
9.00	00900	NURSING ADMINISTRATION	154,392	0	154,392	0	154,392	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	534,447	534,447	0	534,447	10.00
11.00	01100	PHARMACY	0	16,641	16,641	0	16,641	11.00
13.00	01300	SOCIAL SERVICE	126,056	0	126,056	0	126,056	13.00
15.00	01500	PATIENT ACTIVITIES	232,936	179,035	411,971	0	411,971	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,970,595	0	4,970,595	0	4,970,595	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	15,115	15,115	0	15,115	40.00
41.00	04100	LABORATORY	0	17,811	17,811	0	17,811	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	78,174	0	78,174	0	78,174	43.00
44.00	04400	PHYSICAL THERAPY	317,862	120	317,982	0	317,982	44.00
45.00	04500	OCCUPATIONAL THERAPY	172,437	0	172,437	0	172,437	45.00
46.00	04600	SPEECH PATHOLOGY	92,845	0	92,845	0	92,845	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	245,117	245,117	0	245,117	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
62.00	06200	FQHC						62.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS								
89.00		SUBTOTALS (sum of lines 1-84)	8,147,791	8,542,142	16,689,933	0	16,689,933	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
100.00		TOTAL	8,147,791	8,542,142	16,689,933	0	16,689,933	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315324

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

Worksheet A
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-15,475	2,496,024	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,850,576	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-68,996	2,105,974	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	853,332	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	218,097	6.00
7.00	00700	HOUSEKEEPING	0	694,994	7.00
8.00	00800	DIETARY	0	1,232,882	8.00
9.00	00900	NURSING ADMINISTRATION	0	154,392	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	534,447	10.00
11.00	01100	PHARMACY	0	16,641	11.00
13.00	01300	SOCIAL SERVICE	0	126,056	13.00
15.00	01500	PATIENT ACTIVITIES	0	411,971	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	4,970,595	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	15,115	40.00
41.00	04100	LABORATORY	0	17,811	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	78,174	43.00
44.00	04400	PHYSICAL THERAPY	0	317,982	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	172,437	45.00
46.00	04600	SPEECH PATHOLOGY	0	92,845	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	245,117	49.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FOHC			62.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
73.00	07300	CMHC	0	0	73.00
SPECIAL PURPOSE COST CENTERS					
89.00		SUBTOTALS (sum of lines 1-84)	-84,471	16,605,462	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	95.00
100.00		TOTAL	-84,471	16,605,462	100.00

Provider No. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet A-6 Date/Time Prepared: 5/26/2022 3:48 pm
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		Increases					
		Cost Center	Line #	Salary	Non Salary		
		2.00	3.00	4.00	5.00		
100.00	TOTALS	Total Recl assi fi cations (Sum of col umns 4 and 5 must equal sum of col umns 8 and 9)				0	0 100.00

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

Provider No. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet A-6 Date/Time Prepared: 5/26/2022 3:48 pm
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		Decreases			
		Cost Center	Line #	Salary	Non Salary
		6.00	7.00	8.00	9.00
100.00	TOTALS			0	0
					100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315324

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

Worksheet A-7

Date/Time Prepared:
5/26/2022 3:48 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0	0	0	0	1.00
2.00 Land Improvements	0	0	0	0	0	2.00
3.00 Buildings and Fixtures	0	0	0	0	0	3.00
4.00 Building Improvements	879,774	0	0	0	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	148,264	0	0	0	0	6.00
7.00 Subtotal (sum of lines 1-6)	1,028,038	0	0	0	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	1,028,038	0	0	0	0	9.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0				1.00
2.00 Land Improvements	0	0				2.00
3.00 Buildings and Fixtures	0	0				3.00
4.00 Building Improvements	879,774	0				4.00
5.00 Fixed Equipment	0	0				5.00
6.00 Movable Equipment	148,264	0				6.00
7.00 Subtotal (sum of lines 1-6)	1,028,038	0				7.00
8.00 Reconciling Items	0	0				8.00
9.00 Total (line 7 minus line 8)	1,028,038	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 315324

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 3:48 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
1.00 Investment income on restricted funds (chapter 2)	B	-15,475	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)		0			0.00 5.00
6.00 Television and radio service (chapter 21)		0			0.00 6.00
7.00 Parking lot (chapter 21)		0			0.00 7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0			0.00 9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00 11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Revenue - Employee meals		0			0.00 14.00
15.00 Cost of meals - Guests		0			0.00 15.00
16.00 Sale of medical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts		0			0.00 18.00
19.00 Vending machines		0			0.00 19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		82.00 22.00
23.00 Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES		1.00 23.00
24.00 Depreciation--movable equipment		0	*** Cost Center Deleted ***		2.00 24.00
25.00 MISC	A	-35,642	ADMINISTRATIVE & GENERAL		4.00 25.00
25.01 PENALTIES	A	-32,033	ADMINISTRATIVE & GENERAL		4.00 25.01
25.03 PROMOTIONAL ADS	A	-1,321	ADMINISTRATIVE & GENERAL		4.00 25.03
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-84,471			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. : 315324

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	3.00	3A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	2,496,024	2,496,024			1.00
3.00 00300	EMPLOYEE BENEFITS	1,850,576	0	1,850,576		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	2,105,974	81,561	81,771	2,269,306	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	853,332	92,058	52,276	997,666	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	218,097	88,042	40,781	346,920	6.00
7.00 00700	HOUSEKEEPING	694,994	28,161	111,391	834,546	7.00
8.00 00800	DIETARY	1,232,882	308,808	168,599	1,710,289	8.00
9.00 00900	NURSING ADMINISTRATION	154,392	16,613	35,066	206,071	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	534,447	11,228	0	545,675	10.00
11.00 01100	PHARMACY	16,641	5,112	0	21,753	11.00
13.00 01300	SOCIAL SERVICE	126,056	8,946	28,631	163,633	13.00
15.00 01500	PATIENT ACTIVITIES	411,971	59,607	52,906	524,484	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	4,970,595	1,660,197	1,128,952	7,759,744	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	15,115	0	0	15,115	40.00
41.00 04100	LABORATORY	17,811	0	0	17,811	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	78,174	0	17,755	95,929	43.00
44.00 04400	PHYSICAL THERAPY	317,982	23,460	72,195	413,637	44.00
45.00 04500	OCCUPATIONAL THERAPY	172,437	60,429	39,165	272,031	45.00
46.00 04600	SPEECH PATHOLOGY	92,845	25,513	21,088	139,446	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	245,117	26,289	0	271,406	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00 06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	16,605,462	2,496,024	1,850,576	16,605,462	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	16,605,462	2,496,024	1,850,576	16,605,462	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315324

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:48 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	
GENERAL SERVICE COST CENTERS							
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	1,155,590				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	43,808	445,643			6.00
7.00	00700	HOUSEKEEPING	14,012	0	980,661		7.00
8.00	00800	DIETARY	153,658	0	112,646	2,247,320	8.00
9.00	00900	NURSING ADMINISTRATION	8,267	0	7,600	0	254,558
10.00	01000	CENTRAL SERVICES & SUPPLY	5,587	0	5,136	0	0
11.00	01100	PHARMACY	2,544	0	2,339	0	0
13.00	01300	SOCIAL SERVICE	4,451	0	4,092	0	0
15.00	01500	PATIENT ACTIVITIES	29,660	0	27,269	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	826,086	445,643	759,503	2,247,320	254,558
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	11,673	0	10,732	0	0
45.00	04500	OCCUPATIONAL THERAPY	30,068	0	27,645	0	0
46.00	04600	SPEECH PATHOLOGY	12,695	0	11,672	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	13,081	0	12,027	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	1,155,590	445,643	980,661	2,247,320	254,558
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	1,155,590	445,643	980,661	2,247,320	254,558

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315324

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	
					PATIENT ACTIVITIES		
		10.00	11.00	13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	642,775					10.00
11.00	01100	0	30,079				11.00
13.00	01300	0	0	198,078			13.00
15.00	01500	0	0	0	664,435		15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	642,775	30,079	198,078	664,435	15,056,525	30.00
31.00	03100	0	0	0	0	0	31.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	17,508	40.00
41.00	04100	0	0	0	0	20,630	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	111,114	43.00
44.00	04400	0	0	0	0	501,518	44.00
45.00	04500	0	0	0	0	372,805	45.00
46.00	04600	0	0	0	0	185,886	46.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	339,476	49.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	06200						62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
89.00		642,775	30,079	198,078	664,435	16,605,462	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00		642,775	30,079	198,078	664,435	16,605,462	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315324

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description		Post Stepdown Adjustments	Total	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0 15,056,525	30.00
31.00	03100	NURSING FACILITY	0 0	31.00
33.00	03300	OTHER LONG TERM CARE	0 0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0 17,508	40.00
41.00	04100	LABORATORY	0 20,630	41.00
42.00	04200	INTRAVENOUS THERAPY	0 0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0 111,114	43.00
44.00	04400	PHYSICAL THERAPY	0 501,518	44.00
45.00	04500	OCCUPATIONAL THERAPY	0 372,805	45.00
46.00	04600	SPEECH PATHOLOGY	0 185,886	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0 339,476	49.00
51.00	05100	SUPPORT SURFACES	0 0	51.00
OUTPATIENT SERVICE COST CENTERS				
62.00	06200	FOHC		62.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0 0	70.00
71.00	07100	AMBULANCE	0 0	71.00
73.00	07300	CMHC	0 0	73.00
SPECIAL PURPOSE COST CENTERS				
89.00		SUBTOTALS (sum of lines 1-84)	0 16,605,462	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0 0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0 0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0 0	92.00
93.00	09300	NONPAID WORKERS	0 0	93.00
94.00	09400	PATIENTS' LAUNDRY	0 0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0 0	95.00
98.00		Cross Foot Adjustments	0 0	98.00
99.00		Negative Cost Centers	0 0	99.00
100.00		TOTAL	0 16,605,462	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315324

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	2A	3.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	81,561	81,561	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	92,058	92,058	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	88,042	88,042	0	6.00
7.00 00700	HOUSEKEEPING	0	28,161	28,161	0	7.00
8.00 00800	DIETARY	0	308,808	308,808	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	16,613	16,613	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	11,228	11,228	0	10.00
11.00 01100	PHARMACY	0	5,112	5,112	0	11.00
13.00 01300	SOCIAL SERVICE	0	8,946	8,946	0	13.00
15.00 01500	PATIENT ACTIVITIES	0	59,607	59,607	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	1,660,197	1,660,197	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	23,460	23,460	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	60,429	60,429	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	25,513	25,513	0	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	26,289	26,289	0	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00 06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	0	2,496,024	2,496,024	0	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
98.00	Cross Foot Adjustments			0		98.00
99.00	Negative Cost Centers			0		99.00
100.00	TOTAL	0	2,496,024	2,496,024	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315324

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:48 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	
GENERAL SERVICE COST CENTERS							
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	97,734				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	3,705	93,721			6.00
7.00	00700	HOUSEKEEPING	1,185	0	34,094		7.00
8.00	00800	DIETARY	12,996	0	3,916	335,450	8.00
9.00	00900	NURSING ADMINISTRATION	699	0	264	0	18,748
10.00	01000	CENTRAL SERVICES & SUPPLY	472	0	179	0	0
11.00	01100	PHARMACY	215	0	81	0	0
13.00	01300	SOCIAL SERVICE	376	0	142	0	0
15.00	01500	PATIENT ACTIVITIES	2,508	0	948	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	69,868	93,721	26,406	335,450	18,748
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	987	0	373	0	0
45.00	04500	OCCUPATIONAL THERAPY	2,543	0	961	0	0
46.00	04600	SPEECH PATHOLOGY	1,074	0	406	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	1,106	0	418	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	97,734	93,721	34,094	335,450	18,748
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	97,734	93,721	34,094	335,450	18,748

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315324

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal		
	10.00	11.00	13.00	15.00			16.00
GENERAL SERVICE COST CENTERS							
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	14,983				10.00	
11.00 01100	PHARMACY	0	5,532			11.00	
13.00 01300	SOCIAL SERVICE	0	0	10,395		13.00	
15.00 01500	PATIENT ACTIVITIES	0	0	0	66,047	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	SKILLED NURSING FACILITY	14,983	5,532	10,395	66,047	2,345,494 30.00	
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00	
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00	
ANCILLARY SERVICE COST CENTERS							
40.00 04000	RADIOLOGY	0	0	0	0	86 40.00	
41.00 04100	LABORATORY	0	0	0	0	101 41.00	
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00	
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	546 43.00	
44.00 04400	PHYSICAL THERAPY	0	0	0	0	27,173 44.00	
45.00 04500	OCCUPATIONAL THERAPY	0	0	0	0	65,481 45.00	
46.00 04600	SPEECH PATHOLOGY	0	0	0	0	27,786 46.00	
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	29,357 49.00	
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00	
OUTPATIENT SERVICE COST CENTERS							
62.00 06200	FQHC						62.00
OTHER REIMBURSABLE COST CENTERS							
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0 70.00	
71.00 07100	AMBULANCE	0	0	0	0	0 71.00	
73.00 07300	CMHC	0	0	0	0	0 73.00	
SPECIAL PURPOSE COST CENTERS							
89.00	SUBTOTALS (sum of lines 1-84)	14,983	5,532	10,395	66,047	2,496,024 89.00	
NONREIMBURSABLE COST CENTERS							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00	
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	0 91.00	
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 92.00	
93.00 09300	NONPAID WORKERS	0	0	0	0	0 93.00	
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	0 94.00	
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0 95.00	
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00	
99.00	Negative Cost Centers	0	0	0	0	0 99.00	
100.00	TOTAL	14,983	5,532	10,395	66,047	2,496,024 100.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315324

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description		Post Step-Down Adjustments	Total	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	2,345,494
31.00	03100	NURSING FACILITY	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	86
41.00	04100	LABORATORY	0	101
42.00	04200	INTRAVENOUS THERAPY	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	546
44.00	04400	PHYSICAL THERAPY	0	27,173
45.00	04500	OCCUPATIONAL THERAPY	0	65,481
46.00	04600	SPEECH PATHOLOGY	0	27,786
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	29,357
51.00	05100	SUPPORT SURFACES	0	0
OUTPATIENT SERVICE COST CENTERS				
62.00	06200	FOHC		62.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
73.00	07300	CMHC	0	0
SPECIAL PURPOSE COST CENTERS				
89.00		SUBTOTALS (sum of lines 1-84)	0	2,496,024
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0
98.00		Cross Foot Adjustments	0	0
99.00		Negative Cost Centers	0	0
100.00		TOTAL	0	2,496,024

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315324

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
	BLDG & FIXTURES (SQUARE FEET)					
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	54,688				1.00
3.00 00300	EMPLOYEE BENEFITS	0	8,147,791			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	1,787	360,027	-2,269,306	14,336,156	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	2,017	230,164	0	997,666	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	1,929	179,551	0	346,920	6.00
7.00 00700	HOUSEKEEPING	617	490,438	0	834,546	7.00
8.00 00800	DIETARY	6,766	742,314	0	1,710,289	8.00
9.00 00900	NURSING ADMINISTRATION	364	154,392	0	206,071	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	246	0	0	545,675	10.00
11.00 01100	PHARMACY	112	0	0	21,753	11.00
13.00 01300	SOCIAL SERVICE	196	126,056	0	163,633	13.00
15.00 01500	PATIENT ACTIVITIES	1,306	232,936	0	524,484	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	36,375	4,970,595	0	7,759,744	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	15,115	40.00
41.00 04100	LABORATORY	0	0	0	17,811	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	78,174	0	95,929	43.00
44.00 04400	PHYSICAL THERAPY	514	317,862	0	413,637	44.00
45.00 04500	OCCUPATIONAL THERAPY	1,324	172,437	0	272,031	45.00
46.00 04600	SPEECH PATHOLOGY	559	92,845	0	139,446	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	576	0	0	271,406	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00 06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	54,688	8,147,791	-2,269,306	14,336,156	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,496,024	1,850,576		2,269,306	1,155,590
103.00	Unit cost multiplier (Wkst. B, Part I)	45.641164	0.227126		0.158293	22.710282
104.00	Cost to be allocated (per Wkst. B, Part II)		0		81,561	97,734
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.005689	1.920722

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315324

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ FT EXCL KITCHEN)	DIETARY (PATIENT DAYS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	43,316					6.00
7.00	00700	0	46,967				7.00
8.00	00800	0	5,395	43,316			8.00
9.00	00900	0	364	0	43,316		9.00
10.00	01000	0	246	0	0	43,316	10.00
11.00	01100	0	112	0	0	0	11.00
13.00	01300	0	196	0	0	0	13.00
15.00	01500	0	1,306	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	43,316	36,375	43,316	43,316	43,316	30.00
31.00	03100	0	0	0	0	0	31.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	514	0	0	0	44.00
45.00	04500	0	1,324	0	0	0	45.00
46.00	04600	0	559	0	0	0	46.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	576	0	0	0	49.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	06200						62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
89.00		43,316	46,967	43,316	43,316	43,316	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00							98.00
99.00							99.00
102.00		445,643	980,661	2,247,320	254,558	642,775	102.00
103.00		10.288185	20.879788	51.881984	5.876766	14.839205	103.00
104.00		93,721	34,094	335,450	18,748	14,983	104.00
105.00		2.163658	0.725914	7.744252	0.432819	0.345900	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315324

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

Worksheet B-1
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description	PHARMACY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE	
			PATIENT ACTIVITIES (TOTAL PATIENT DAYS)	
	11.00	13.00	15.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00 00300 EMPLOYEE BENEFITS				3.00
4.00 00400 ADMINISTRATIVE & GENERAL				4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00 00600 LAUNDRY & LINEN SERVICE				6.00
7.00 00700 HOUSEKEEPING				7.00
8.00 00800 DIETARY				8.00
9.00 00900 NURSING ADMINISTRATION				9.00
10.00 01000 CENTRAL SERVICES & SUPPLY				10.00
11.00 01100 PHARMACY	43,316			11.00
13.00 01300 SOCIAL SERVICE	0	43,316		13.00
15.00 01500 PATIENT ACTIVITIES	0	0	43,316	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 SKILLED NURSING FACILITY	43,316	43,316	43,316	30.00
31.00 03100 NURSING FACILITY	0	0	0	31.00
33.00 03300 OTHER LONG TERM CARE	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00 04000 RADIOLOGY	0	0	0	40.00
41.00 04100 LABORATORY	0	0	0	41.00
42.00 04200 INTRAVENOUS THERAPY	0	0	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00 04400 PHYSICAL THERAPY	0	0	0	44.00
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	45.00
46.00 04600 SPEECH PATHOLOGY	0	0	0	46.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	49.00
51.00 05100 SUPPORT SURFACES	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS				
62.00 06200 FOHC				62.00
OTHER REIMBURSABLE COST CENTERS				
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100 AMBULANCE	0	0	0	71.00
73.00 07300 CMHC	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS				
89.00	SUBTOTALS (sum of lines 1-84)			89.00
	43,316	43,316	43,316	
NONREIMBURSABLE COST CENTERS				
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00 09100 BARBER & BEAUTY SHOP	0	0	0	91.00
92.00 09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	92.00
93.00 09300 NONPAID WORKERS	0	0	0	93.00
94.00 09400 PATIENTS' LAUNDRY	0	0	0	94.00
95.00 09500 OTHER NONREIMBURSABLE COST	0	0	0	95.00
98.00	Cross Foot Adjustments			98.00
99.00	Negative Cost Centers			99.00
102.00	30,079	198,078	664,435	102.00
	Cost to be allocated (per Wkst. B, Part I)			
103.00	0.694409	4.572860	15.339251	103.00
	Unit cost multiplier (Wkst. B, Part I)			
104.00	5,532	10,395	66,047	104.00
	Cost to be allocated (per Wkst. B, Part II)			
105.00	0.127713	0.239981	1.524771	105.00
	Unit cost multiplier (Wkst. B, Part II)			

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 315324

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

Worksheet C
Date/Time Prepared:
5/26/2022 3:48 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	17,508	15,115	1.158320	40.00
41.00	04100	LABORATORY	20,630	17,811	1.158273	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	111,114	78,174	1.421368	43.00
44.00	04400	PHYSICAL THERAPY	501,518	438,745	1.143074	44.00
45.00	04500	OCCUPATIONAL THERAPY	372,805	294,470	1.266020	45.00
46.00	04600	SPEECH PATHOLOGY	185,886	257,978	0.720550	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	339,476	245,117	1.384955	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FOHC				62.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	1,548,937	1,347,410		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 315324

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

Worksheet D
Part I
Date/Time Prepared:
5/26/2022 3:48 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	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	1.158320	8,869	0	10,273	0	40.00
41.00	04100	LABORATORY	1.158273	9,039	0	10,470	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.421368	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1.143074	189,530	0	216,647	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1.266020	134,753	0	170,600	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.720550	130,442	0	93,990	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.384955	146,891	0	203,437	0	49.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
62.00	06200	FOHC						62.00
71.00	07100	AMBULANCE (2)	0.000000		0			71.00
100.00		Total (Sum of lines 40 - 71)		619,524	0	705,417	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. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/26/2022 3:48 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)	1.384955	1.00
2.00		Program vaccine charges (From your records, or the PS&R)	2,402	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	3,327	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	17,508	0	0.000000	10,273	0	40.00
41.00	04100	LABORATORY	20,630	0	0.000000	10,470	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	111,114	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	501,518	0	0.000000	216,647	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	372,805	0	0.000000	170,600	0	45.00
46.00	04600	SPEECH PATHOLOGY	185,886	0	0.000000	93,990	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	339,476	0	0.000000	203,437	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	1,548,937	0		705,417	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-III Date/Time Prepared: 5/26/2022 3:48 pm
	Title XVIII	Skilled Nursing Facility	PPS

	1.00	
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PART I CALCULATION OF INPATIENT ROUTINE COSTS			
INPATIENT DAYS			
1.00	Inpatient days including private room days	43,316	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	5,170	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	15,056,525	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	18,671,611	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.806386	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	18,671,611	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	431.06	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)	15,056,525	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	347.60	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,797,092	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)	1,797,092	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)	2,345,494	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	54.15	21.00
22.00	Program capital related cost (Line 3 times line 21)	279,956	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,517,136	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	1,517,136	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	
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PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
1.00	Total SNF inpatient days	43,316	1.00
2.00	Program inpatient days (see instructions)	5,170	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)	0.119355	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. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 5/26/2022 3:48 pm
		Title XVIIII	Skilled Nursing Facility	PPS

			1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		3,592,458	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)		3,592,458	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		592,487	5.00
6.00	Allowable bad debts (From your records)		473,700	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		334,401	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		307,905	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)		3,307,876	11.00
12.00	Interim payments (See instructions)		3,242,205	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		1,111	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)		64,560	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		3,327	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		3,327	19.00
20.00	Medicare Part B ancillary charges (See instructions)		2,402	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		2,402	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		2,402	25.00
26.00	Interim payments (See instructions)		1,826	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)		576	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. : 315324	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 5/26/2022 3:48 pm	
		Title XVIII		Skilled Nursing Facility	
		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		2,998,860		1,826
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/31/2021	180,360		0
3.02		08/03/2021	62,985		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)		243,345		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)		3,242,205		1,826
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		64,560		576
6.02	PROVIDER TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		3,306,765		2,402
			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. : 315324

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

Worksheet G

Date/Time Prepared:
5/26/2022 3:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	149,841	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,453,535	0	0	0	4.00
5.00	Other receivables	-1,248,829	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	392,247	0	0	0	8.00
9.00	Other current assets	80,030	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,826,824	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	879,774	0	0	0	17.00
18.00	Less: Accumulated Amortization	-430,313	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	148,264	0	0	0	23.00
24.00	Less: Accumulated depreciation	-83,263	0	0	0	24.00
25.00	Minor equipment - Depreciable	575,019	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,089,481	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	226,500	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	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	226,500	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	4,142,805	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	5,692,218	0	0	0	35.00
36.00	Salaries, wages, and fees payable	513,931	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	-54,015	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	15,030,803	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	21,182,937	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	4,715	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	PATIENT FUND LIABILITY	237,935	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	242,650	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	21,425,587	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-17,282,782	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-17,282,782	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	4,142,805	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315324

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 3:48 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		-19,299,911		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		2,017,129			2.00
3.00	Total (sum of line 1 and line 2)		-17,282,782		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-17,282,782		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-17,282,782		0	19.00
		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments)					4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315324

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

Worksheet G-2
Parts I-III
Date/Time Prepared:
5/26/2022 3:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	18,671,611		18,671,611	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)	18,671,611		18,671,611	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	1,163,949	0	1,163,949	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	19,835,560	0	19,835,560	14.00
Cost Center Description					
			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			16,689,933	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			16,689,933	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315324

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 3:48 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	19,835,560	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,171,227	2.00
3.00	Net patient revenues (Line 1 minus line 2)	18,664,333	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	16,689,933	4.00
5.00	Net income from service to patients (Line 3 minus 4)	1,974,400	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	15,475	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	21,250	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	6,000	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	42,725	25.00
26.00	Total (Line 5 plus line 25)	2,017,125	26.00
27.00	OTHER	-4	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	-4	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	2,017,129	31.00

LLMD ASSOCIATES DBA WATER'S EDGE HEALTH CARE & REHAB
BALANCE SHEET
December 31, 2021

ASSETS

CURRENT ASSETS:

Cash	\$ 87,151
Accounts Receivable (Net)	1,963,535
Prepaid Expenses	<u>392,247</u>

TOTAL CURRENT ASSETS \$ 2,442,933

FIXED ASSETS:

Leasehold Improvements	879,774
Furniture & Equipment	<u>148,264</u>
	1,028,038
Less: Accum. Depreciation & Amortization	<u>513,576</u>

TOTAL FIXED ASSETS 514,462

OTHER ASSETS:

Replacement Reserve	76,898
Security Deposits	3,132
Intangible Assets (Net)	575,019
Other Assets	226,500
Patients' Trust Fund	<u>153,859</u>

TOTAL OTHER ASSETS 1,035,408

TOTAL ASSETS \$ 3,992,803

LLMD ASSOCIATES DBA WATER'S EDGE HEALTH CARE & REHAB
BALANCE SHEET
December 31, 2021

LIABILITIES & EQUITY

CURRENT LIABILITIES:

Equipment Obligations	11,690
Accounts Payable	5,126,241
Accrued Payroll	513,931
Accrued Expenses & Taxes	565,977
Exchanges	84,076
Due To Third Party Payors	(65,705)
Loans Payable - Related Parties	<u>15,030,803</u>

TOTAL CURRENT LIABILITIES \$ 21,267,013

LONG TERM LIABILITIES:

Equipment Obligations	4,715
Patients' Trust Fund Payable	<u>153,859</u>

TOTAL LONG TERM LIABILITIES 158,574

MEMBERS' DEFICIT (17,432,784)

TOTAL LIABILITIES & MEMBERS' DEFICIT \$ 3,992,803

LLMD ASSOCIATES DBA WATER'S EDGE HEALTH CARE & REHAB**STATEMENT OF OPERATIONS****For the year ended December 31, 2021**

TOTAL REVENUE FROM PATIENTS:		\$	13,766,913
OPERATING EXPENSES:			
Payroll	\$	5,108,270	
Employee Benefits		1,850,576	
Professional Care		1,010,183	
Dietary & Housekeeping		632,939	
Plant & Maintenance		3,193,654	
General & Administrative		<u>1,854,790</u>	
TOTAL OPERATING EXPENSES			<u>13,650,412</u>
INCOME FROM OPERATIONS			116,501
OTHER INCOME			<u>1,750,626</u>
NET INCOME		\$	<u><u>1,867,127</u></u>

LLMD ASSOCIATES DBA WATER'S EDGE HEALTH CARE & REHAB
STATEMENT OF MEMBERS' DEFICIT
For the year ended December 31, 2021

MEMBERS' DEFICIT:

Balance as of Beginning of Period	-
	\$ (19,299,911)
Net Income for the Period	<u>1,867,127</u>
TOTAL MEMBERS' DEFICIT - END OF PERIOD	<u><u>\$ (17,432,784)</u></u>

LLMD ASSOCIATES DBA WATER'S EDGE HEALTH CARE & REHAB**STATEMENT OF CASH FLOWS****For the year ended December 31, 2021**

CASH FLOWS FROM OPERATING ACTIVITIES:

NET INCOME:		\$	1,867,127
Adjustments to reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation & Amortization			124,460
PPP Loan Forgiveness			(1,494,100)
Bad Debt Provision			150,000
(INCREASE) DECREASE IN:			
Accounts Receivable	\$	(521,653)	
Prepaid Expenses		(77,824)	
Loans Receivable		242,222	
INCREASE (DECREASE) IN:			
Accounts Payable		968,260	
Accrued Payroll & Withholding Taxes		(3,555)	
Accrued Expenses & Taxes		236,182	
Medicare Advance Payments		(380,480)	
Due to Third Party Payors		(65,705)	
Exchanges		<u>(257,483)</u>	
TOTAL ADJUSTMENTS			<u>139,964</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES			787,451
CASH FLOWS FROM INVESTING ACTIVITIES:			
Capital Expenditures		(289,113)	
Other Assets		<u>(14,920)</u>	
NET CASH USED IN INVESTING ACTIVITIES			<u>(304,033)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Decrease In Short-Term Debt		(122,057)	
Decrease In Long-Term Debt		(11,690)	
Other Liabilities		14,920	
Loans Payable - Related Parties		<u>448,785</u>	
NET CASH PROVIDED BY FINANCING ACTIVITIES			<u>329,958</u>
NET CHANGE IN CASH			813,376
CASH - BEGINNING OF PERIOD			<u>(726,225)</u>
CASH - END OF PERIOD		\$	<u><u>87,151</u></u>