



Preakness Healthcare Center

**Medicare/Medicaid Cost Report
Provider Number 31-5361**

January 1, 2021 to December 31, 2021

Pino Consulting Group, Inc.

**Cost Recovery • Revenue Maximization • Financial Management
Cost Allocation Plans • User Fee Studies
Health Care Facility Cost Reporting & Reimbursement**

*110 Commons Way, Building A, Toms River, NJ 08755
www.pinoconsulting.com*

**Preakness Healthcare Center
Medicare/Medicaid Cost Report
January 1, 2021 to December 31, 2021**

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Transmittal Letter to Medicare Intermediary with Checklist

May 24, 2022

Novitas Solutions, Inc.
JL Provider Audit & Reimbursement
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050

RE: Preakness Healthcare Center
Medicare Cost Report – 1/1/2021 to 12/31/2021
Provider Number: 31-5361

To Novitas Solutions:

Preakness Healthcare Center, a Department of Passaic County, has completed its Medicare cost report for the fiscal year January 1, 2021 to December 31, 2021. The following documentation is enclosed to satisfy the annual cost reporting requirements:

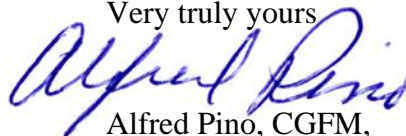
1. One (1) CD with the Electronic Cost Report (SN) and Print Image (PI) files. There are no Level 1 edit errors and both files contain an encryption code.
2. One (1) hard copy of Worksheet S of the submitted cost report, which bears the date, time and encryption codes of the ECR and PI files, that has a settlement summary that matches the ECR file amount and an original signature of an authorized Hospital Administrator.
3. Listings of Medicare Bad Debts and appropriate supporting data are on file with the Provider and are available to the Medicare Intermediary upon request. The Provider has not included the Bad Debt listings with this submission because they include Protected Health Information.
4. Supporting documentation to Form CMS-2540-10:
 - a) Reconciliation of Reported Costs to Financial Statements (Calendar Year 2020).
 - b) Trial Balance of Expenses – Reflects the summarized costs used to complete the Medicare and Medicaid cost reports.
 - c) Passaic County Financial Statements for Calendar Year 2020 relative to Preakness Healthcare Center including:
 - i. Current Fund Budget Account Status Report
 - ii. Prior Year Appropriation Reserves Budget Account Status Report

- iii. Grant Fund Budget Account Status Report
- d) Schedules of Resident Days, Discharges and Admissions
- e) Analysis of Preakness Healthcare Center Revenues
- f) Analysis of Salaries, FTE's and Hours by Cost Center
- g) Skilled Nursing Facility Salaries and Hours
- h) Passaic County Capital Asset Inventory System with Annual Depreciation Calculations for Preakness Healthcare Center
- i) Passaic County, New Jersey, Central Service Cost Allocation Plan:
 - i. Computation of Preakness Healthcare Center Calendar Year 2021 Fixed Employee Fringe Benefits Rate with Carry-Forward Adjustment (Final 2019 Rates and Provisional 2021 Rates)
 - ii. Computation of Preakness Healthcare Center Calendar Year 2021 Fixed Indirect Cost with Carry-Forward Adjustment (Final 2019 Costs and Provisional 2021 Costs)
- j) Medicare Provider Statistical & Reimbursement System Reports (PS&R) - Provider Summary Reports
- k) Analysis of Total Charges and Medicare Charges

We trust that the documentation furnished herein satisfies the Medicare cost reporting requirements for Preakness Healthcare Center.

If any additional information is required concerning the cost reports, please do not hesitate to contact me at (609) 448-7135.

Very truly yours



Alfred Pino, CGFM,
President

Enclosures

Cc: Anthony J. De Nova, Passaic County Administrator
Lucinda Corrado, Executive Director, Preakness Healthcare Center
Robert Calise, Consultant, Preakness Healthcare Center
Richard Cahill, Director of Finance, Passaic County



Provider Audit and Reimbursement
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050

March 8, 2021

Angela Capo
Preakness Health Center
Box V Valley View Road
Paterson, NJ 07509

Regarding: Medicare Cost Report Request
Provider Name: Preakness HEALTH CENTER
Provider Number: 315361
Subunit Numbers: N/A
Consolidated Numbers: N/A
Fiscal Period: ~~01/01/2020 - 12/31/2020~~

Dear Angela Capo:

01/01/2021 - 12/31/2021

*****Please return this letter and attached checklist with your cost report submission*****

Due to the COVID-19 outbreak and the various complications involved, 42 CFR § 413.24 (f) (2) (ii) allows the flexibility to approve a cost report filing extension. Novitas Solutions has approved an automatic extension in the normal filing deadlines for the following fiscal year end dates. The filing deadline of FYEs ending on or between March 1, 2020 through December 31, 2020 has been extended by 60 days. Providers do not have to request an extension, but will have this additional time if needed.

Please note that the sooner you file your cost report, we can begin to process a tentative settlement.

We would like to inform you that your cost report for the period specified above is due no later than 08/02/2021.

2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 www.novitas-solutions.com

Attention: When submitting your cost report, please ensure that all provider numbers listed above are included on Worksheet S-2 of your cost report. Failure to include all listed providers may result in rejection of the cost report.

To assist your cost report preparation, the Provider Statistical and Reimbursement (PS&R) summary report can be obtained from the CMS website: <https://psr-ui.cms.hhs.gov/psr-ui>. It is your responsibility to obtain the reports directly from the PS&R system. In an effort to ensure all providers have signed up for the PS&R system successfully, we are requiring an EIDM helpdesk ticket in order to process PS&R requests for FYEs 2009 and after. Please call 1-866-484-8049 or email EUSSupport@cgi.com in order to log a helpdesk ticket with the EUS helpdesk if you are having issues with system access. After you have logged a helpdesk ticket, please forward the email from the helpdesk along with your request for PS&R to reimbursement@novitas-solutions.com so we can process your request while your access issue is being resolved. If you have not signed up for an EIDM account, please visit the following link for information on obtaining access: <https://portal.cms.gov/wps/portal/unauthportal/home/>. You must complete the registration process in order to pull your own PS&R going forward. Also, please ensure you log into the PS&R system every 60 days so you can change your password and keep the account active.

For filing a low Medicare cost report, a provider must submit a request for approval to the Medicare contractor 30 days prior to the cost report due date for timely processing.

The penalty for not filing the cost report timely is that 100% of any payments will be withheld. In addition, you will be assessed interest at the prevailing rate at the time the cost report is due. Furthermore, if the cost report cannot be submitted by the due date, you may request a reduced payment suspension rate of 50% during a grace period of 60 days. This request should be submitted before the due date of the cost report. On the 61st day, if the cost report has not been filed, the rate of suspension should change to 100%. If a provider fails to request a reduction in the rate of suspension, or if the MAC does not concur with the request for a reduced suspension rate, then 100% of the provider's payments should be suspended if the cost report is not filed timely. Terminated providers will immediately have 100% of their payments suspended for failure to file a cost report. According to Provider Reimbursement Manual 15-2 Section 104, "No extension will be granted except when provider's operations are significantly adversely affected due to extraordinary circumstances over which the provider has no control. An example would be a flood or fire that forces a provider to cease operations and to transfer its patients temporarily to other providers outside of the impacted area."

Per Change Request 3441, all submitted cost reports are subject to a desk review and/or an audit.

Over the years, providers have submitted voluminous documentation in support of the cost report filing. In an effort to alleviate the provider's filing burden, and to facilitate the submission, acceptance and review of your 12/31/2020 cost report, which is due 08/02/2021, we are sending this letter to clarify the extent of supporting documentation

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required and to solicit your assistance in submitting where possible all documents required by Form CMS-339 and those requested in an electronic format. **Please refer to the attached checklist which outlines the CMS Regulations for cost report acceptability for all providers filing electronic cost reports (ECRs).**

If the documents required by Form CMS-339 are available in an electronic format, we strongly encourage you submit them to us on a CD, diskette, or USB flash drive with your cost report (please do not email any of this information). Please ensure the electronic data containing sensitive information is adequately password protected before submission of the cost report. Please also ensure that all files were successfully loaded onto the CD, diskette, or USB flash drive before submission. Acceptable applications include Microsoft Word, Excel, Text File, Print image, or Adobe PDF.

Electronic cost report filing (MCR eF)

We encourage all providers to submit cost reports and supporting documentation electronically whenever possible. In addition to the environmental benefits of this approach, it is also more efficient from a time and cost perspective.

We now offer the choice of filing your cost report via the Medicare Cost Report e-Filing (MCR eF) portal. The new MCR eF portal is a streamlined feature that allows your facility to submit your cost report same day electronically without the cost of sending any hard copy documents! The MCR eF system is a secure site that allows for a safe and instant submission of protected health information (PHI).

Other benefits include an MCR submitted through MCR eF automatically routes to the correct MAC eliminating the risk of submitting the MCR to an incorrect MAC, providers get immediate feedback on whether the MAC received their MCR submission. MCR eF also notifies you instantly of any submission issues and also stores all your files, resulting in less rejection issues. Sign up today and save time and money!

Information on registering and filing can be found on the MCR eF homepage at:
<https://mcref.cms.gov/>

All cost report submissions must be mailed to the following address:

Novitas Solutions, Inc.
Attn: JL PARD
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050

Please address checks to 'Novitas Solutions - Part A' and send to the addresses listed below. In order to ensure that your check is credited to this overpayment, please enclose a copy of this letter with your payment.:

Novitas Solutions - Part A
Attn: Cashier
PO Box 3385
Mechanicsburg, PA 17055-1840

Novitas Solutions - Part A
Attn: Cashier
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050
(via Priority mail or commercial carrier)

Please note that overpayment checks should not include the amount related to HITECH. No check is required for this settlement value.

If you have any questions related to this matter, please contact settlement@novitas-solutions.com.

Sincerely,

----- /s/ -----

Raymond Bossong
PARD Manager
Provider Audit & Reimbursement

Enclosure: Cost Report Checklist
CRRL Attachment

2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 www.novitas-solutions.com

Provider Cost Report Submission Checklist

Provider Number: 315361
Fiscal Period: 01/01/2020 - 12/31/2020

Please check all that apply and include this checklist with your facility's cost report submission

Note: The "Worksheet S" signature page and CMS 339 signature page (if applicable) must be submitted in hardcopy format. We strongly encourage that all other information be submitted on a CD, diskette, or USB flash drive.

Required

1. A diskette (or other media as permitted in PRM-II, §130.2) of the electronic cost report (ECR) utilizing CMS approved vendor with the current specification date submitted. (See PRM-II, §140 regarding bad or damaged cost report diskette.)
2. An ECR that passes all Level 1 edits.
3. A submitted print image file of the cost report except when using CMS free software.
4. The certification page (Worksheet S) of the ECR file with the original signature (not a facsimile or stamped copy of the signature) of an officer (administrator or chief financial officer). **Please utilize ink other than black when signing this page. We encourage the use of blue or red ink.**
5. An exact match of the encryption code, date and time for the ECR displayed on the certification page to that of the ECR file encryption code, date and time.
6. An exact match of the encryption code, date and time for the print image displayed on the certification page to that of the print image file encryption code, date and time except when using CMS free software.
7. For teaching hospitals, a complete Intern and Resident Information System (IRIS) diskette that will pass all IRIS system edits.
8. The settlement summary on the electronic certification page agrees with the settlement summary on the Medicare cost report produced from the electronic file.
9. A completed Form CMS-339 with an original signature of an officer or administrator. (See page 2 for CMS-339 exhibit requirements)

Note: CMS-339 is not applicable for cost reporting forms CMS 2552-10, CMS 265-11, CMS 222-17 and CMS 2540-10 because it is part of the cost report.

Additional Requested Documentation

- 10. A copy of the working trial balance.
- 11. A copy of the audited financial statements where applicable.
- 12. Grouping schedules of revenues and expenses.
- 13. Other lead or summary schedules in support of items such as Disproportionate Share Hospital (DSH) and Provider Statistical & Reporting (PS&R) allocation amounts included in the cost report.
- 14. For non-PPS (prospective payment system) providers please submit A-6 reclasses and A-8 offset supporting schedules.
- 15. Copy of check included? All checks must be mailed separately.

CMS 339 Exhibits Requirements

- Exhibit 1 Provider cost report reimbursement questionnaire (13 pages).
Note: Depending answers provided for exhibit 1, exhibits 2-6 may be required.
- Exhibit 2 Allocation of physician compensation: hours.
- Exhibit 3 Hospital emergency departmental provider-based physician allowable availability service costs under hourly rate or salary arrangements-data elements.
- Exhibit 3A Hospital emergency departmental provider-based physician allowable availability service costs under hourly rate or salary arrangements-computation (2 pages).
- Exhibit 4 Hospital emergency department provider-based physician allowable unmet guarantee amounts under minimum guarantee arrangements - data elements.
- Exhibit 4A Hospital emergency department provider-based physician allowable unmet guarantee amounts under minimum guarantee arrangements computation (4 pages).
- Exhibit 5 Listing of Medicare bad debts and appropriate supporting data.
- Exhibit 6 Wage related cost core list (2 pages)

If Novitas has any questions regarding this submission, who may we contact?:

Name: JOSEPH M. LENO, CONSULTANT

Phone: (609) 448-7135

Email: jml@pmoconsulting.com

Transmittal Letter to Myers and Stauffer, LC. for Medicaid Cost Report

B

Pino Consulting Group, Inc.

110 Commons Way, Bldg. A
Toms River, NJ 08755
Tel. (609) 448-7135

May 24, 2022

VIA ELECTRONIC MAIL

NJ Department of Human Services
Division of Aging Services
PO Box 807
Trenton, NJ 08625-0807

RE: Preakness Healthcare Center
Medicaid Cost Report & Supplemental Schedules
Fiscal Year Ended December 31, 2021
Medicare Provider Number: 31-5361
Medicaid Provider Number: 16518
Molina Number: 4497309

SCNF-BMGT
Medicaid Provider Number: 1651B
Molina Number: 4497317

SCNF-VENT
Medicaid Provider Number: 1651V
Molina Number: 0253596

Dear Sir or Madam:

Preakness Healthcare Center, a department of Passaic County, has completed its Medicare/Medicaid cost report for the fiscal year ended December 31, 2021, using Form CMS-2540-10.

Enclosed please find the electronic Print Image file (PI), Electronic Cost Report file (SN) and a PDF file of the cost report.

Also, enclosed please find the **Supplemental Medicaid Schedules** as requested for the Medicaid Nursing Facility cost report for the fiscal year ended December 31, 2021. Preakness Healthcare Center is a governmental Class II nursing facility owned and operated by the County of Passaic, as such, there is no published financial statements for the Facility. Preakness Healthcare Center is a Department within the County government.

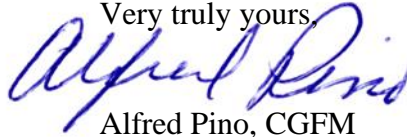
NJ Department of Human Services, Division of Aging Services

May 24, 2022

Page 2

We trust the documentation provided herein satisfies the Medicaid cost reporting requirements. If any additional information is required concerning the cost reports, please do not hesitate to contact me directly at (609) 448-7135.

Very truly yours,



Alfred Pino, CGFM
President

Enclosures

Cc: Anthony J. De Nova, Passaic County Administrator
Lucinda Corrado, Administrator, Preakness Healthcare Center
Robert Calise, Consultant, Preakness Healthcare Center
Richard Cahill, Director of Finance, Passaic County

Medicare Cost Report (Form CMS-2540-10)

C-1

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: 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/24/2022 4:39 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 3.01 No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only
 4. 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. First Cost Report for this Provider CCN
 8. Last Cost Report for this Provider CCN
 9. NPR Date: _____
 10. If line 4, column 1 is "4": Enter number of times reopened
 11. Contractor Vendor Code _____ 4
 12. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

Date: 5/24/2022 Time: 4:39 pm

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 PREAKNESS HEALTHCARE CENTER (315361) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	2		
<i>Luzinda Corrado, LUNA</i>	<input type="checkbox"/>	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

Encryption Information
 ECR: Date: 5/24/2022 Time: 4:39 pm
 hAqn2eFEmxrmASd24LXhZ1q172:w00
 ww17I0z01BfqT9CA1U86A:21WQmYvW
 3Rba0igAV50MI705

	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	81,165	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	81,165	0	0	100.00

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

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: 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/24/2022 4:39 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/24/2022 Time: 4:39 pm	
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No. _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN
	5. Date Received: _____	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 PREAKNESS HEALTHCARE CENTER (315361) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title 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	81,165	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	81,165	0	0	100.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:39 pm				
1.00		2.00		3.00				
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 305 OLDHAM ROAD	PO Box:				1.00		
2.00	City: WAYNE	State: NJ	Zip Code: 07470			2.00		
3.00	County: PASSAIC	CBSA Code: 35614	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	PREAKNESS HEALTHCARE CENTER	315361	01/01/1998	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)				9		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					2,846,844	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					2,846,844	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				Y	Y	N	29.00
30.00	Nursing Facility							30.00
31.00	ICF/IID							31.00
32.00	SNF-Based HHA				N	N		32.00
33.00	SNF-Based RHC					N		33.00
34.00	SNF-Based FQHC							34.00
35.00	SNF-Based CMHC					N		35.00
36.00	SNF-Based OLTC							36.00
				Y/N				
				1.00			2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					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. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:39 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. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 4:39 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.			N	12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	02/19/2021	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. : 315361

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2022 4:39 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.	JOSEPH	PI NO	19.00
20.00	Enter the employer/company name of the cost report preparer.	PI NO CONSULTING GROUP INC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6094487135	JMP@PINOCONSULTING.COM	21.00

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

Provider No. : 315361

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2022 4:39 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.)	02/19/2021		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.	CONSULTANT		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. : 315361

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

Worksheet S-3
 Part I
 Date/Time Prepared:
 5/24/2022 4:39 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	406	148,190	0	2,857	88,384	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	406	148,190	0	2,857	88,384	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	5,071	96,312	0	63	240	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	5,071	96,312	0	63	240	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	15	318	0.00	45.35	368.27	1.00
2.00	NURSING FACILITY	0	0	0.00	0	0	2.00
3.00	ICF/IID	0	0	0.00	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0	0	4.00
5.00	Other Long Term Care	0	0	0.00	0	0	5.00
6.00	SNF-Based CMHC	0	0	0.00	0	0	6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	15	318	0.00	45.35	368.27	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	302.87	0	149	143	41	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	302.87	0	149	143	41	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	333	516.89	0.00	1.00		
2.00	NURSING FACILITY	0	0.00	0.00	2.00		
3.00	ICF/IID	0	0.00	0.00	3.00		
4.00	HOME HEALTH AGENCY COST	0	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	0.00	0.00	6.00		
7.00	HOSPICE	0	0.00	0.00	7.00		
8.00	Total (Sum of lines 1-7)	333	516.89	0.00	8.00		

Provider No. : 315361

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 4:39 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)	27,202,635	0	27,202,635	1,075,137.55	25.30
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)	27,202,635	0	27,202,635	1,075,137.55	25.30
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)	27,202,635	0	27,202,635	1,075,137.55	25.30
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)	13,329,291	0	13,329,291		
18.00	Wage-related costs other (See Part IV)	1	0	1		
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)	13,329,292	0	13,329,292		

SNF WAGE INDEX INFORMATION

Provider No. : 315361

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 4:39 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	1,795,899	0	1,795,899	40,002.98	2.00
3.00	Plant Operation, Maintenance & Repairs	1,057,774	0	1,057,774	52,229.99	3.00
4.00	Laundry & Linen Service	110,011	0	110,011	5,174.97	4.00
5.00	Housekeeping	2,322,612	0	2,322,612	102,889.27	5.00
6.00	Dietary	3,278,502	0	3,278,502	141,397.26	6.00
7.00	Nursing Administration	0	0	0.00	0.00	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	528,925	0	528,925	15,005.43	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	1,026,458	0	1,026,458	41,032.84	13.00
14.00	Total (sum lines 1 thru 13)	10,120,181	0	10,120,181	397,732.74	14.00

SNF WAGE RELATED COSTS	Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 4:39 pm
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			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		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		0	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		0	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		0	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		1	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	GENERAL FRINGE BENEFITS		14,986,001	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315361

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2022 4:39 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)	5,577,857	0	5,577,857	132,803.39	42.00	1.00
2.00	Licensed Practical Nurses (LPNs)	2,196,119	0	2,196,119	73,524.80	29.87	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	9,543,004	0	9,543,004	448,326.77	21.29	3.00
4.00	Total Nursing (sum of lines 1 through 3)	17,316,980	0	17,316,980	654,654.96	26.45	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
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. : 315361

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

Worksheet S-7
Date/Time Prepared:
5/24/2022 4:39 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. : 315361

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

Worksheet S-7

Date/Time Prepared:
5/24/2022 4:39 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. : 315361

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

Worksheet A
Date/Time Prepared:
5/24/2022 4:39 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		114,922	114,922	0	114,922	1.00
2.00	00200		0	0	0	0	2.00
3.00	00300	0	0	0	0	0	3.00
4.00	00400	1,795,899	841,274	2,637,173	0	2,637,173	4.00
5.00	00500	1,057,774	280,256	1,338,030	0	1,338,030	5.00
6.00	00600	110,011	616,352	726,363	0	726,363	6.00
7.00	00700	2,322,612	181,028	2,503,640	0	2,503,640	7.00
8.00	00800	3,278,502	304,420	3,582,922	0	3,582,922	8.00
9.00	00900	0	0	0	0	0	9.00
10.00	01000	0	1,184,126	1,184,126	-15,692	1,168,434	10.00
11.00	01100	0	62,042	62,042	0	62,042	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	528,925	24,552	553,477	0	553,477	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	1,026,458	60,795	1,087,253	0	1,087,253	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,471,458	357,371	16,828,829	0	16,828,829	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	5,741	5,741	0	5,741	40.00
41.00	04100	0	22,233	22,233	0	22,233	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	976,835	976,835	0	976,835	43.00
44.00	04400	227,606	12,637	240,243	0	240,243	44.00
45.00	04500	290,910	0	290,910	0	290,910	45.00
46.00	04600	92,480	0	92,480	0	92,480	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	15,692	15,692	48.00
49.00	04900	0	123,621	123,621	0	123,621	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	39,171	39,171	0	39,171	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000	0	0	0	0	0	80.00
81.00	08100	0	0	0	0	0	81.00
82.00	08200	0	0	0	0	0	82.00
83.00	08300	0	0	0	0	0	83.00
89.00		27,202,635	5,207,376	32,410,011	0	32,410,011	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	2,058	2,058	0	2,058	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	143,920	143,920	0	143,920	95.00
100.00		27,202,635	5,353,354	32,555,989	0	32,555,989	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315361

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

Worksheet A
Date/Time Prepared:
5/24/2022 4:39 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	5,216,980	5,331,902	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	14,986,004	14,986,004	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,496,549	6,133,722	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	3,856,335	5,194,365	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	726,363	6.00
7.00	00700	HOUSEKEEPING	0	2,503,640	7.00
8.00	00800	DIETARY	0	3,582,922	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,168,434	10.00
11.00	01100	PHARMACY	0	62,042	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	553,477	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	0	1,087,253	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	16,828,829	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	5,741	40.00
41.00	04100	LABORATORY	0	22,233	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	976,835	43.00
44.00	04400	PHYSICAL THERAPY	0	240,243	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	290,910	45.00
46.00	04600	SPEECH PATHOLOGY	0	92,480	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,692	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	123,621	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	39,171	51.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
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					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	27,555,868	59,965,879	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,058	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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	143,920	95.00
100.00		TOTAL	27,555,868	60,111,857	100.00

Provider No. : 315361

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:39 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) A - DEFAULT					
		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	0	15,692	1.00
100.00	TOTALS			0	15,692	100.00
		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)				

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

RECLASSIFICATIONS

Provider No. : 315361

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:39 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
	(1) A - DEFAULT	6.00	7.00	8.00	9.00	
1.00		CENTRAL SERVICES & SUPPLY	10.00	0	15,692	1.00
100.00	TOTALS			0	15,692	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. : 315361

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

Worksheet A-7

Date/Time Prepared:
5/24/2022 4:39 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0	0	0	0	1.00
2.00 Land Improvements	0	0	0	0	0	2.00
3.00 Buildings and Fixtures	101,705,543	0	0	0	0	3.00
4.00 Building Improvements	0	0	0	0	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	0	0	0	0	0	6.00
7.00 Subtotal (sum of lines 1-6)	101,705,543	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)	101,705,543	0	0	0	0	9.00
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	0	0				
2.00 Land Improvements	0	0				
3.00 Buildings and Fixtures	101,705,543	0				
4.00 Building Improvements	0	0				
5.00 Fixed Equipment	0	0				
6.00 Movable Equipment	0	0				
7.00 Subtotal (sum of lines 1-6)	101,705,543	0				
8.00 Reconciling Items	0	0				
9.00 Total (line 7 minus line 8)	101,705,543	0				

ADJUSTMENTS TO EXPENSES

Provider No. : 315361

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 4:39 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line No.	
			Cost Center			
			1.00	2.00		
1.00 Investment income on restricted funds (chapter 2)		0			0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00 Television and radio service (chapter 21)		0			0.00	6.00
7.00 Parking lot (chapter 21)		0			0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	-16,703				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)				UTILIZATION REVIEW - SNF	82.00	22.00
23.00 Depreciation--buildings and fixtures	A	2,846,844		CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment				CAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00 Other adjustment (specify)		0			0.00	25.00
26.00 BUILDING INTEREST EXPENSE	A	2,214,656		CAP REL COSTS - BLDGS & FIXTURES	1.00	26.00
27.00 COUNTY CENTRAL SRVC EMPL FRINGE BEN	A	14,986,004		EMPLOYEE BENEFITS	3.00	27.00
28.00 COUNTY CENTRAL SERVICE COST ALLOC	A	155,480		CAP REL COSTS - BLDGS & FIXTURES	1.00	28.00
29.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,513,252		ADMINISTRATIVE & GENERAL	4.00	29.00
30.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,856,335		PLANT OPERATION, MAINT. & REPAIRS	5.00	30.00
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		27,555,868				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:39 pm

		Wkst. A Line No.	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		4.00	DR. K	33,501	1,088	1.00
2.00		4.00	DR. H	7,350	4,500	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
6.00		0.00		0	0	6.00
7.00		0.00		0	0	7.00
8.00		0.00		0	0	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
100.00				40,851	5,588	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:39 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	32,413	177,200	250	21,298	1,065	1.00
2.00	2,850	177,200	59	5,026	251	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
100.00	35,263		309	26,324	1,316	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:39 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	21,298	1.00
2.00	0	0	0	0	5,026	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
100.00	0	0	0	0	26,324	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:39 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	11,115	12,203	1.00
2.00	0	4,500	2.00
3.00	0	0	3.00
4.00	0	0	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	0	0	10.00
100.00	11,115	16,703	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	5,331,902	5,331,902			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0		0		2.00
3.00 00300	EMPLOYEE BENEFITS	14,986,004	0	0	14,986,004	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	6,133,722	374,245	0	989,366	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	5,194,365	491,873	0	582,731	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	726,363	509,342	0	60,605	6.00
7.00 00700	HOUSEKEEPING	2,503,640	77,469	0	1,279,534	7.00
8.00 00800	DIETARY	3,582,922	798,428	0	1,806,137	8.00
9.00 00900	NURSING ADMINISTRATION	0	30,918	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	1,168,434	0	0	0	10.00
11.00 01100	PHARMACY	62,042	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	553,477	37,469	0	291,386	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	1,087,253	231,807	0	565,479	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	16,828,829	2,714,464	0	9,074,166	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	5,741	0	0	0	40.00
41.00 04100	LABORATORY	22,233	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	976,835	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	240,243	33,766	0	125,389	44.00
45.00 04500	OCCUPATIONAL THERAPY	290,910	27,912	0	160,263	45.00
46.00 04600	SPEECH PATHOLOGY	92,480	4,209	0	50,948	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,692	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	123,621	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	39,171	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FQHC	0	0	0	0	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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	59,965,879	5,331,902	0	14,986,004	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	2,058	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	NON-REIMBURSABLE GERO-PSYCH GRANT	143,920	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	60,111,857	5,331,902	0	14,986,004	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	7,497,333				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	893,303	7,162,272			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	184,719	816,888	2,297,917		6.00	
7.00	00700	HOUSEKEEPING	550,126	124,246	0	4,535,015	7.00	
8.00	00800	DIETARY	881,692	1,280,527	0	933,464	9,283,170	8.00
9.00	00900	NURSING ADMINISTRATION	4,406	49,587	0	36,147	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	166,497	0	0	0	0	10.00
11.00	01100	PHARMACY	8,841	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	125,729	60,093	0	43,806	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	268,539	371,774	0	271,012	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,077,847	4,353,487	2,297,917	3,173,556	9,283,170	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	818	0	0	0	0	40.00
41.00	04100	LABORATORY	3,168	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	139,195	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	56,913	54,155	0	39,477	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	68,268	44,765	0	32,632	0	45.00
46.00	04600	SPEECH PATHOLOGY	21,038	6,750	0	4,921	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,236	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	17,615	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	5,582	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	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								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	7,476,532	7,162,272	2,297,917	4,535,015	9,283,170	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	293	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	NON-REIMBURSABLE GERO-PSYCH GRANT	20,508	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	7,497,333	7,162,272	2,297,917	4,535,015	9,283,170	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	121,058					9.00
10.00	01000	0	1,334,931				10.00
11.00	01100	0	0	70,883			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	1,111,960	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	121,058	1,334,931	70,883	0	1,111,960	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		121,058	1,334,931	70,883	0	1,111,960	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	TOTAL	121,058	1,334,931	70,883	0	1,111,960	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	Subtotal	Post Stepdown Adjustments	Total	
		PATIENT ACTIVITIES				
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY					10.00
11.00 01100	PHARMACY					11.00
12.00 01200	MEDICAL RECORDS & LIBRARY					12.00
13.00 01300	SOCIAL SERVICE					13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0				14.00
15.00 01500	PATIENT ACTIVITIES	0	2,795,864			15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	2,795,864	57,238,132	0	57,238,132 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	6,559	0	6,559 40.00
41.00 04100	LABORATORY	0	0	25,401	0	25,401 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	1,116,030	0	1,116,030 43.00
44.00 04400	PHYSICAL THERAPY	0	0	549,943	0	549,943 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	624,750	0	624,750 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	180,346	0	180,346 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	17,928	0	17,928 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	141,236	0	141,236 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	44,753	0	44,753 51.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0 60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0 61.00
62.00 06200	FOHC	0	0	0	0	0 62.00
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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	2,795,864	59,945,078	0	59,945,078 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	2,351	0	2,351 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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	164,428	0	164,428 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	0	2,795,864	60,111,857	0	60,111,857 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	374,245	0	374,245	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	491,873	0	491,873	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	509,342	0	509,342	6.00
7.00 00700	HOUSEKEEPING	0	77,469	0	77,469	7.00
8.00 00800	DIETARY	0	798,428	0	798,428	8.00
9.00 00900	NURSING ADMINISTRATION	0	30,918	0	30,918	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	37,469	0	37,469	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	0	231,807	0	231,807	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	2,714,464	0	2,714,464	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	33,766	0	33,766	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	27,912	0	27,912	45.00
46.00 04600	SPEECH PATHOLOGY	0	4,209	0	4,209	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	62.00
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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	5,331,902	0	5,331,902	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	0	0	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	5,331,902	0	5,331,902	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315361		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/24/2022 4:39 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	374,245				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	44,591	536,464			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	9,221	61,186	579,749		6.00	
7.00	00700	HOUSEKEEPING	27,461	9,306	0	114,236	7.00	
8.00	00800	DIETARY	44,012	95,913	0	23,514	961,867	8.00
9.00	00900	NURSING ADMINISTRATION	220	3,714	0	911	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	8,311	0	0	0	0	10.00
11.00	01100	PHARMACY	441	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	6,276	4,501	0	1,103	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	13,405	27,846	0	6,827	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	203,552	326,083	579,749	79,941	961,867	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	41	0	0	0	0	40.00
41.00	04100	LABORATORY	158	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	6,948	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,841	4,056	0	994	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	3,408	3,353	0	822	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,050	506	0	124	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	112	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	879	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	279	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
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								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	373,206	536,464	579,749	114,236	961,867	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	15	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	NON-REIMBURSABLE GERO-PSYCH GRANT	1,024	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	374,245	536,464	579,749	114,236	961,867	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	35,763					9.00
10.00	01000	0	8,311				10.00
11.00	01100	0	0	441			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	49,349	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	35,763	8,311	441	0	49,349	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		35,763	8,311	441	0	49,349	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	TOTAL	35,763	8,311	441	0	49,349	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	Subtotal	Post Step-Down Adjustments	Total	
		PATIENT ACTIVITIES				
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY					10.00
11.00 01100	PHARMACY					11.00
12.00 01200	MEDICAL RECORDS & LIBRARY					12.00
13.00 01300	SOCIAL SERVICE					13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0				14.00
15.00 01500	PATIENT ACTIVITIES	0	279,885			15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	279,885	5,239,405	0	5,239,405
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	41	0	41
41.00 04100	LABORATORY	0	0	158	0	158
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	6,948	0	6,948
44.00 04400	PHYSICAL THERAPY	0	0	41,657	0	41,657
45.00 04500	OCCUPATIONAL THERAPY	0	0	35,495	0	35,495
46.00 04600	SPEECH PATHOLOGY	0	0	5,889	0	5,889
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	112	0	112
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	879	0	879
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	279	0	279
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FOHC					62.00
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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	279,885	5,330,863	0	5,330,863
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	15	0	15
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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	1,024	0	1,024
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	0	279,885	5,331,902	0	5,331,902

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (\$ VALUE OR SQ FT)					
	1.00	2.00	3.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	168,486					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		0				2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	27,202,635			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	11,826	0	1,795,899	-7,497,333	52,614,524	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	15,543	0	1,057,774	0	6,268,969	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	16,095	0	110,011	0	1,296,310	6.00
7.00 00700	HOUSEKEEPING	2,448	0	2,322,612	0	3,860,643	7.00
8.00 00800	DIETARY	25,230	0	3,278,502	0	6,187,487	8.00
9.00 00900	NURSING ADMINISTRATION	977	0	0	0	30,918	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,168,434	10.00
11.00 01100	PHARMACY	0	0	0	0	62,042	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	1,184	0	528,925	0	882,332	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	7,325	0	1,026,458	0	1,884,539	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	SKILLED NURSING FACILITY	85,776	0	16,471,458	0	28,617,459	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00 04000	RADIOLOGY	0	0	0	0	5,741	40.00
41.00 04100	LABORATORY	0	0	0	0	22,233	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	976,835	43.00
44.00 04400	PHYSICAL THERAPY	1,067	0	227,606	0	399,398	44.00
45.00 04500	OCCUPATIONAL THERAPY	882	0	290,910	882	479,085	45.00
46.00 04600	SPEECH PATHOLOGY	133	0	92,480	0	147,637	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,692	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	123,621	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	39,171	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00 06000	CLINIC	0	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	0	62.00
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							
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00 08100	INTEREST EXPENSE						81.00
82.00 08200	UTILIZATION REVIEW - SNF						82.00
83.00 08300	HOSPICE	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	168,486	0	27,202,635	-7,497,333	52,468,546	89.00
NONREIMBURSABLE COST CENTERS							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	2,058	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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	0	0	143,920	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)	5,331,902	0	14,986,004		7,497,333	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	31.645965	0.000000	0.550903		0.142496	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		374,245	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.007113	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	NURSING ADMINISTRATION (PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	141,117				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	16,095	96,312			6.00
7.00	00700	HOUSEKEEPING	2,448	0	122,574		7.00
8.00	00800	DIETARY	25,230	0	25,230	96,312	8.00
9.00	00900	NURSING ADMINISTRATION	977	0	977	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	96,312	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	1,184	0	1,184	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	7,325	0	7,325	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	85,776	96,312	85,776	96,312	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,067	0	1,067	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	882	0	882	0	45.00
46.00	04600	SPEECH PATHOLOGY	133	0	133	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
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							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	141,117	96,312	122,574	96,312	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	NON-REIMBURSABLE GERO-PSYCH GRANT	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)	7,162,272	2,297,917	4,535,015	9,283,170	121,058
103.00		Unit cost multiplier (Wkst. B, Part I)	50.754140	23.859093	36.998181	96.386432	1.256936
104.00		Cost to be allocated (per Wkst. B, Part II)	536,464	579,749	114,236	961,867	35,763
105.00		Unit cost multiplier (Wkst. B, Part II)	3.801555	6.019489	0.931976	9.986990	0.371324

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	96,312					10.00
11.00	01100	0	96,312				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	96,312		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,312	96,312	0	96,312	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		96,312	96,312	0	96,312	0	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00							98.00
99.00							99.00
102.00		1,334,931	70,883	0	1,111,960	0	102.00
103.00		13.860485	0.735973	0.000000	11.545394	0.000000	103.00
104.00		8,311	441	0	49,349	0	104.00
105.00		0.086292	0.004579	0.000000	0.512387	0.000000	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1
Date/Time Prepared:
5/24/2022 4:39 pm

Cost Center Description		OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT_DAYS)	
		15.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	PATIENT ACTIVITIES	96,312
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	96,312
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	0
41.00	04100	LABORATORY	0
42.00	04200	INTRAVENOUS THERAPY	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0
44.00	04400	PHYSICAL THERAPY	0
45.00	04500	OCCUPATIONAL THERAPY	0
46.00	04600	SPEECH PATHOLOGY	0
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
73.00	07300	CMHC	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW - SNF	0
83.00	08300	HOSPICE	0
89.00		SUBTOTALS (sum of lines 1-84)	96,312
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	NON-REIMBURSABLE GERO-PSYCH GRANT	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
102.00		Cost to be allocated (per Wkst. B, Part I)	2,795,864
103.00		Unit cost multiplier (Wkst. B, Part I)	29.029238
104.00		Cost to be allocated (per Wkst. B, Part II)	279,885
105.00		Unit cost multiplier (Wkst. B, Part II)	2.906024

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 315361

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

Worksheet C
Date/Time Prepared:
5/24/2022 4:39 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	6,559	5,741	1.142484	40.00
41.00	04100	LABORATORY	25,401	22,233	1.142491	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,116,030	976,835	1.142496	43.00
44.00	04400	PHYSICAL THERAPY	549,943	240,243	2.289111	44.00
45.00	04500	OCCUPATIONAL THERAPY	624,750	290,910	2.147571	45.00
46.00	04600	SPEECH PATHOLOGY	180,346	92,480	1.950108	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,928	15,692	1.142493	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	141,236	123,621	1.142492	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	44,753	39,171	1.142503	51.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,706,946	1,806,926		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/24/2022 4:39 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)		
		2.00	3.00	4.00	5.00		
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	1.142484	565	0	646	0	40.00
41.00	04100 LABORATORY	1.142491	4,013	0	4,585	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.142496	15,871	0	18,133	0	43.00
44.00	04400 PHYSICAL THERAPY	2.289111	216,240	0	494,997	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	2.147571	148,670	0	319,279	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.950108	59,610	0	116,246	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142493	15,692	0	17,928	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.142492	93,904	0	107,285	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	1.142503	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FQHC						62.00
71.00	07100 AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		554,565	0	1,079,099	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. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/24/2022 4:39 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)		1.142492	1.00
2.00		Program vaccine charges (From your records, or the PS&R)		0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)		0	3.00

Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
		1.00	2.00	3.00	4.00	5.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	6,559	0	0.000000	646	0	40.00
41.00	04100	LABORATORY	25,401	0	0.000000	4,585	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,116,030	0	0.000000	18,133	0	43.00
44.00	04400	PHYSICAL THERAPY	549,943	0	0.000000	494,997	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	624,750	0	0.000000	319,279	0	45.00
46.00	04600	SPEECH PATHOLOGY	180,346	0	0.000000	116,246	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,928	0	0.000000	17,928	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	141,236	0	0.000000	107,285	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES	44,753	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	2,706,946	0		1,079,099	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 5/24/2022 4:39 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	96,312	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	2,857	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	57,238,132	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	35,121,850	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.629702	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	35,121,850	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	364.67	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)	57,238,132	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	594.30	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,697,915	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)	1,697,915	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)	5,239,405	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	54.40	21.00
22.00	Program capital related cost (Line 3 times line 21)	155,421	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,542,494	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)	1,542,494	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	96,312	1.00
2.00	Program inpatient days (see instructions)	2,857	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)	0.029664	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 XVIII		Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 5/24/2022 4:39 pm
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,273,678	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		2,273,678	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		272,685	5.00
6.00	Allowable bad debts (From your records)		188,311	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		188,311	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		122,402	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		2,123,395	11.00
12.00	Interim payments (See instructions)		2,042,230	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		0	14.75
14.99	Sequestration amount (see instructions)		0	14.99
15.00	Balance due provider/program (see Instructions)		81,165	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 XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 315361

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

Worksheet E-1

Date/Time Prepared:
5/24/2022 4:39 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,000,993			2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		41,237			3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,042,230		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		81,165		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,123,395		0	7.00
				Contractor Name		Contractor Number
				1.00		2.00
8.00	Name of Contractor					8.00

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

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

Provider No. : 315361

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

Worksheet G

Date/Time Prepared:
5/24/2022 4:39 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	0	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	0	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	0	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	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	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	0	0	0	0	23.00
24.00	Less: Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	0	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	1	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	1	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	0	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	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)	0	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	0	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1	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)	1	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315361

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

Worksheet G-1

Date/Time Prepared:
5/24/2022 4:39 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		0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		1				2.00
3.00	Total (sum of line 1 and line 2)		1		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		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)		1		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		1		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. : 315361

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

Worksheet G-2
Parts I-III
Date/Time Prepared:
5/24/2022 4:39 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	27,224,769		27,224,769	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)	27,224,769		27,224,769	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	0	0	0	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)	27,224,769	0	27,224,769	14.00
Cost Center Description			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			32,555,989	1.00
2.00	Add (Specify)		0		2.00
3.00	COUNTY-WIDE CENTRAL SERVICE		7,293,179		3.00
4.00	COUNTY-WIDE EMPLOYEE FRINGE BENEFIT		16,297,779		4.00
5.00	CAPITAL INTEREST EXPENSE		2,304,643		5.00
6.00	CAPITAL ASSET DEPRECIATION		3,018,639		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			28,914,240	8.00
9.00	Deduct (Specify)		0		9.00
10.00	CREDIT ADJ FOR MENTAL HLTH-INDIGENT		0		10.00
11.00	PHYSICIAN RCE DISALLOWANCE		24,631		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			24,631	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			61,445,598	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315361

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

Worksheet G-3

Date/Time Prepared:
5/24/2022 4:39 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	27,224,769	1.00
2.00	Less: contractual allowances and discounts on patients accounts	0	2.00
3.00	Net patient revenues (Line 1 minus line 2)	27,224,769	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	61,445,598	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-34,220,829	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	34,220,830	23.00
24.00	Other miscellaneous revenue (specify)	0	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	34,220,830	25.00
26.00	Total (Line 5 plus line 25)	1	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	1	31.00

Medicaid Cost Report (Form CMS-2540-10)

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: 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/24/2022 4:41 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 3.01 No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only
 4. 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. First Cost Report for this Provider CCN
 8. Last Cost Report for this Provider CCN
 9. NPR Date: _____
 10. If line 4, column 1 is "4": Enter number of times reopened
 11. Contractor Vendor Code 4
 12. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

Date: 5/24/2022 Time: 4:41 pm

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 PREAKNESS HEALTHCARE CENTER (315361) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1 <i>Luinda Corrado, L NNA</i>			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 <i>Luinda Corrado, L NNA</i>			2
3	Signatory Title <i>Exec Director</i>			3
4	Date <i>5/25/22</i>			4

Encryption Information
 ECR: Date: 5/24/2022 Time: 4:41 pm
 YXnKyLVLUZPdE2HDHSSyWthjdr1ez0
 HSSg.0mHrBKQ.14V0GHjyroe5pxMZf
 ZjjC0Gns80ImDih

	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	81,165	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0		4.00
5.00 SNF - BASED RHC I	0		0		5.00
6.00 SNF - BASED FQHC I	0		0		6.00
7.00 SNF - BASED CMHC I	0		0		7.00
100.00 TOTAL	0	81,165	0	0	100.00

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

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: 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/24/2022 4:41 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report Date: 5/24/2022 Time: 4:41 pm 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____ 6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PREAKNESS HEALTHCARE CENTER (315361) 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 XVIII			Title XIX	
	Title V	Part A	Part B		
	1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	81,165	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID	0			0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	81,165	0	0	100.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:41 pm			
1.00		2.00		3.00			
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:							
1.00	Street: 305 OLDHAM ROAD	PO Box:				1.00	
2.00	City: WAYNE	State: NJ	Zip Code: 07470			2.00	
3.00	County: PASSAIC	CBSA Code: 35614	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	PREAKNESS HEALTHCARE CENTER	315361	01/01/1998	N	P	N
5.00	Nursing Facility						
6.00	ICF/IID						
7.00	SNF-Based HHA						
8.00	SNF-Based RHC						
9.00	SNF-Based FQHC						
10.00	SNF-Based CMHC						
11.00	SNF-Based OLTC						
12.00	SNF-Based HOSPICE						
13.00	SNF-Based CORF						
				From:	To:		
14.00	Cost Reporting Period (mm/dd/yyyy)			1.00	2.00		
15.00	Type of Control (See Instructions)			01/01/2021	12/31/2021	14.00	
				9		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					2,846,844	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					2,846,844	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				Y	Y	N
30.00	Nursing Facility						
31.00	ICF/IID						
32.00	SNF-Based HHA				N	N	
33.00	SNF-Based RHC					N	
34.00	SNF-Based FQHC						
35.00	SNF-Based CMHC					N	
36.00	SNF-Based OLTC						
				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. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:41 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. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 4:41 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.			N	12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	02/19/2021	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. : 315361

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2022 4:41 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.	JOSEPH	PI NO	19.00
20.00	Enter the employer/company name of the cost report preparer.	PI NO CONSULTING GROUP INC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6094487135	JMP@PINOCONSULTING.COM	21.00

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

Provider No. : 315361

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/24/2022 4:41 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.)	02/19/2021		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.	CONSULTANT		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. : 315361

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

Worksheet S-3
 Part I
 Date/Time Prepared:
 5/24/2022 4:41 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	406	148,190	0	2,857	88,384	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	406	148,190	0	2,857	88,384	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	4,605	95,846	0	63	240	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	4,605	95,846	0	63	240	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	15	318	0.00	45.35	368.27	1.00
2.00	NURSING FACILITY	0	0	0.00	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	15	318	0.00	45.35	368.27	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	301.40	0	149	143	41	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	301.40	0	149	143	41	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	333	516.89	0.00	1.00		
2.00	NURSING FACILITY	0	0.00	0.00	2.00		
3.00	ICF/IID	0	0.00	0.00	3.00		
4.00	HOME HEALTH AGENCY COST	0	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	0.00	0.00	6.00		
7.00	HOSPICE	0	0.00	0.00	7.00		
8.00	Total (Sum of lines 1-7)	333	516.89	0.00	8.00		

Provider No. : 315361

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 4:41 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)	27,202,635	0	27,202,635	1,075,137.55	25.30
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)	27,202,635	0	27,202,635	1,075,137.55	25.30
7.00	Other Long Term Care	0	960,103	960,103	38,993.50	24.62
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	960,103	960,103	38,993.50	24.62
13.00	Total Adjusted Salaries (line 6 minus line 12)	27,202,635	-960,103	26,242,532	1,036,144.05	25.33
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)	13,329,291	-470,451	12,858,840		
18.00	Wage-related costs other (See Part IV)	1	0	1		
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)	13,329,292	-470,451	12,858,841		

SNF WAGE INDEX INFORMATION

Provider No. : 315361

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 4:41 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	1,795,899	0	1,795,899	40,002.98	2.00
3.00	Plant Operation, Maintenance & Repairs	1,057,774	0	1,057,774	52,229.99	3.00
4.00	Laundry & Linen Service	110,011	0	110,011	5,174.97	4.00
5.00	Housekeeping	2,322,612	0	2,322,612	102,889.27	5.00
6.00	Dietary	3,278,502	0	3,278,502	141,397.26	6.00
7.00	Nursing Administration	0	0	0.00	0.00	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	528,925	0	528,925	15,005.43	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	1,026,458	0	1,026,458	41,032.84	13.00
14.00	Total (sum lines 1 thru 13)	10,120,181	0	10,120,181	397,732.74	14.00

SNF WAGE RELATED COSTS		Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 4:41 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		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		0	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		0	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		0	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		1	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1	24.00
				Amount Reported
				1.00
Part B - Other than Core Related Cost				
25.00	GENERAL FRINGE BENEFITS		14,986,001	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315361

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2022 4:41 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)	5,577,857	0	5,577,857	132,803.39	42.00	1.00
2.00	Licensed Practical Nurses (LPNs)	2,196,119	0	2,196,119	73,524.80	29.87	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	9,543,004	0	9,543,004	448,326.77	21.29	3.00
4.00	Total Nursing (sum of lines 1 through 3)	17,316,980	0	17,316,980	654,654.96	26.45	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
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. : 315361

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

Worksheet S-7
Date/Time Prepared:
5/24/2022 4:41 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. : 315361

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

Worksheet S-7

Date/Time Prepared:
5/24/2022 4:41 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315361

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

Worksheet A
Date/Time Prepared:
5/24/2022 4:41 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		114,922	114,922	0	114,922	1.00
2.00	00200		0	0	0	0	2.00
3.00	00300	0	0	0	0	0	3.00
4.00	00400	1,795,899	841,274	2,637,173	0	2,637,173	4.00
5.00	00500	1,057,774	280,256	1,338,030	0	1,338,030	5.00
6.00	00600	110,011	616,352	726,363	0	726,363	6.00
7.00	00700	2,322,612	181,028	2,503,640	0	2,503,640	7.00
8.00	00800	3,278,502	304,420	3,582,922	0	3,582,922	8.00
9.00	00900	0	0	0	0	0	9.00
10.00	01000	0	1,184,126	1,184,126	-15,692	1,168,434	10.00
11.00	01100	0	62,042	62,042	0	62,042	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	528,925	24,552	553,477	0	553,477	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	1,026,458	60,795	1,087,253	0	1,087,253	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,471,458	357,371	16,828,829	-2,795,154	14,033,675	30.00
31.00	03100	0	0	0	1,835,051	1,835,051	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	960,103	960,103	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	5,741	5,741	0	5,741	40.00
41.00	04100	0	22,233	22,233	0	22,233	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	976,835	976,835	0	976,835	43.00
44.00	04400	227,606	12,637	240,243	0	240,243	44.00
45.00	04500	290,910	0	290,910	0	290,910	45.00
46.00	04600	92,480	0	92,480	0	92,480	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	15,692	15,692	48.00
49.00	04900	0	123,621	123,621	0	123,621	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	39,171	39,171	0	39,171	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000	0	0	0	0	0	80.00
81.00	08100	0	0	0	0	0	81.00
82.00	08200	0	0	0	0	0	82.00
83.00	08300	0	0	0	0	0	83.00
89.00		27,202,635	5,207,376	32,410,011	0	32,410,011	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	2,058	2,058	0	2,058	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	143,920	143,920	0	143,920	95.00
100.00		27,202,635	5,353,354	32,555,989	0	32,555,989	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315361

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

Worksheet A
Date/Time Prepared:
5/24/2022 4:41 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	5,216,980	5,331,902	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	14,986,004	14,986,004	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,496,549	6,133,722	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	3,856,335	5,194,365	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	726,363	6.00
7.00	00700	HOUSEKEEPING	0	2,503,640	7.00
8.00	00800	DIETARY	0	3,582,922	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,168,434	10.00
11.00	01100	PHARMACY	0	62,042	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	553,477	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	0	1,087,253	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	14,033,675	30.00
31.00	03100	NURSING FACILITY	0	1,835,051	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	960,103	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	5,741	40.00
41.00	04100	LABORATORY	0	22,233	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	976,835	43.00
44.00	04400	PHYSICAL THERAPY	0	240,243	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	290,910	45.00
46.00	04600	SPEECH PATHOLOGY	0	92,480	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,692	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	123,621	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	39,171	51.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC			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					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	27,555,868	59,965,879	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,058	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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	143,920	95.00
100.00		TOTAL	27,555,868	60,111,857	100.00

RECLASSIFICATIONS

Provider No. : 315361

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:41 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - DEFAULT					
1.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	0	15,692	1.00
2.00		NURSING FACILITY	31.00	1,835,051	0	2.00
3.00		OTHER LONG TERM CARE	33.00	960,103	0	3.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		2,795,154	15,692	100.00

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

RECLASSIFICATIONS

Provider No. : 315361

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:41 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - DEFAULT					
1.00		CENTRAL SERVICES & SUPPLY	10.00	0	15,692	1.00
2.00		SKILLED NURSING FACILITY	30.00	1,835,051	0	2.00
3.00		SKILLED NURSING FACILITY	30.00	960,103	0	3.00
	TOTALS					
100.00				2,795,154	15,692	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. : 315361

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

Worksheet A-7

Date/Time Prepared:
5/24/2022 4:41 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	101,705,543	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	101,705,543	0	0	0	7.00
8.00	Reconciling Items	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	101,705,543	0	0	0	9.00
Description		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	101,705,543	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	Subtotal (sum of lines 1-6)	101,705,543	0			7.00
8.00	Reconciling Items	0	0			8.00
9.00	Total (line 7 minus line 8)	101,705,543	0			9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 315361

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 4:41 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line No.	
			Cost Center			
			1.00	2.00		
1.00 Investment income on restricted funds (chapter 2)		0			0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00 Television and radio service (chapter 21)		0			0.00	6.00
7.00 Parking lot (chapter 21)		0			0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	-16,703				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)				UTILIZATION REVIEW - SNF	82.00	22.00
23.00 Depreciation--buildings and fixtures	A	2,846,844		CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment				OCAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00 Other adjustment (specify)		0			0.00	25.00
26.00 BUILDING INTEREST EXPENSE	A	2,214,656		CAP REL COSTS - BLDGS & FIXTURES	1.00	26.00
27.00 COUNTY CENTRAL SRVC EMPL FRINGE BEN	A	14,986,004		EMPLOYEE BENEFITS	3.00	27.00
28.00 COUNTY CENTRAL SERVICE COST ALLOC	A	155,480		CAP REL COSTS - BLDGS & FIXTURES	1.00	28.00
29.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,513,252		ADMINISTRATIVE & GENERAL	4.00	29.00
30.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,856,335		PLANT OPERATION, MAINT. & REPAIRS	5.00	30.00
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		27,555,868				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:41 pm

	Wkst. A Line No.	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	DR. K	33,501	1,088	1.00
2.00	4.00	DR. H	7,350	4,500	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	0.00		0	0	5.00
6.00	0.00		0	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
100.00			40,851	5,588	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:41 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	32,413	177,200	250	21,298	1,065	1.00
2.00	2,850	177,200	59	5,026	251	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
100.00	35,263		309	26,324	1,316	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:41 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	21,298	1.00
2.00	0	0	0	0	5,026	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
100.00	0	0	0	0	26,324	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:41 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	11,115	12,203	1.00
2.00	0	4,500	2.00
3.00	0	0	3.00
4.00	0	0	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	0	0	10.00
100.00	11,115	16,703	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	5,331,902	5,331,902			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0		0		2.00
3.00 00300	EMPLOYEE BENEFITS	14,986,004	0	0	14,986,004	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	6,133,722	374,245	0	989,366	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	5,194,365	491,873	0	582,731	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	726,363	509,342	0	60,605	6.00
7.00 00700	HOUSEKEEPING	2,503,640	77,469	0	1,279,534	7.00
8.00 00800	DIETARY	3,582,922	798,428	0	1,806,137	8.00
9.00 00900	NURSING ADMINISTRATION	0	30,918	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	1,168,434	0	0	0	10.00
11.00 01100	PHARMACY	62,042	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	553,477	37,469	0	291,386	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	1,087,253	231,807	0	565,479	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	14,033,675	2,714,464	0	7,623,124	30.00
31.00 03100	NURSING FACILITY	1,835,051	0	0	951,315	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	960,103	0	0	499,727	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	5,741	0	0	0	40.00
41.00 04100	LABORATORY	22,233	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	976,835	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	240,243	33,766	0	125,389	44.00
45.00 04500	OCCUPATIONAL THERAPY	290,910	27,912	0	160,263	45.00
46.00 04600	SPEECH PATHOLOGY	92,480	4,209	0	50,948	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,692	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	123,621	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	39,171	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FQHC	0	0	0	0	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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	59,965,879	5,331,902	0	14,986,004	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	2,058	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	NON-REIMBURSABLE GERO-PSYCH GRANT	143,920	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	60,111,857	5,331,902	0	14,986,004	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	7,497,333				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	893,303	7,162,272			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	184,719	816,888	2,297,917		6.00	
7.00	00700	HOUSEKEEPING	550,126	124,246	0	4,535,015	7.00	
8.00	00800	DIETARY	881,692	1,280,527	0	933,464	9,283,170	8.00
9.00	00900	NURSING ADMINISTRATION	4,406	49,587	0	36,147	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	166,497	0	0	0	0	10.00
11.00	01100	PHARMACY	8,841	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	125,729	60,093	0	43,806	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	268,539	371,774	0	271,012	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,472,781	4,353,487	2,128,518	3,173,556	8,598,826	30.00
31.00	03100	NURSING FACILITY	397,046	0	113,712	0	459,378	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	208,020	0	55,687	0	224,966	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	818	0	0	0	0	40.00
41.00	04100	LABORATORY	3,168	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	139,195	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	56,913	54,155	0	39,477	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	68,268	44,765	0	32,632	0	45.00
46.00	04600	SPEECH PATHOLOGY	21,038	6,750	0	4,921	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,236	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	17,615	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	5,582	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	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								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	7,476,532	7,162,272	2,297,917	4,535,015	9,283,170	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	293	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	NON-REIMBURSABLE GERO-PSYCH GRANT	20,508	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	7,497,333	7,162,272	2,297,917	4,535,015	9,283,170	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	121,058					9.00
10.00	01000	0	1,334,931				10.00
11.00	01100	0	0	70,883			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	1,111,960	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	112,133	1,236,522	65,657	0	1,029,988	30.00
31.00	03100	5,991	66,059	3,508	0	55,025	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	2,934	32,350	1,718	0	26,947	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		121,058	1,334,931	70,883	0	1,111,960	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		121,058	1,334,931	70,883	0	1,111,960	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
		14.00 15.00 16.00 17.00 18.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY					10.00
11.00 01100	PHARMACY					11.00
12.00 01200	MEDICAL RECORDS & LIBRARY					12.00
13.00 01300	SOCIAL SERVICE					13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0				14.00
15.00 01500	PATIENT ACTIVITIES	0	2,795,864			15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	2,589,757	51,132,488	0	51,132,488 30.00
31.00 03100	NURSING FACILITY	0	138,353	4,025,438	0	4,025,438 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	67,754	2,080,206	0	2,080,206 33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	6,559	0	6,559 40.00
41.00 04100	LABORATORY	0	0	25,401	0	25,401 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	1,116,030	0	1,116,030 43.00
44.00 04400	PHYSICAL THERAPY	0	0	549,943	0	549,943 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	624,750	0	624,750 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	180,346	0	180,346 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	17,928	0	17,928 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	141,236	0	141,236 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	44,753	0	44,753 51.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0 60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0 61.00
62.00 06200	FOHC					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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	2,795,864	59,945,078	0	59,945,078 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	2,351	0	2,351 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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	164,428	0	164,428 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	0	2,795,864	60,111,857	0	60,111,857 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	374,245	0	374,245	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	491,873	0	491,873	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	509,342	0	509,342	6.00
7.00 00700	HOUSEKEEPING	0	77,469	0	77,469	7.00
8.00 00800	DIETARY	0	798,428	0	798,428	8.00
9.00 00900	NURSING ADMINISTRATION	0	30,918	0	30,918	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	37,469	0	37,469	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	0	231,807	0	231,807	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	2,714,464	0	2,714,464	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	33,766	0	33,766	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	27,912	0	27,912	45.00
46.00 04600	SPEECH PATHOLOGY	0	4,209	0	4,209	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	62.00
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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	5,331,902	0	5,331,902	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	0	0	95.00
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	5,331,902	0	5,331,902	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315361		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/24/2022 4:41 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	374,245				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	44,591	536,464			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	9,221	61,186	579,749		6.00	
7.00	00700	HOUSEKEEPING	27,461	9,306	0	114,236	7.00	
8.00	00800	DIETARY	44,012	95,913	0	23,514	961,867	8.00
9.00	00900	NURSING ADMINISTRATION	220	3,714	0	911	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	8,311	0	0	0	0	10.00
11.00	01100	PHARMACY	441	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	6,276	4,501	0	1,103	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	13,405	27,846	0	6,827	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	173,349	326,083	537,011	79,941	890,959	30.00
31.00	03100	NURSING FACILITY	19,819	0	28,689	0	47,598	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	10,384	0	14,049	0	23,310	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	41	0	0	0	0	40.00
41.00	04100	LABORATORY	158	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	6,948	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,841	4,056	0	994	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	3,408	3,353	0	822	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,050	506	0	124	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	112	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	879	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	279	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						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								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	373,206	536,464	579,749	114,236	961,867	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	15	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	NON-REIMBURSABLE GERO-PSYCH GRANT	1,024	0	0	0	0	95.00
98.00		Cross Foot Adjustments			0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	374,245	536,464	579,749	114,236	961,867	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	35,763					9.00
10.00	01000	0	8,311				10.00
11.00	01100	0	0	441			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	49,349	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	33,126	7,699	408	0	45,711	30.00
31.00	03100	1,770	411	22	0	2,442	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	867	201	11	0	1,196	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		35,763	8,311	441	0	49,349	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	TOTAL	35,763	8,311	441	0	49,349	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	Subtotal	Post Step-Down Adjustments	Total	
		PATIENT ACTIVITIES				
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS					3.00
4.00 00400	ADMINISTRATIVE & GENERAL					4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00 00600	LAUNDRY & LINEN SERVICE					6.00
7.00 00700	HOUSEKEEPING					7.00
8.00 00800	DIETARY					8.00
9.00 00900	NURSING ADMINISTRATION					9.00
10.00 01000	CENTRAL SERVICES & SUPPLY					10.00
11.00 01100	PHARMACY					11.00
12.00 01200	MEDICAL RECORDS & LIBRARY					12.00
13.00 01300	SOCIAL SERVICE					13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0				14.00
15.00 01500	PATIENT ACTIVITIES	0	279,885			15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	259,252	5,068,003	0	5,068,003
31.00 03100	NURSING FACILITY	0	13,850	114,601	0	114,601
32.00 03200	ICF/IID	0	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	6,783	56,801	0	56,801
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	41	0	41
41.00 04100	LABORATORY	0	0	158	0	158
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	6,948	0	6,948
44.00 04400	PHYSICAL THERAPY	0	0	41,657	0	41,657
45.00 04500	OCCUPATIONAL THERAPY	0	0	35,495	0	35,495
46.00 04600	SPEECH PATHOLOGY	0	0	5,889	0	5,889
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	112	0	112
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	879	0	879
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	279	0	279
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00 06200	FOHC					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						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW - SNF					82.00
83.00 08300	HOSPICE	0	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	0	279,885	5,330,863	0	5,330,863
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	15	0	15
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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	1,024	0	1,024
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	0	279,885	5,331,902	0	5,331,902

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (\$ VALUE OR SQ FT)					
	1.00	2.00	3.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	168,486					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		0				2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	27,202,635			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	11,826	0	1,795,899	-7,497,333	52,614,524	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	15,543	0	1,057,774	0	6,268,969	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	16,095	0	110,011	0	1,296,310	6.00
7.00 00700	HOUSEKEEPING	2,448	0	2,322,612	0	3,860,643	7.00
8.00 00800	DIETARY	25,230	0	3,278,502	0	6,187,487	8.00
9.00 00900	NURSING ADMINISTRATION	977	0	0	0	30,918	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,168,434	10.00
11.00 01100	PHARMACY	0	0	0	0	62,042	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	1,184	0	528,925	0	882,332	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	7,325	0	1,026,458	0	1,884,539	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	SKILLED NURSING FACILITY	85,776	0	13,837,525	0	24,371,263	30.00
31.00 03100	NURSING FACILITY	0	0	1,726,828	0	2,786,366	31.00
32.00 03200	ICF/IID	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	907,105	0	1,459,830	33.00
ANCILLARY SERVICE COST CENTERS							
40.00 04000	RADIOLOGY	0	0	0	0	5,741	40.00
41.00 04100	LABORATORY	0	0	0	0	22,233	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	976,835	43.00
44.00 04400	PHYSICAL THERAPY	1,067	0	227,606	0	399,398	44.00
45.00 04500	OCCUPATIONAL THERAPY	882	0	290,910	882	479,085	45.00
46.00 04600	SPEECH PATHOLOGY	133	0	92,480	0	147,637	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,692	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	123,621	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	39,171	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00 06000	CLINIC	0	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00 06200	FOHC	0	0	0	0	0	62.00
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							
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00 08100	INTEREST EXPENSE						81.00
82.00 08200	UTILIZATION REVIEW - SNF						82.00
83.00 08300	HOSPICE	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	168,486	0	27,202,635	-7,497,333	52,468,546	89.00
NONREIMBURSABLE COST CENTERS							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	2,058	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	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	0	0	143,920	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)	5,331,902	0	14,986,004		7,497,333	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	31.645965	0.000000	0.550903		0.142496	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		374,245	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.007113	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	NURSING ADMINISTRATION (PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	141,117				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	16,095	96,312			6.00
7.00	00700	HOUSEKEEPING	2,448	0	122,574		7.00
8.00	00800	DIETARY	25,230	0	25,230	96,312	8.00
9.00	00900	NURSING ADMINISTRATION	977	0	977	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	96,312	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	1,184	0	1,184	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	7,325	0	7,325	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	85,776	89,212	85,776	89,212	30.00
31.00	03100	NURSING FACILITY	0	4,766	0	4,766	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	2,334	0	2,334	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	1,067	0	1,067	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	882	0	882	0	45.00
46.00	04600	SPEECH PATHOLOGY	133	0	133	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
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							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	141,117	96,312	122,574	96,312	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	NON-REIMBURSABLE GERO-PSYCH GRANT	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)	7,162,272	2,297,917	4,535,015	9,283,170	121,058
103.00		Unit cost multiplier (Wkst. B, Part I)	50.754140	23.859093	36.998181	96.386432	1.256936
104.00		Cost to be allocated (per Wkst. B, Part II)	536,464	579,749	114,236	961,867	35,763
105.00		Unit cost multiplier (Wkst. B, Part II)	3.801555	6.019489	0.931976	9.986990	0.371324

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	96,312					10.00
11.00	01100	0	96,312				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	96,312		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	89,212	89,212	0	89,212	0	30.00
31.00	03100	4,766	4,766	0	4,766	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	2,334	2,334	0	2,334	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
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							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		96,312	96,312	0	96,312	0	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00							98.00
99.00							99.00
102.00		1,334,931	70,883	0	1,111,960	0	102.00
103.00		13.860485	0.735973	0.000000	11.545394	0.000000	103.00
104.00		8,311	441	0	49,349	0	104.00
105.00		0.086292	0.004579	0.000000	0.512387	0.000000	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

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

Worksheet B-1
Date/Time Prepared:
5/24/2022 4:41 pm

Cost Center Description		OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT_DAYS)	
		15.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	PATIENT ACTIVITIES	96,312
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	89,212
31.00	03100	NURSING FACILITY	4,766
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	2,334
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	0
41.00	04100	LABORATORY	0
42.00	04200	INTRAVENOUS THERAPY	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0
44.00	04400	PHYSICAL THERAPY	0
45.00	04500	OCCUPATIONAL THERAPY	0
46.00	04600	SPEECH PATHOLOGY	0
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
73.00	07300	CMHC	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW - SNF	0
83.00	08300	HOSPICE	0
89.00		SUBTOTALS (sum of lines 1-84)	96,312
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	NON-REIMBURSABLE GERO-PSYCH GRANT	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
102.00		Cost to be allocated (per Wkst. B, Part I)	2,795,864
103.00		Unit cost multiplier (Wkst. B, Part I)	29.029238
104.00		Cost to be allocated (per Wkst. B, Part II)	279,885
105.00		Unit cost multiplier (Wkst. B, Part II)	2.906024

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 315361

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

Worksheet C
Date/Time Prepared:
5/24/2022 4:41 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	6,559	5,741	1.142484	40.00
41.00	04100	LABORATORY	25,401	22,233	1.142491	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,116,030	976,835	1.142496	43.00
44.00	04400	PHYSICAL THERAPY	549,943	240,243	2.289111	44.00
45.00	04500	OCCUPATIONAL THERAPY	624,750	290,910	2.147571	45.00
46.00	04600	SPEECH PATHOLOGY	180,346	92,480	1.950108	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,928	15,692	1.142493	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	141,236	123,621	1.142492	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	44,753	39,171	1.142503	51.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,706,946	1,806,926		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/24/2022 4:41 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)	
		2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST						
ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADIOLOGY	1.142484	565	0	646	0 40.00
41.00	04100 LABORATORY	1.142491	4,013	0	4,585	0 41.00
42.00	04200 INTRAVENOUS THERAPY	0.000000	0	0	0	0 42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.142496	15,871	0	18,133	0 43.00
44.00	04400 PHYSICAL THERAPY	2.289111	216,240	0	494,997	0 44.00
45.00	04500 OCCUPATIONAL THERAPY	2.147571	148,670	0	319,279	0 45.00
46.00	04600 SPEECH PATHOLOGY	1.950108	59,610	0	116,246	0 46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142493	15,692	0	17,928	0 48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.142492	93,904	0	107,285	0 49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00
51.00	05100 SUPPORT SURFACES	1.142503	0	0	0	0 51.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLINIC	0.000000	0	0	0	0 60.00
61.00	06100 RURAL HEALTH CLINIC					61.00
62.00	06200 FQHC					62.00
71.00	07100 AMBULANCE (2)	0.000000		0		0 71.00
100.00	Total (Sum of lines 40 - 71)		554,565	0	1,079,099	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. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/24/2022 4:41 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)		1.142492	1.00
2.00		Program vaccine charges (From your records, or the PS&R)		0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)		0	3.00

Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
		1.00	2.00	3.00	4.00	5.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	6,559	0	0.000000	646	0	40.00
41.00	04100	LABORATORY	25,401	0	0.000000	4,585	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,116,030	0	0.000000	18,133	0	43.00
44.00	04400	PHYSICAL THERAPY	549,943	0	0.000000	494,997	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	624,750	0	0.000000	319,279	0	45.00
46.00	04600	SPEECH PATHOLOGY	180,346	0	0.000000	116,246	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,928	0	0.000000	17,928	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	141,236	0	0.000000	107,285	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES	44,753	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	2,706,946	0		1,079,099	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-III Date/Time Prepared: 5/24/2022 4:41 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		95,846	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		2,857	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		51,132,488	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		35,121,850	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.455860	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		35,121,850	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		366.44	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)		51,132,488	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		533.49	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,524,181	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)		1,524,181	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)		5,068,003	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		52.88	21.00
22.00	Program capital related cost (Line 3 times line 21)		151,078	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,373,103	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)		1,373,103	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		95,846	1.00
2.00	Program inpatient days (see instructions)		2,857	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)		0.029808	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 XVIII		Provider No. : 315361	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 5/24/2022 4:41 pm
		Title XVIII	Skilled Nursing Facility	PPS

		1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)	2,273,678	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	2,273,678	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	0	5.00
6.00	Allowable bad debts (From your records)	272,685	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	188,311	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	188,311	8.00
9.00	Recovery of bad debts - for statistical records only	122,402	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	0	11.00
12.00	Interim payments (See instructions)	2,123,395	12.00
13.00	Tentative adjustment	2,042,230	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	81,165	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 XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 315361

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

Worksheet E-1

Date/Time Prepared:
5/24/2022 4:41 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,000,993 41,237			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,042,230			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	PROGRAM TO PROVIDER		81,165			0 6.01
6.02	PROVIDER TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,123,395			0 7.00
				Contractor Name		Contractor Number
				1.00		2.00
8.00	Name of Contractor					0 8.00

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

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

Provider No. : 315361

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

Worksheet G

Date/Time Prepared:
5/24/2022 4:41 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	0	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	0	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	0	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	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	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	0	0	0	0	23.00
24.00	Less: Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	0	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	1	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	1	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	0	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	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)	0	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	0	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1	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)	1	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315361

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

Worksheet G-1

Date/Time Prepared:
5/24/2022 4:41 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		0		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		1			2.00
3.00	Total (sum of line 1 and line 2)		1		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)		1		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)		1		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. : 315361

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

Worksheet G-2
Parts I-III
Date/Time Prepared:
5/24/2022 4:41 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	27,224,769		27,224,769	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)	27,224,769		27,224,769	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	0	0	0	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)	27,224,769	0	27,224,769	14.00
Cost Center Description			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			32,555,989	1.00
2.00	Add (Specify)		0		2.00
3.00	COUNTY-WIDE CENTRAL SERVICE		7,293,179		3.00
4.00	COUNTY-WIDE EMPLOYEE FRINGE BENEFIT		16,297,779		4.00
5.00	CAPITAL INTEREST EXPENSE		2,304,643		5.00
6.00	CAPITAL ASSET DEPRECIATION		3,018,639		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			28,914,240	8.00
9.00	Deduct (Specify)		0		9.00
10.00	CREDIT ADJ FOR MENTAL HLTH-INDIGENT		0		10.00
11.00	PHYSICIAN RCE DISALLOWANCE		24,631		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			24,631	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			61,445,598	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315361

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

Worksheet G-3

Date/Time Prepared:
5/24/2022 4:41 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	27,224,769	1.00
2.00	Less: contractual allowances and discounts on patients accounts	0	2.00
3.00	Net patient revenues (Line 1 minus line 2)	27,224,769	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	61,445,598	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-34,220,829	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	34,220,830	23.00
24.00	Other miscellaneous revenue (specify)	0	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	34,220,830	25.00
26.00	Total (Line 5 plus line 25)	1	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	1	31.00

Supplemental Schedules Required by the Medicaid Program

D

**New Jersey Department of Human Services
Nursing Facility Rate Setting and Reimbursement
CERTIFICATION SCHEDULE E**

CERTIFICATION BY TRUSTEE, OWNER, OFFICER, PARTNER OR ADMINISTRATOR OF PROVIDER

Facility Name: Preakness Healthcare Center

Street Address: 305 Oldham Road

City: Wayne State: New Jersey Zip: 07470

DHS Number: 16518

Molina Number: 4497309

Cost Report FYE: 12/31/21

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT
MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report, supporting schedules, and financial information prepared for the facility with a Cost Report period beginning on 01/01/2021 and ending on 12/31/2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the providers(s) in accordance with N.J.A.C. 8:85, and the CMS Provider Reimbursement Manual.

Printed Name: Lucinda Corrado

Title: Executive Director

Signature: Lucinda Corrado, LANA

Date Signed: 5/25/22

Phone Number: 973-904-5000 973-585-2169

Email Address: lcorrado@passaiccountynj.org

**New Jersey Department of Human Services
Nursing Facility Rate Setting and Reimbursement
CERTIFICATION SCHEDULE E**

CERTIFICATION BY TRUSTEE, OWNER, OFFICER, PARTNER OR ADMINISTRATOR OF PROVIDER

Facility Name: Preakness Healthcare Center

Street Address: 305 Oldham Road

City: Wayne State: New Jersey Zip: 07470

DHS Number: 16518

Molina Number: 4497309

Cost Report FYE: 12/31/21

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT
MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report, supporting schedules, and financial information prepared for the facility with a Cost Report period beginning on 01/01/2021 and ending on 12/31/2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the providers(s) in accordance with N.J.A.C. 8:85, and the CMS Provider Reimbursement Manual.

Printed Name: Lucinda Corrado

Title: Executive Director

Signature: _____

Date Signed: _____

Phone Number: 973-904-5000

Email Address: lcorrado@passaiccountynj.org

Medicare Bad Debt Claims
(Listings on File with Provider & Available Upon Request)

Supporting Working Papers

Reconciliation of Reported Costs to Financial Statements

Trial Balance of Expenses

Passaic County – Current Fund Budget Account Status Report

Passaic County – Prior Year Appropriation Reserves Budget Account Status Report

Passaic County – Grant Fund Budget Account Status Report

Schedule of Patient Days and Revenues

Analysis of Salaries, FTE's and Hours by Cost Center

Skilled Nursing Facility Salaries and Hours

Passaic County Capital Asset Inventory – Preakness Healthcare Center

Passaic County, New Jersey, Central Service Cost Allocation Plan:

Computation of Preakness Healthcare Center Calendar Year 2021 Fixed Employee Fringe Benefit Rate with Carry-Forward Adjustment (Final 2019 Rate and Provisional 2021 Rate)

Computation of Preakness Healthcare Center Calendar Year 2021 Fixed Indirect Cost with Carry-Forward Adjustment (Final 2019 Costs and Provisional 2021 Costs)

Medicare Provider Statistical & Reimbursement System Reports – Provider Summary Reports

Analysis of Total Charges and Medicare Charges

F

**PREAKNESS HEALTHCARE CENTER
RECONCILIATION OF REPORTED COSTS TO FINANCIAL STATEMENTS**

	CALENDAR YEAR 2021		
	PER COUNTY FINANCIAL STATEMENTS	PER NF COST REPORT	DIFFERENCE
<u>SALARIES AND WAGES</u>			
PAID FROM CURRENT FUND	\$ 27,200,016.19	\$ 27,200,016.19	\$ -
PAID FROM PRIOR YEAR RESERVES FUND	(191,670.61)	(191,670.61)	-
PAID FROM GRANT FUND (GERO-PSYCH GRANT)	194,290.00	194,290.00	-
TOTAL SALARIES AND WAGES	\$ 27,202,635.58	\$ 27,202,635.58	\$ -
<u>OTHER EXPENSES</u>			
PAID FROM CURRENT FUND	4,363,654.13	4,363,654.13	\$ -
PAID FROM PRIOR YEAR RESERVES FUND	845,778.27	845,778.27	\$ -
PAID FROM GRANT FUND (GERO-PSYCH GRANT)	143,920.00	143,920.00	\$ -
TOTAL OTHER EXPENSES	\$ 5,353,352.40	\$ 5,353,352.40	\$ -
TOTAL DIRECT COSTS, EXCLUDING OTHER COST REPORT ADJUSTMENTS	\$ 32,555,987.98	\$ 32,555,987.98	\$ -
<u>OTHER COST REPORT ADJUSTMENTS</u>			
COUNTY-WIDE CENTRAL SERVICE COSTS:		\$ 7,525,067.00	
COUNTY-WIDE EMPLOYEE FRINGE BENEFITS COSTS		14,986,004.00	
CAPITAL INTEREST EXPENSE		2,214,656.26	
CAPITAL ASSET DEPRECIATION		2,846,843.66	
CREDIT ADJ. FOR MENTAL HEALTH-INDIGENT CARE REV.		-	
PHYSICIAN RCE DISALLOWANCE (W/S A-8-2)		(16,703.00)	
ROUNDING		1.10	
TOTAL OTHER COST REPORT ADJUSTMENTS		\$ 27,555,869.02	
TOTAL COSTS REPORTED		\$ 60,111,857.00	
PER CMS-2540, SCHEDULE A, COLUMN 7		\$ 60,111,857.00	
DIFFERENCE		\$ -	

**PREAKNESS HEALTHCARE CENTER
TRIAL BALANCE OF EXPENSES
CALENDAR YEAR 2021**

EXPENSE ACCOUNT DESCRIPTION	ACCOUNT NUMBER	NET EXPENDED IN CALENDAR YEAR 2021				ADJUSTMENTS	RECLASSIFIED	REF	ADJUSTED TOTAL	MEDICARE COST REPORT COST CENTER	ADJUSTED TOTAL
		CURRENT FUND	RESERVE FUND	GRANT FUND	TOTAL PAID						
SALARIES & WAGES:											
BASE PAY	Y-01-27-172-001-101	24,102,075.10	(11,819.34)	194,290.00	24,284,545.76			24,284,545.76	SEE ATTACHED WORKSHEET		
OVERTIME	Y-01-27-172-001-105	2,849,560.45	(179,851.27)		2,669,709.18			2,669,709.18	SEE ATTACHED WORKSHEET		
UNIFORM ALLOWANCE	Y-01-27-172-001-1UA	248,380.64	-		248,380.64			248,380.64	SEE ATTACHED WORKSHEET		
GERO-PSYCH GRANT FUND-SALARIES	G-01-41-713-016-101	-	-	-	-			-	NON-REIMBURSEABLE GERO-PYSCH GRANT		
TOTAL SALARIES & WAGES		27,200,016.19	(191,670.61)	194,290.00	27,202,635.58			27,202,635.58		27,202,635.58	
OTHER EXPENSES:											
ADVERTISING	Y-01-27-172-001-201	22,113.85	1,942.42		24,056.27			24,056.27	ADMINISTRATIVE & GENERAL	24,056.27	
BUILDING MAINTENANCE	Y-01-27-172-001-207	42,030.95	21,268.73		63,299.68			63,299.68	PLANT OPERATION, MAINT. & REPAIRS	63,299.68	
CONFERENCES	Y-01-27-172-001-211	2,093.00	-		2,093.00			2,093.00	ADMINISTRATIVE & GENERAL	2,093.00	
CONTRACTED SERVICES:	Y-01-27-172-001-213	1,346,361.50	520,770.23		1,867,131.73	(1,777,946.98)	(A)	89,184.75	ADMINISTRATIVE & GENERAL	89,184.75	
ACCOUNTING	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
BILLING SERVICES	Y-01-27-172-001-213	-	-		-	107,108.96	(A)	107,108.96	ADMINISTRATIVE & GENERAL	107,108.96	
C.N.A. REIMBURSEMENT	Y-01-27-172-001-213	-	-		-	2,716.00	(A)	2,716.00	ADMINISTRATIVE & GENERAL	2,716.00	
CABLE TV	Y-01-27-172-001-213	-	-		-	47,999.13	(A)	47,999.13	PATIENT ACTIVITIES	47,999.13	
CLOTHING	Y-01-27-172-001-213	-	-		-	2,222.48	(A)	2,222.48	ADMINISTRATIVE & GENERAL	2,222.48	
COPIER	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
DIAGNOSTIC TESTING (X-Ray)	Y-01-27-172-001-213	-	-		-	4,664.49	(A)	4,664.49	RADIOLOGY	4,664.49	
DN CONTRACTED SERVICE	Y-01-27-172-001-213	-	-		-	(4,640.00)	(A)	(4,640.00)	SKILLED NURSING FACILITY	(4,640.00)	
EMPLOYEE REIMBURSEMENT	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
ADMINISTRATIVE MONITORING SERVICE	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
EXPERT EVALUATIONS	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
EZ PASS	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
FIRE SAFETY	Y-01-27-172-001-213	-	-		-	36,131.90	(A)	36,131.90	PLANT OPERATION, MAINT. & REPAIRS	36,131.90	
LAB	Y-01-27-172-001-213	-	-		-	22,233.09	(A)	22,233.09	LABORATORY	22,233.09	
LAB WORK FOR VENTILATOR PATIENTS	Y-01-27-172-001-213	-	-		-	-	(A)	-	LABORATORY	-	
MEDICAL GAS (OXYGEN)	Y-01-27-172-001-213	-	-		-	48,267.53	(A)	48,267.53	CENTRAL SERVICES & SUPPLY	48,267.53	
NURSE STAFFING AGENCY	Y-01-27-172-001-213	-	-		-	362,010.62	(A)	362,010.62	SKILLED NURSING FACILITY	362,010.62	
SUPPLIES AND EQUIPMENT	Y-01-27-172-001-213	-	-		-	35,871.20	(A)	35,871.20	CENTRAL SERVICES & SUPPLY	35,871.20	
PEST CONTROL	Y-01-27-172-001-213	-	-		-	1,986.25	(A)	1,986.25	PLANT OPERATION, MAINT. & REPAIRS	1,986.25	
REFUND TO RESIDENT	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
REHABILITATION AGENCY STAFF	Y-01-27-172-001-213	-	-		-	12,637.50	(A)	12,637.50	PHYSICAL THERAPY	12,637.50	
REIMBURSEMENT FOR FAMILY MEMBER	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
RESPIRATORY SERVICES	Y-01-27-172-001-213	-	-		-	976,834.53	(A)	976,834.53	OXYGEN (INHALATION) THERAPY	976,834.53	
SALARY AND WAGE REIMBURSEMENT	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
VENTILATOR PHYS (MEDICAL DIRECTOR)	Y-01-27-172-001-213	-	-		-	6,660.00	(A)	6,660.00	ADMINISTRATIVE & GENERAL	6,660.00	
ARBITRATION FEE	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
CHAPLAIN SERVICES	Y-01-27-172-001-213	-	-		-	24,552.26	(A)	24,552.26	SOCIAL SERVICE	24,552.26	
COLLECTION ATTORNEY	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
COST REPORT	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
EMPLOYEE ASSISTANCE PROGRAM (EAP) COST	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
FLOOR MATS	Y-01-27-172-001-213	-	-		-	5,135.96	(A)	5,135.96	PLANT OPERATION, MAINT. & REPAIRS	5,135.96	
IT SERVICE & EMR SYSTEM	Y-01-27-172-001-213	-	-		-	61,999.64	(A)	61,999.64	ADMINISTRATIVE & GENERAL	61,999.64	
MEDICARE A STAY	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
MEDICARE ELIGIBILITY VERIFICATION	Y-01-27-172-001-213	-	-		-	5,388.44	(A)	5,388.44	ADMINISTRATIVE & GENERAL	5,388.44	
OVERNIGHT DELIVERY	Y-01-27-172-001-213	-	-		-	377.60	(A)	377.60	ADMINISTRATIVE & GENERAL	377.60	
PHYSICIAN FEE	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
RECYCLING	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
SHREDDING SERVICE	Y-01-27-172-001-213	-	-		-	4,135.40	(A)	4,135.40	ADMINISTRATIVE & GENERAL	4,135.40	
TIME & ATTENDANCE	Y-01-27-172-001-213	-	-		-	13,654.00	(A)	13,654.00	ADMINISTRATIVE & GENERAL	13,654.00	
WINDOW WASHING	Y-01-27-172-001-213	-	-		-	-	(A)	-	PLANT OPERATION, MAINT. & REPAIRS	-	
COPY MACHINE SUPPLIES	Y-01-27-172-001-215	12,537.71	7,691.86		20,229.57			20,229.57	ADMINISTRATIVE & GENERAL	20,229.57	
EDUCATION/TRAINING	Y-01-27-172-001-217	24,195.28	40,356.24		64,551.52			64,551.52	ADMINISTRATIVE & GENERAL	64,551.52	
EQUIPMENT MAINTENANCE	Y-01-27-172-001-219	147,352.02	25,875.80		173,227.82			173,227.82	PLANT OPERATION, MAINT. & REPAIRS	173,227.82	
EQUIPMENT RENTAL (POSTAGE METER)	Y-01-27-172-001-221	17,449.24	324.26		17,773.50			17,773.50	CAP REL COSTS - BLDGS & FIXTURES	17,773.50	
EXPENDABLE EQUIPMENT (NON-DEPRECIABLE)	Y-01-27-172-001-223	65,859.32	31,289.44		97,148.76			97,148.76	CAP REL COSTS - BLDGS & FIXTURES	97,148.76	
JANITORIAL SUPPLIES	Y-01-27-172-001-225	150,131.96	30,895.92		181,027.88			181,027.88	HOUSEKEEPING	181,027.88	
PRINTING	Y-01-27-172-001-231	4,860.00	-		4,860.00			4,860.00	ADMINISTRATIVE & GENERAL	4,860.00	
PROFESSIONAL/CONSULTANTS:	Y-01-27-172-001-233	315,865.69	36,098.92		351,964.61	(351,964.61)	(B)	-	ADMINISTRATIVE & GENERAL	-	
MEDICAL RECORDS CONSULTANT (DRGS)	Y-01-27-172-001-233	-	-		-	39,123.37	(B)	39,123.37	ADMINISTRATIVE & GENERAL	39,123.37	
LEGAL SERVICES	Y-01-27-172-001-233	-	-		-	13,907.92	(B)	13,907.92	ADMINISTRATIVE & GENERAL	13,907.92	
PSYCHIATRY SERVICES (ELRAFI & KASHOOA)	Y-01-27-172-001-233	-	-		-	33,501.00	(B)	33,501.00	ADMINISTRATIVE & GENERAL	33,501.00	
PSYCHIATRY SERVICES-FEES CHARGED TO GERO-PSYCH	Y-01-27-172-001-233	-	-		-	(34,000.00)	(B)	(34,000.00)	ADMINISTRATIVE & GENERAL	(34,000.00)	
CHAPLAIN	Y-01-27-172-001-233	-	-		-	-	(B)	-	SOCIAL SERVICE	-	
PSYCHOLOGIST (HASSON)	Y-01-27-172-001-233	-	-		-	7,350.00	(B)	7,350.00	ADMINISTRATIVE & GENERAL	7,350.00	
BILLING SERVICES	Y-01-27-172-001-233	-	-		-	195,000.00	(B)	195,000.00	ADMINISTRATIVE & GENERAL	195,000.00	
COST REPORT CONSULTANT	Y-01-27-172-001-233	-	-		-	22,000.00	(B)	22,000.00	ADMINISTRATIVE & GENERAL	22,000.00	
PHARMACY CONSULTANT	Y-01-27-172-001-233	-	-		-	42,878.22	(B)	42,878.22	ADMINISTRATIVE & GENERAL	42,878.22	
ACCOUNTING SERVICES	Y-01-27-172-001-233	-	-		-	-	(B)	-	ADMINISTRATIVE & GENERAL	-	
SIGN LANGUAGE/INTERPRETATION	Y-01-27-172-001-233	-	-		-	6,183.62	(B)	6,183.62	ADMINISTRATIVE & GENERAL	6,183.62	
SECURITY SERVICES	Y-01-27-172-001-233	-	-		-	25,546.48	(B)	25,546.48	ADMINISTRATIVE & GENERAL	25,546.48	

**PREAKNESS HEALTHCARE CENTER
TRIAL BALANCE OF EXPENSES
CALENDAR YEAR 2021**

EXPENSE ACCOUNT DESCRIPTION	ACCOUNT NUMBER	NET EXPENDED IN CALENDAR YEAR 2021				ADJUSTMENTS	RECLASSIFIED	REF	ADJUSTED TOTAL	MEDICARE COST REPORT COST CENTER	ADJUSTED TOTAL
		CURRENT FUND	RESERVE FUND	GRANT FUND	TOTAL PAID						
OTHER MAINTENANCE	Y-01-27-172-001-233				-		474.00	(B)	474.00	PLANT OPERATION, MAINT. & REPAIRS	474.00
ADVERTISING	Y-01-27-172-001-233				-			(B)	-	ADMINISTRATIVE & GENERAL	-
DIETARY	Y-01-27-172-001-233				-			(B)	-	DIETARY	-
STATIONERY/OFFICE SUPPLIES	Y-01-27-172-001-237	22,379.18	16,247.96		38,627.14				38,627.14	ADMINISTRATIVE & GENERAL	38,627.14
SUBSCRIPTION/DUES	Y-01-27-172-001-239	31,428.82	1,154.00		32,582.82				32,582.82	ADMINISTRATIVE & GENERAL	32,582.82
TRAVEL	Y-01-27-172-001-245	1,212.00	-		1,212.00				1,212.00	ADMINISTRATIVE & GENERAL	1,212.00
VEHICLE MAINTENANCE	Y-01-27-172-001-249	316.23	-		316.23				316.23	ADMINISTRATIVE & GENERAL	316.23
FOOD	Y-01-27-172-001-F04	1,166,038.71	38,935.68		1,204,974.39				1,204,974.39	DIETARY	1,204,974.39
KITCHEN SUPPLIES	Y-01-27-172-001-K01	50,395.28	8,858.11		59,253.39				59,253.39	DIETARY	59,253.39
LAUNDRY	Y-01-27-172-001-L05	565,774.20	50,578.00		616,352.20				616,352.20	LAUNDRY & LINEN SERVICE	616,352.20
MEDICAL/HOSPITAL/DRUG:	Y-01-27-172-001-M01	1,133,174.98	192,721.02		1,325,896.00		(1,325,896.00)	(C)	-		-
DENTAL SUPPLIES	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
ENTRALS	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
MEDICAL SUPPLIES	Y-01-27-172-001-M01				-		1,194,510.94	(C)	1,194,510.94	CENTRAL SERVICES & SUPPLY	1,194,510.94
MEDICARE A (MEDICAL DOCTOR BILL)	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
MINOR EQUIPMENT (MEDICAL)	Y-01-27-172-001-M01				-		822.35	(C)	822.35	CENTRAL SERVICES & SUPPLY	822.35
ORTHO SUPPLIES	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
PAPER GOODS (FROM PASSAIC COUNTY CENTRAL SUPPLY)	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
PHARMACY (DRUGS CHARGED TO PATIENTS)	Y-01-27-172-001-M01				-	(62,041.63)	185,662.14	(C)	123,620.51	DRUGS CHARGED TO PATIENTS	123,620.51
PHARMACY (OTC SUPPLIES-PHARMACY)	Y-01-27-172-001-M01				-	62,041.63			62,041.63	PHARMACY	62,041.63
SPECIALTY BEDS	Y-01-27-172-001-M01				-		39,170.50	(C)	39,170.50	SUPPORT SURFACES	39,170.50
CATHETER	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
CPR SUPPLIES	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
DIAGNOSTIC TESTING (X-Ray)	Y-01-27-172-001-M01				-		1,076.53	(C)	1,076.53	RADIOLOGY	1,076.53
NON-MEDICAL SUPPLIES	Y-01-27-172-001-M01				-		14,573.54	(C)	14,573.54	CENTRAL SERVICES & SUPPLY	14,573.54
OSTOMY SUPPLIES	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
REIMBURSEMENT FOR SUPPLIES CHARGED TO GERO-PSYCH	Y-01-27-172-001-M01				-		(109,920.00)	(C)	(109,920.00)	CENTRAL SERVICES & SUPPLY	(109,920.00)
REIMBURSEMENT GRANT	Y-01-27-172-001-M01				-			(C)	-	CENTRAL SERVICES & SUPPLY	-
REIMBURSEMENT - FLU VACCINE	Y-01-27-172-001-M01				-			(C)	-	DRUGS CHARGED TO PATIENTS	-
MEALS ON WHEELS	Y-01-27-172-001-M02	(776,425.56)	(183,382.54)		(959,808.10)				(959,808.10)	DIETARY	(959,808.10)
MEDICAL TRANSPORTATION	Y-01-27-172-001-M03	7,807.50	-		7,807.50				7,807.50	ADMINISTRATIVE & GENERAL	7,807.50
PATIENT ACTIVITIES:	Y-01-27-172-001-P01	10,702.27	4,152.22		14,854.49		(14,854.49)	(D)	-		-
BEAUTY PARLOR SERVICE	Y-01-27-172-001-P01				-			(D)	-	BARBER & BEAUTY SHOP	-
BEAUTY SUPPLIES	Y-01-27-172-001-P01				-		2,058.27	(D)	2,058.27	BARBER & BEAUTY SHOP	2,058.27
ALL OTHER PATIENT ACTIVITIES	Y-01-27-172-001-P01				-		12,796.22	(D)	12,796.22	PATIENT ACTIVITIES	12,796.22
GERO-PSYCH GRANT FUND-OTHER EXPENSES:	G-01-41-713-016-200				-				-		-
PROFESSIONAL/CONSULTANTS	G-01-41-713-016-233			34,000.00	34,000.00				34,000.00	NON-REIMBURSEABLE GERO-PYSCH GRANT	34,000.00
MEDICAL/HOSPITAL/DRUG	G-01-41-713-016-M01			109,920.00	109,920.00				109,920.00	NON-REIMBURSEABLE GERO-PYSCH GRANT	109,920.00
TOTAL OTHER EXPENSES		4,363,654.13	845,778.27	143,920.00	5,353,352.40	-	0.00		5,353,352.40		5,353,352.40
GRAND TOTAL EXPENSES		31,563,670.32	654,107.66	338,210.00	32,555,987.98	-	0.00		32,555,987.98		32,555,987.98
VERIFICATION TO FINANCIAL STATEMENTS		31,563,670.32	654,107.66	338,210.00	32,555,987.98				32,555,987.98		32,555,987.98
DIFFERENCE		-	-	-	-		0.00		-		-

OTHER EXPENSES RECAP:

CAP REL COSTS - BLDGS & FIXTURES	114,922.26
ADMINISTRATIVE & GENERAL	841,273.93
PLANT OPERATION, MAINT. & REPAIRS	280,255.61
LAUNDRY & LINEN SERVICE	616,352.20
HOUSEKEEPING	181,027.88
DIETARY	304,419.68
CENTRAL SERVICES & SUPPLY	1,184,125.56
PHARMACY	62,041.63
SOCIAL SERVICE	24,552.26
PATIENT ACTIVITIES	60,795.35
SKILLED NURSING FACILITY	357,370.62
RADIOLOGY	5,741.02
LABORATORY	22,233.09
OXYGEN (INHALATION) THERAPY	976,834.53
PHYSICAL THERAPY	12,637.50
MEDICAL SUPPLIES CHARGED TO PATIENTS	
DRUGS CHARGED TO PATIENTS	123,620.51
SUPPORT SURFACES	39,170.50
BARBER & BEAUTY SHOP	2,058.27
NON-REIMBURSEABLE GERO-PYSCH GRANT	143,920.00
TOTAL	5,353,352.40

Account No	Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD Unexpended	%Used
1-01-27-172-001-000	PREAKNESS HOSPITAL						
1-01-27-172-001-100	PREAKNESS HOSPITAL S&W						
1-01-27-172-001-101	BASE PAY	27,779,000.00	0.00	2,640,500.00-	25,138,500.00	1,036,424.90	96
		24,306,365.10	0.00	204,290.00	0.00	1,036,424.90	
		24,306,365.10		204,290.00	24,102,075.10		
1-01-27-172-001-105	OVERTIME	2,400,000.00	0.00	0.00	2,400,000.00	449,560.45-	119
		2,849,560.45	0.00	0.00	0.00	449,560.45-	
		2,849,560.45		0.00	2,849,560.45		
1-01-27-172-001-1UA	UNIFORM ALLOWANCE	321,000.00	0.00	0.00	321,000.00	72,619.36	77
		248,380.64	0.00	0.00	0.00	72,619.36	
		248,380.64		0.00	248,380.64		
Control: 100	Total	30,500,000.00	0.00	2,640,500.00-	27,859,500.00	659,483.81	98
		27,404,306.19	0.00	204,290.00	0.00	659,483.81	
		27,404,306.19		204,290.00	27,200,016.19		
1-01-27-172-001-200	PREAKNESS HOSPITAL O/E						
1-01-27-172-001-201	ADVERTISING	85,000.00	0.00	0.00	85,000.00	61,516.25	28
		22,113.85	1,369.90	0.00	0.00	62,886.15	
		22,113.85		0.00	23,483.75		
1-01-27-172-001-207	BUILDING MAINTENANCE	11,000.00	0.00	0.00	11,000.00	40,733.76-	470
		42,030.95	9,702.81	0.00	0.00	31,030.95-	
		42,030.95		0.00	51,733.76		
1-01-27-172-001-211	CONFERENCES	6,000.00	0.00	0.00	6,000.00	1,919.00	68
		2,093.00	1,988.00	0.00	0.00	3,907.00	
		2,093.00		0.00	4,081.00		
1-01-27-172-001-213	CONTRACTED SERVICES	3,068,000.00	0.00	0.00	3,068,000.00	1,307,055.00	57
		1,346,361.50	414,583.50	0.00	0.00	1,721,638.50	
		1,346,361.50		0.00	1,760,945.00		
1-01-27-172-001-215	COPY MACHINE SUPPLIES	6,000.00	0.00	0.00	6,000.00	19,946.40-	432
		12,537.71	13,408.69	0.00	0.00	6,537.71-	
		12,537.71		0.00	25,946.40		
1-01-27-172-001-217	EDUCATION/TRAINING	39,000.00	0.00	0.00	39,000.00	5,977.22	85
		24,195.28	8,827.50	0.00	0.00	14,804.72	
		24,195.28		0.00	33,022.78		
1-01-27-172-001-219	EQUIPMENT MAINTENANCE	240,000.00	0.00	0.00	240,000.00	58,884.98	75
		147,352.02	33,763.00	0.00	0.00	92,647.98	
		147,352.02		0.00	181,115.02		
1-01-27-172-001-221	EQUIPMENT RENTAL	27,000.00	0.00	0.00	27,000.00	6,616.66	75
		17,449.24	2,934.10	0.00	0.00	9,550.76	
		17,449.24		0.00	20,383.34		

Account No	Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD Unexpended	%Used
1-01-27-172-001-223	EXPENDABLE EQUIPMENT	130,000.00	0.00	0.00	130,000.00	17,723.07	86
		65,859.32	46,417.61	0.00	0.00	64,140.68	
		65,859.32		0.00	112,276.93		
1-01-27-172-001-225	JANITORIAL SUPPLIES	125,000.00	0.00	0.00	125,000.00	38,371.21	131
		150,131.96	13,239.25	0.00	0.00	25,131.96	
		150,131.96		0.00	163,371.21		
1-01-27-172-001-231	PRINTING	15,000.00	0.00	0.00	15,000.00	10,140.00	32
		4,860.00	0.00	0.00	0.00	10,140.00	
		4,860.00		0.00	4,860.00		
1-01-27-172-001-233	PROFESSIONAL/CONSULTANTS	522,000.00	0.00	300,000.00	822,000.00	437,123.35	47
		349,865.69	69,010.96	34,000.00	0.00	506,134.31	
		349,865.69		34,000.00	384,876.65		
1-01-27-172-001-237	STATIONERY/OFFICE SUPPLIES	35,000.00	0.00	0.00	35,000.00	7,306.35	79
		22,379.18	5,314.47	0.00	0.00	12,620.82	
		22,379.18		0.00	27,693.65		
1-01-27-172-001-239	SUBSCRIPTION/DUES	50,000.00	0.00	0.00	50,000.00	17,531.18	65
		31,428.82	1,040.00	0.00	0.00	18,571.18	
		31,428.82		0.00	32,468.82		
1-01-27-172-001-245	TRAVEL	5,000.00	0.00	0.00	5,000.00	2,999.00	40
		1,212.00	789.00	0.00	0.00	3,788.00	
		1,212.00		0.00	2,001.00		
1-01-27-172-001-249	VEHICLE MAINTENANCE	3,000.00	0.00	0.00	3,000.00	2,572.97	14
		316.23	110.80	0.00	0.00	2,683.77	
		316.23		0.00	427.03		
1-01-27-172-001-F04	FOOD	1,320,000.00	0.00	0.00	1,320,000.00	151,004.40	111
		1,218,241.90	304,965.69	52,203.19	0.00	153,961.29	
		1,218,241.90		52,203.19	1,471,004.40		
1-01-27-172-001-K01	KITCHEN SUPPLIES	116,000.00	0.00	0.00	116,000.00	16,439.60	86
		50,395.28	49,165.12	0.00	0.00	65,604.72	
		50,395.28		0.00	99,560.40		
1-01-27-172-001-L05	LAUNDRY	732,000.00	0.00	0.00	732,000.00	132,254.12	82
		565,774.20	33,971.68	0.00	0.00	166,225.80	
		565,774.20		0.00	599,745.88		
1-01-27-172-001-M01	MEDICAL/HOSPITAL/DRUG	1,295,000.00	0.00	0.00	1,295,000.00	139,897.00	111
		1,243,094.98	301,722.02	109,920.00	0.00	161,825.02	
		1,243,094.98		109,920.00	1,434,897.00		

Account No	Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD Unexpended	%Used
1-01-27-172-001-M02	MEALS ON WHEELS	0.00	0.00	0.00	0.00	508,640.65	0
		1,014,804.44	267,784.91	1,791,230.00	0.00	776,425.56	
		1,014,804.44		1,791,230.00	508,640.65-		
1-01-27-172-001-M03	MEDICAL TRANSPORTATION	16,000.00	0.00	0.00	16,000.00	2,350.00-	115
		7,807.50	10,542.50	0.00	0.00	8,192.50	
		7,807.50		0.00	18,350.00		
1-01-27-172-001-P01	PATIENT ACTIVITIES	54,000.00	0.00	0.00	54,000.00	39,115.03	28
		10,702.27	4,182.70	0.00	0.00	43,297.73	
		10,702.27		0.00	14,884.97		
Control: 200	Total	7,900,000.00	0.00	300,000.00	8,200,000.00	2,241,511.66	73
		6,351,007.32	1,594,834.21	1,987,353.19	0.00	3,836,345.87	
		6,351,007.32		1,987,353.19	5,958,488.34		
Extd: 001	PREAKNESS HOSPITAL Total	38,400,000.00	0.00	2,340,500.00-	36,059,500.00	2,900,995.47	92
		33,755,313.51	1,594,834.21	2,191,643.19	0.00	4,495,829.68	
		33,755,313.51		2,191,643.19	33,158,504.53		
Department: 172	Total	38,400,000.00	0.00	2,340,500.00-	36,059,500.00	2,900,995.47	92
		33,755,313.51	1,594,834.21	2,191,643.19	0.00	4,495,829.68	
		33,755,313.51		2,191,643.19	33,158,504.53		

Account No	Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD Unexpended	%Used
0-01-27-170-002-213	CONTRACT SERVICES	725,490.24	0.00	0.00	725,490.24	699,678.44	4
		158,311.80	0.00	132,500.00	0.00	699,678.44	
		158,311.80		132,500.00	25,811.80		
0-01-27-170-002-217	EDUCATION/TRAINING	192,912.52	0.00	0.00	192,912.52	157,591.72	18
		35,320.80	0.00	0.00	0.00	157,591.72	
		35,320.80		0.00	35,320.80		
0-01-27-170-002-M01	MEDICAL/HOSPITAL/DRUG	216,532.00	0.00	0.00	216,532.00	168,252.00	22
		48,280.00	0.00	0.00	0.00	168,252.00	
		48,280.00		0.00	48,280.00		
Extd: 002	Total	1,178,495.61	0.00	0.00	1,178,495.61	1,025,522.16	13
		285,473.45	0.00	132,500.00	0.00	1,025,522.16	
		285,473.45		132,500.00	152,973.45		
Department: 170	Total	1,240,704.57	0.00	48,400.00-	1,192,304.57	1,037,593.29	13
		287,211.28	0.00	132,500.00	0.00	1,037,593.29	
		287,211.28		132,500.00	154,711.28		
0-01-27-172-001-000	PREAKNESS HOSPITAL						
0-01-27-172-001-100	PREAKNESS HOSPITAL S&W						
0-01-27-172-001-101	BASE PAY	1,230,686.05	0.00	890,300.00-	340,386.05	352,205.39	3-
		11,819.34-	0.00	0.00	0.00	352,205.39	
		11,819.34-		0.00	11,819.34-		
0-01-27-172-001-105	OVERTIME	554,141.79-	0.00	0.00	554,141.79-	374,290.52-	32
		179,851.27-	0.00	0.00	0.00	374,290.52-	
		179,851.27-		0.00	179,851.27-		
0-01-27-172-001-1UA	UNIFORM ALLOWANCE	22,093.24	0.00	0.00	22,093.24	22,093.24	0
		0.00	0.00	0.00	0.00	22,093.24	
		0.00		0.00	0.00		
Control: 100	Total	698,637.50	0.00	890,300.00-	191,662.50-	8.11	100
		191,670.61-	0.00	0.00	0.00	8.11	
		191,670.61-		0.00	191,670.61-		
0-01-27-172-001-200	PREAKNESS HOSPITAL O/E						
0-01-27-172-001-201	ADVERTISING	83,848.65	0.00	0.00	83,848.65	81,906.23	2
		1,942.42	0.00	0.00	0.00	81,906.23	
		1,942.42		0.00	1,942.42		
0-01-27-172-001-207	BUILDING MAINTENANCE	8,078.63	0.00	0.00	8,078.63	13,190.10-	263
		21,268.73	0.00	0.00	0.00	13,190.10-	
		21,268.73		0.00	21,268.73		

Account No	Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD Unexpended	%Used
0-01-27-172-001-211	CONFERENCES	4,595.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	4,595.00 0.00 0.00	4,595.00 4,595.00	0
0-01-27-172-001-213	CONTRACTED SERVICES	1,241,781.94 520,770.23 520,770.23	0.00 0.00	0.00 0.00 0.00	1,241,781.94 0.00 520,770.23	721,011.71 721,011.71	42
0-01-27-172-001-215	COPY MACHINE SUPPLIES	1,640.19- 7,691.86 7,691.86	0.00 0.00	0.00 0.00 0.00	1,640.19- 0.00 7,691.86	9,332.05- 9,332.05-	469-
0-01-27-172-001-217	EDUCATION/TRAINING	7,880.69 40,356.24 40,356.24	0.00 0.00	0.00 0.00 0.00	7,880.69 0.00 40,356.24	32,475.55- 32,475.55-	512
0-01-27-172-001-219	EQUIPMENT MAINTENANCE	82,960.81 25,875.80 25,875.80	0.00 0.00	0.00 0.00 0.00	82,960.81 0.00 25,875.80	57,085.01 57,085.01	31
0-01-27-172-001-221	EQUIPMENT RENTAL	24,423.32 324.26 324.26	0.00 0.00	0.00 0.00 0.00	24,423.32 0.00 324.26	24,099.06 24,099.06	1
0-01-27-172-001-223	EXPENDABLE EQUIPMENT	46,897.21 31,289.44 31,289.44	0.00 0.00	0.00 0.00 0.00	46,897.21 0.00 31,289.44	15,607.77 15,607.77	67
0-01-27-172-001-225	JANITORIAL SUPPLIES	63,545.27 30,895.92 30,895.92	0.00 0.00	0.00 0.00 0.00	63,545.27 0.00 30,895.92	32,649.35 32,649.35	49
0-01-27-172-001-231	PRINTING	70,530.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	70,530.00 0.00 0.00	70,530.00 70,530.00	0
0-01-27-172-001-233	PROFESSIONAL/CONSULTANTS	160,369.45 36,098.92 36,098.92	0.00 0.00	0.00 0.00 0.00	160,369.45 0.00 36,098.92	124,270.53 124,270.53	23
0-01-27-172-001-237	STATIONERY/OFFICE SUPPLIES	1,190.82 16,247.96 16,247.96	0.00 0.00	0.00 0.00 0.00	1,190.82 0.00 16,247.96	15,057.14- 15,057.14-	***
0-01-27-172-001-239	SUBSCRIPTION/DUES	18,437.75 1,154.00 1,154.00	0.00 0.00	0.00 0.00 0.00	18,437.75 0.00 1,154.00	17,283.75 17,283.75	6

Account No	Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD Unexpended	%Used
0-01-27-172-001-245	TRAVEL	4,199.48	0.00	0.00	4,199.48	4,199.48	0
		0.00	0.00	0.00	0.00	4,199.48	
		0.00		0.00	0.00		
0-01-27-172-001-249	VEHICLE MAINTENANCE	5,547.98	0.00	0.00	5,547.98	5,547.98	0
		0.00	0.00	0.00	0.00	5,547.98	
		0.00		0.00	0.00		
0-01-27-172-001-F04	FOOD	269,984.78	0.00	0.00	269,984.78	231,049.10	14
		38,935.68	0.00	0.00	0.00	231,049.10	
		38,935.68		0.00	38,935.68		
0-01-27-172-001-K01	KITCHEN SUPPLIES	69,712.30	0.00	0.00	69,712.30	60,854.19	13
		8,858.11	0.00	0.00	0.00	60,854.19	
		8,858.11		0.00	8,858.11		
0-01-27-172-001-L05	LAUNDRY	163,016.50	0.00	0.00	163,016.50	112,438.50	31
		50,578.00	0.00	0.00	0.00	112,438.50	
		50,578.00		0.00	50,578.00		
0-01-27-172-001-M01	MEDICAL/HOSPITAL/DRUG	86,761.50	0.00	0.00	86,761.50	105,959.52-	222
		192,721.02	0.00	0.00	0.00	105,959.52-	
		192,721.02		0.00	192,721.02		
0-01-27-172-001-M02	MEALS ON WHEELS	514,223.15	0.00	400,000.00-	114,223.15	297,605.69	161-
		216,122.46	0.00	399,505.00	0.00	297,605.69	
		216,122.46		399,505.00	183,382.54-		
0-01-27-172-001-M03	MEDICAL TRANSPORTATION	13,569.00	0.00	0.00	13,569.00	13,569.00	0
		0.00	0.00	0.00	0.00	13,569.00	
		0.00		0.00	0.00		
0-01-27-172-001-P01	PATIENT ACTIVITIES	32,080.06	0.00	0.00	32,080.06	27,927.84	13
		4,152.22	0.00	0.00	0.00	27,927.84	
		4,152.22		0.00	4,152.22		
Control: 200	Total	2,971,994.10	0.00	400,000.00-	2,571,994.10	1,726,215.83	33
		1,245,283.27	0.00	399,505.00	0.00	1,726,215.83	
		1,245,283.27		399,505.00	845,778.27		
Extd: 001	PREAKNESS HOSPITAL Total	3,670,631.60	0.00	1,290,300.00-	2,380,331.60	1,726,223.94	27
		1,053,612.66	0.00	399,505.00	0.00	1,726,223.94	
		1,053,612.66		399,505.00	654,107.66		
Department: 172	Total	3,670,631.60	0.00	1,290,300.00-	2,380,331.60	1,726,223.94	27
		1,053,612.66	0.00	399,505.00	0.00	1,726,223.94	
		1,053,612.66		399,505.00	654,107.66		

Account No	Description	Orig Grant	Curr Budgeted	Amended	Transfers	Modified	Balance YTD	%Used
Additional Description			Expended YTD	Encumber YTD	Reimbrsd YTD	Canceled	Unexpended	
Grantor Agency	Ending Date		Expended Curr		Reimbrsd Curr	Pd/Chrgd YTD		
Federal/State Id								
CFDA Number								
G-01-41-713-021-000	Preakness Gero-Psych Program							
G-01-41-713-021-101	SALARY & WAGE							
		194,290.00	194,290.00	0.00	0.00	194,290.00	0.00	100
			194,290.00	0.00	0.00	0.00	0.00	
			194,290.00		0.00	194,290.00		
Control: 000	Total	194,290.00	194,290.00	0.00	0.00	194,290.00	0.00	100
			194,290.00	0.00	0.00	0.00	0.00	
			194,290.00		0.00	194,290.00		
G-01-41-713-021-200	Gero-Psych O/E							
G-01-41-713-021-233	PROFESSIONAL/CONSULTANTS							
		34,000.00	34,000.00	0.00	0.00	34,000.00	0.00	100
			34,000.00	0.00	0.00	0.00	0.00	
			34,000.00		0.00	34,000.00		
G-01-41-713-021-M01	MEDICAL/HOSPITAL/DRUG							
		109,920.00	109,920.00	0.00	0.00	109,920.00	0.00	100
			109,920.00	0.00	0.00	0.00	0.00	
			109,920.00		0.00	109,920.00		
Control: 200	Total	143,920.00	143,920.00	0.00	0.00	143,920.00	0.00	100
			143,920.00	0.00	0.00	0.00	0.00	
			143,920.00		0.00	143,920.00		
Extd: 021	Preakness Gero-Psych Program Total	338,210.00	338,210.00	0.00	0.00	338,210.00	0.00	100
			338,210.00	0.00	0.00	0.00	0.00	
			338,210.00		0.00	338,210.00		
Department: 713	Total	338,210.00	338,210.00	0.00	0.00	338,210.00	0.00	100
			338,210.00	0.00	0.00	0.00	0.00	
			338,210.00		0.00	338,210.00		
G-01-41-714-020-000	Coronavirus Aid,Relief,& Eco.Sec-Prkness							
G-01-41-714-020-PE1	PROGRAM EXPENSE							
		232,623.67	167,623.67	375,959.17	0.00	543,582.84	0.00	100
			543,582.84	0.00	0.00	0.00	0.00	
			543,582.84		0.00	543,582.84		
Control: 000	Total	167,623.67	167,623.67	375,959.17	0.00	543,582.84	0.00	100
			543,582.84	0.00	0.00	0.00	0.00	
			543,582.84		0.00	543,582.84		
Extd: 020	Coronavirus Aid,Relief,& Eco.Sec-Prkness Total	167,623.67	167,623.67	375,959.17	0.00	543,582.84	0.00	100
			543,582.84	0.00	0.00	0.00	0.00	
			543,582.84		0.00	543,582.84		
Department: 714	Total	167,623.67	167,623.67	375,959.17	0.00	543,582.84	0.00	100
			543,582.84	0.00	0.00	0.00	0.00	
			543,582.84		0.00	543,582.84		

PHCC
Resident Days
2021

DAYS	LTC	PW	Vent	Totals
Medicaid Fee-For-Service	28,639	716	52	29,407
Medicaid Managed Care	51,564	3,646	2,182	57,392
Medicare	2,293		100	2,393
Medicare and Medicaid	791			791
Medicare - Managed Care				-
Private Pay	3,903	84		3,987
Private Insurance	34			34
Hospite - Private Pay	228			228
Medicaid - Private Pay	1,265	320		1,585
Respite	29			29
MCR HMO	466			466
Totals	89,212	4,766	2,334	96,312

PHCC
Admissions
2021

DAYS	LTC	PW	Vent	Totals
Medicaid Fee-For-Service	26	7	2	35
Medicaid Managed Care	78	9	16	103
Medicare	107		2	109
Medicare and Medicaid	40			40
Medicare - Managed Care				-
Private Pay	13	3		16
Private Insurance	2			2
Hospite - Private Pay	1			1
Medicaid - Private Pay	5			5
Respite	1			1
MCR HMO	21			21
Totals	294	19	20	333

PHCC
Discharges
2021

DAYS	LTC	PW	Vent	Totals
Medicaid Fee-For-Service	62	7		69
Medicaid Managed Care	137	6	15	158
Medicare				-
Medicare and Medicaid				-
Medicare - Managed Care				-
Private Pay	72	1		73
Private Insurance	1			1
Hospite - Private Pay	4			4
Medicaid - Private Pay	11	2		13
Respite				-
MCR HMO				-
Totals	287	16	15	318

PHCC
Total Revenues
2021 - Cash Basis

Current Fund - Source	Total Revenue
Medicaid	6,675,930.50
Medicaid Managed Care	7,246,493.04
Medicare	3,312,136.88
Private Pay / Insurance	5,718,067.13
Preakness Fees-Cost Care Acct	
Patient Fees & Other Payments	3,390,348.22
Various Patient Refunds	-
From Sweep Account	-
Merchant Service Fees	-
Subtotal	<u>26,342,975.77</u>
Received From COVID-19 Fund	543,582.84
Total - Current Fund Revenue	<u>26,886,558.61</u>
Add: Gero-Psych Grant	338,210.00
Grand Total Revenue	<u>27,224,768.61</u>

PHCC
 Analysis of Salaries, FTE's and Hours
 January 1 to December 31, 2021

	Total Paid Salaries and Wages						FTE's				Total Hours	MEDICARE COST REPORT COST CENTER	
	Total	Reclass	Ref.	Adj Total	Pathways	Vent	LTC	Total	Pathways	Vent			LTC
Administration	1,467,160.28	(615,696.79)	(A)(B)(D)(F)	851,463.49			851,463.49	7.52			7.52	15638.96	ADMINISTRATIVE & GENERAL
Admissions	-	210,923.00	(A)	210,923.00			210,923.00	2.99			2.99	6211.29	ADMINISTRATIVE & GENERAL
Finance/Business Office	118,421.54			118,421.54			118,421.54	1.98			1.98	4125.05	ADMINISTRATIVE & GENERAL
DON/ADON		363,082.53	(G)	363,082.53			363,082.53	2.48			2.48	5165.89	SKILLED NURSING FACILITY
NURSING STAFFING COORD.		-	(G)	-			-	0.00			0.00	0.00	SKILLED NURSING FACILITY
Nursing Secretaries/Assistants		271,351.53	(G)	271,351.53			271,351.53	4.90			4.90	10189.10	SKILLED NURSING FACILITY
All Other Nursing	17,155,044.39	(17,155,044.39)	(G)	-			-					0.00	
Cert. Nurse Attend. (Nurse Aide/Attend)		9,543,003.59	(G)	9,543,003.59	1,267,310.88	599,300.63	7,676,392.09	215.54	28.62	13.54	173.38	448326.77	SKILLED NURSING FACILITY
Licensed Pract. Nurses		2,196,119.18	(G)	2,196,119.18	119,029.66	49,632.29	2,027,457.23	35.35	1.92	0.80	32.63	73524.80	SKILLED NURSING FACILITY
Graduate Nurses		3,401,474.73	(G)	3,401,474.73	340,487.62	258,171.93	2,802,815.18	44.28	4.43	3.36	36.48	92093.05	SKILLED NURSING FACILITY
Nurses-Supervisors		1,098,945.30	(G)	1,098,945.30			1,098,945.30	11.08	1.11	0.84	9.13	23040.18	SKILLED NURSING FACILITY
Dietary	3,278,501.94	-	(G)	3,278,501.94			3,278,501.94	67.98			67.98	141397.26	DIETARY
Engineering-Maintenance	-	-		-			-	0.00			0.00	0.00	PLANT OPERATION, MAINT. & REPAIRS
Nurse-Practitioner (Gerontology)		170,908.69	(G)	170,908.69			170,908.69	1.21			1.21	2518.15	SKILLED NURSING FACILITY
Housekeeping	2,322,612.35			2,322,612.35			2,322,612.35	49.47			49.47	102889.27	HOUSEKEEPING
Inservice-Staff Development	433,286.01	(195,675.06)	(C)	237,610.95			237,610.95	2.23			2.23	4633.72	SKILLED NURSING FACILITY
Laundry	110,011.49			110,011.49			110,011.49	2.49			2.49	5174.97	LAUNDRY & LINEN SERVICE
Mental Health Coord.	-	103,530.13	(B)	103,530.13			103,530.13	0.98			0.98	2037.88	ADMINISTRATIVE & GENERAL
Infection Control	-	195,675.06	(C)	195,675.06			195,675.06	1.57			1.57	3270.82	SKILLED NURSING FACILITY
Recreation	1,046,607.72	(111,563.56)	(E)	935,044.16	229,927.36		705,116.80	18.75	4.61		14.14	38999.53	PATIENT ACTIVITIES
Security	1,057,773.69			1,057,773.69			1,057,773.69	25.11			25.11	52229.99	PLANT OPERATION, MAINT. & REPAIRS
Social Service	528,924.87			528,924.87	85,262.69		443,662.18	7.21	1.16		6.05	15005.43	SOCIAL SERVICE
Volunteer Coordinator	-	91,414.06	(F)	91,414.06			91,414.06	0.98			0.98	2033.31	PATIENT ACTIVITIES
Central Supply	190,167.83			190,167.83			190,167.83	2.91			2.91	6047.64	ADMINISTRATIVE & GENERAL
Quality Assurance		110,158.84	(G)	110,158.84			110,158.84	1.00			1.00	2081.58	SKILLED NURSING FACILITY
Hairdresser	-	-		-			-	0.00			0.00	0.00	BARBER & BEAUTY SHOP
Driver	-	111,563.56	(E)	111,563.56			111,563.56	1.88			1.88	3908.93	ADMINISTRATIVE & GENERAL
Rehabilitation:													
Rehab-Occup Thrpst	290,909.76			290,909.76			290,909.76	3.03			3.03	6302.62	OCCUPATIONAL THERAPY
Rehab-Physical Thrpst	227,605.75			227,605.75			227,605.75	2.32			2.32	4829.56	PHYSICAL THERAPY
Rehab-Speech Path	92,480.10			92,480.10			92,480.10	0.69			0.69	1428.57	SPEECH PATHOLOGY
Medical Director	-	209,829.60	(D)	209,829.60			209,829.60	0.98			0.98	2033.23	ADMINISTRATIVE & GENERAL
Totals	28,319,507.72	(0.00)		28,319,507.72	2,042,018.20	907,104.85	25,370,384.66	516.89	41.85	18.54	456.50	1,075,137.55	
Total SW Per County Financial Statements (CY 2021)													
	27,202,635.58			27,202,635.58	2,042,018.20	907,104.85	24,253,512.52						
Reconciling Adj	-1,116,872.14			-1,116,872.14			-1,116,872.14						SKILLED NURSING FACILITY

RECAP:												
1,775,749.65	20,149.50		1,795,899.15	-	-	1,795,899.15	19.23	-	-	19.23	40,002.98	ADMINISTRATIVE & GENERAL
1,057,773.69	-		1,057,773.69	-	-	1,057,773.69	25.11	-	-	25.11	52,229.99	PLANT OPERATION, MAINT. & REPAIRS
110,011.49	-		110,011.49	-	-	110,011.49	2.49	-	-	2.49	5,174.97	LAUNDRY & LINEN SERVICE
2,322,612.35	-		2,322,612.35	-	-	2,322,612.35	49.47	-	-	49.47	102,889.27	HOUSEKEEPING
3,278,501.94	-		3,278,501.94	-	-	3,278,501.94	67.98	-	-	67.98	141,397.26	DIETARY
528,924.87	-		528,924.87	85,262.69	-	443,662.18	7.21	1.16	-	6.05	15,005.43	SOCIAL SERVICE
1,046,607.72	(20,149.50)		1,026,458.22	229,927.36	-	796,530.86	19.73	4.61	-	15.12	41,032.84	PATIENT ACTIVITIES
16,471,458.26	(0.00)		16,471,458.26	1,726,828.16	907,104.85	13,837,525.25	319.64	36.08	18.54	265.02	664,844.06	SKILLED NURSING FACILITY
290,909.76	-		290,909.76	-	-	290,909.76	3.03	-	-	3.03	6,302.62	BARBER & BEAUTY SHOP
227,605.75	-		227,605.75	-	-	227,605.75	2.32	-	-	2.32	4,829.56	OCCUPATIONAL THERAPY
92,480.10	-		92,480.10	-	-	92,480.10	0.69	-	-	0.69	1,428.57	PHYSICAL THERAPY
27,202,635.58	(0.00)		27,202,635.58	2,042,018.20	907,104.85	24,253,512.52	516.89	41.85	18.54	456.50	1,075,137.55	TOTALS

PREAKNESS HEALTHCARE CENTER
 MEDICARE/MEDICAID COST REPORT
 RECAP OF SKILLED NURSING FACILITY SALARIES AND HOURS

CY 2021

Title	Total Salary Expense	Nursing Facility	Pathways	Ventilator	Allocation Basis	Total Hours	Ventilator Hours
Certified Nurse Attendant	9,543,004	7,676,392	1,267,311	599,301	Directly Assigned Salaries	448,326.77	28,163.20
Licensed Practical Nurse	2,196,119	2,027,457	119,030	49,632	Directly Assigned Salaries	73,524.80	1,664.00
Asst Director of Nursing (RN)	363,083	337,952	18,055	8,842	Patient Days	5,165.89	125.80
Nursing Staffing Coordinator (RN)	-	-	-	-	Patient Days	-	-
Registered Nurse (RN)	3,401,475	2,802,815	340,488	258,172	Directly Assigned Salaries	92,093.05	6,988.80
Registered Nurse Supervisors (RN)	1,098,945	1,022,881	54,646	26,761	Patient Days	23,040.18	1,747.20
Nurse-Practitioner (RN)	170,909	159,079	8,499	4,162	Patient Days	2,518.15	61.32
Inservices-Staff Development (RN)	237,611	221,165	11,815	5,786	Patient Days	4,633.72	112.84
Infection Control (RN)	195,675	182,131	9,730	4,765	Patient Days	3,270.82	79.65
Quality Assurance (RN)	110,159	102,534	5,478	2,683	Patient Days	2,081.58	50.69
Clinic Aide (RN)	-	-	-	-	Patient Days	-	-
Totals	17,316,980	14,532,407	1,835,051	960,103		654,654.96	38,993.50

MEDICAID
 WORKSHEET
 A-6

MEDICAID
 WORKSHEET
 A-6

MEDICAID
 WS S-3, Part
 II, Col. 4, Ln 7

	Total Days	Nursing Facility	Pathways	Ventilator
Patient Days	95,846	89,212	4,766	2,334
Patient Days Percentages	100.00%	93.08%	4.97%	2.44%

Recap for Worksheet S-3, Part V	Total Salary Expense	Total Hours
Total Certified Nurse Attendant (CNA)	9,543,004	448,326.77
Total Licensed Practical Nurse (LPN)	2,196,119	73,524.80
Total Registered Nurses (RN)	5,577,857	132,803.39
Totals	17,316,980	654,654.96

Preakness Healthcare Center
CY 2021
Summary of Capital Asset Depreciation

Department / Account / Description	Acquisition Cost	Beginning Depreciation	Current Year Depreciation	Accumulated Depreciation	Book Value	Reference
Department #172 - Preakness Healthcare Center:						
Account #200 - Land Improvements	79,240.04	34,997.67	3,962.00	38,959.67	40,280.37	Property Accounting Ledger, Page #34
Account #300 - Construction	10,013.00	3,170.78	574.48	3,745.26	6,267.74	Property Accounting Ledger, Page #1
Account #500 - Machinery & Equipment	4,155,938.06	2,848,437.69	259,530.29	3,107,967.98	1,307,500.37	Property Accounting Ledger, Page #10 + 165-182
Account #600 - Licensed Vehicles	326,150.02	158,898.84	36,905.98	195,804.82	130,345.20	Property Accounting Ledger, Page #244
Total Dept. #172 - Preakness	4,571,341.12	3,045,504.98	300,972.75	3,346,477.73	1,484,393.68	
Total Dept. #112 - Buildings and Grounds	97,134,201.75	35,036,333.07	2,545,870.91	37,582,203.98	59,551,997.77	See Worksheet from Capital Asset Inventory
Grand Totals	101,705,542.87	38,081,838.05	2,846,843.66	40,928,681.71	61,036,391.45	

PASSAIC COUNTY
 CAPITAL ASSET INVENTORY
 BUILDINGS AND GROUNDS DEPARTMENT
 PREAKNESS HEALTHCARE CENTER ASSETS
 FOR THE YEAR ENDED DECEMBER 31, 2021

BUILDINGS AND GROUNDS	018	PREAKNESS HEALTHCARE CENTER	CONSTRUCTION	1	12/31/1985	40	43,833.00	36,162.29	1,095.83
BUILDINGS AND GROUNDS	018	HOSPITAL UNIT 3	CONSTRUCTION	1	7/1/1990	40	9,371,544.00	8,973,625.26	234,288.60
BUILDINGS AND GROUNDS	018	HOSPITAL UNIT 4	CONSTRUCTION	1	4/1/2010	40	83,414,599.82	26,067,062.50	2,085,365.00
BUILDINGS AND GROUNDS	018	HOSPITAL UNIT 2 ICE RINK	CONSTRUCTION	1	7/1/1999	40	6,754.00	2,600.29	-
			TOTALS				97,134,201.75	37,582,203.98	2,545,870.91

Net Changes Summary - Depreciation by Program
as of 12/31/2021

Capitalized Assets

AYTD5

Account	DEPT CODE	Beginning Depreciation	----- Existings	----- Current Yr Depr Additions	Total Cur Yr Depreciation	Cur Yr Del Accum Depr	Accumulated Depreciation
Account : 300	CONSTRUCTION	3,170.78	400.52	173.96	574.48	0.00	3,745.26
Account : 500	MACHINERY & EQUIPMENT	2,848,437.69	259,530.29	0.00	259,530.29	0.00	3,107,967.98
Account : 600	LICENSED VEHICLES	158,898.84	33,698.69	3,207.29	36,905.98	0.00	195,804.82
Dept Total :	172 PREAKNESS HEALTHCARE	3,045,504.98	297,591.50	3,381.25	300,972.75	0.00	3,346,477.73
DEPT CODE :	174 CAMP HOPE						
Account : 300	CONSTRUCTION	431.67	185.00	0.00	185.00	0.00	616.67
Account : 301	CONSTRUCTION IN PROGRESS	0.00	0.00	0.00	0.00	0.00	0.00
Account : 500	MACHINERY & EQUIPMENT	57,432.10	1,008.93	0.00	1,008.93	0.00	58,441.03
Account : 600	LICENSED VEHICLES	245,679.18	3,346.37	0.00	3,346.37	0.00	249,025.55
Dept Total :	174 CAMP HOPE	303,542.95	4,540.30	0.00	4,540.30	0.00	308,083.25
DEPT CODE :	176-01 SENIOR SERVICES / VETERANS / HANDICAPPED						
Account : 500	MACHINERY & EQUIPMENT	77,252.77	3,215.60	0.00	3,215.60	0.00	80,468.37
Account : 600	LICENSED VEHICLES	605,266.48	9,857.44	0.00	9,857.44	0.00	615,123.92
Dept Total :	176-01 SENIOR SERVICES / VETERANS /	682,519.25	13,073.04	0.00	13,073.04	0.00	695,592.29
DEPT CODE :	176-02 ADULT DAY CARE						
Account : 500	MACHINERY & EQUIPMENT	3,796.10	690.20	0.00	690.20	0.00	4,486.30
Dept Total :	176-02 ADULT DAY CARE	3,796.10	690.20	0.00	690.20	0.00	4,486.30
DEPT CODE :	180 HEALTH DEPARTMENT						
Account : 500	MACHINERY & EQUIPMENT	36,654.17	2,975.37	3,783.00	6,758.37	26,775.00	16,637.54
Account : 600	LICENSED VEHICLES	354,448.82	77,558.69	1,961.53	79,520.22	0.00	433,969.04
Dept Total :	180 HEALTH DEPARTMENT	391,102.99	80,534.06	5,744.53	86,278.59	26,775.00	450,606.58
DEPT CODE :	190 SUPERINTENDENT OF SCHOOLS						
Account : 500	MACHINERY & EQUIPMENT	73,685.16	1,650.00	0.00	1,650.00	0.00	75,335.16
Dept Total :	190 SUPERINTENDENT OF SCHOOLS	73,685.16	1,650.00	0.00	1,650.00	0.00	75,335.16
DEPT CODE :	194 EXTENSION SERVICES						
Account : 500	MACHINERY & EQUIPMENT	0.00	0.00	975.00	975.00	0.00	975.00
Dept Total :	194 EXTENSION SERVICES	0.00	0.00	975.00	975.00	0.00	975.00
DEPT CODE :	196 PASSAIC COUNTY COMMUNITY COLLEGE						
Account : 600	LICENSED VEHICLES	1,817,172.55	0.00	0.00	0.00	0.00	1,817,172.55

Property Accounting Ledger Report -- Capitalized Assets

Site Bldg	Asset ID Room	Qty	Class	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
Fund Type:	1	GENERAL FIXED ASSET ACCOUNT GROUP										
Fund:	01	CURRENT FUND										
Acct:	300	CONSTRUCTION										
Dept:	145	EMERGENCY MANAGEMENT										
017	2013007	3010	2	100.00	2 BAY STORAGE SHED		08/30/2013	25	6,304.00	2,101.33	4,202.67	
017001	PITO	1	100.00	100.00	SUNSET BARN	NA	NA					
Dept:	157	JAIL AND WORKHOUSE										
009	2020112	3070	3	100.00	SECTIONS CANOPY COVERS, AWNING		05/13/2020	10	6,813.70	1,135.62	5,678.08	
009001	000000	1	100.00	100.00	TEXAS CANVAS SOLSTIS PROOF 502							
Dept:	172	PREAKNESS HEALTHCARE CENTER										
018	2013010	3052	REPLACEMENT DOORS - OLD MAIN ENTRANCE				02/06/2013	25	10,013.00	3,571.30	6,441.70	
018002	000000	1	100.00	?	N/A		N/A					
Dept:	174	CAMP HOPE										
024	2018070	3051	NEW ROOF ON CABIN 3				09/05/2018	20	3,700.00	616.67	3,083.33	
024017	000000	1	100.00	EXTECH								
Dept:	103-01	FINANCE										
Fund:	01	CURRENT FUND										
Acct:	500	MACHINERY & EQUIPMENT										
Dept:	10014	1700	COPY MACHINE/SCANNER/FAX				11/19/2016	10	6,549.20	3,329.18	3,220.02	
001001	439	1	100.00	SHARP	MX-M565-4		6E001268					
Dept:	103-05	MIS										
001	020370	1900	SERVER				07/24/2013	5	11,247.29	11,247.29	0.00	
001001	101	1	100.00	HP	DL 380P GEN 8		USE332B638					
Dept:	103-05	MIS										
Fund:	01	CURRENT FUND										
Acct:	500	MACHINERY & EQUIPMENT										
Dept:	103-01	FINANCE										
001	100014	1700	COPY MACHINE/SCANNER/FAX				11/19/2016	10	6,549.20	3,329.18	3,220.02	
001001	439	1	100.00	SHARP	MX-M565-4		6E001268					
Dept:	103-05	MIS										
001	020370	1900	SERVER				07/24/2013	5	11,247.29	11,247.29	0.00	
001001	101	1	100.00	HP	DL 380P GEN 8		USE332B638					

Property Accounting Ledger Report -- Capitalized Assets

Site Bldg	Asset ID Room	Class	Qty	Split %	Mfg	Description	Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
Fund:	01	CURRENT FUND											
Acct:	500	MACHINERY & EQUIPMENT											
012	110435	2100				IN CAR CAMERA W/ ACCESSORIES			08/05/2020	10	5,630.00	797.58	4,832.42
	012001	GARAGE	1	100.00		WATCHGUARD	4RE-ELT-AMZ200 +						
012	110436	2700				TOOL CABINET STORAGE			12/20/2020	10	4,278.75	427.88	3,850.87
	012001	GARAGE	1	100.00		SNAP-ON	KRA2422PCM						
						Department Totals		Asset Count	82		423,390.12	209,685.21	213,704.91
Dept:	172	PREAKNESS HEALTHCARE CENTER											
018	100085	1400				COMBI OVEN BOILER			04/12/2013	15	3,271.40	1,908.31	1,363.09
	018001	KITCH	1	100.00		?			?				
018	100087	1800				NURSE CALL SYSTEM			09/09/2013	10	374,300.00	311,916.67	62,383.33
	018001	T/O	1	100.00		?	N/A		N/A				
018	100088	1575				SARA 3000 SIT TO STAND LIFT W/SCALE			12/23/2013	10	4,995.00	3,996.00	999.00
	018001	UNITS	1	100.00		ARJOHUNTLEIGH	HEA-1002-US		S3STSLS				
						Department Totals		Asset Count	3		382,566.40	317,820.98	64,745.42
Dept:	190	SUPERINTENDENT OF SCHOOLS											
008	100108	1900				SAVIN MP C5503			09/20/2013	5	11,798.00	11,798.00	0.00
	008001	SUPER	1	100.00		SAVIN	C5503		ID G103508				
008	100109	1900				SAVIN MP C5503			09/20/2013	5	11,798.00	11,798.00	0.00
	008001	SUPER	1	100.00		SAVIN	C5503		ID G103509				
						Department Totals		Asset Count	2		23,596.00	23,596.00	0.00
Dept:	194	EXTENSION SERVICES											
019	100449	1410				CUH CENTERLINE DISHWASHER			05/05/2021	10	3,225.00	215.00	3,010.00
	019002	PITO	1	100.00		HOBART	492-645		87-3039154				
019	100450	1705				COPIER			04/20/2021	5	4,150.00	553.33	3,596.67
	019002	PITO	1	100.00		RICOH	IMC 2500G		equip ID 14469016				
019	100451	1410				INDUCTION RANGE			04/20/2021	10	3,100.00	206.67	2,893.33
	019002	PITO	1	100.00		BOSCH	HI18056U		8.21091E+17				
						Department Totals		Asset Count	3		10,475.00	975.00	9,500.00
Dept:	198-01	PARKS AND RECREATION											
030	100533	2800				20 YARD ROLL OFF			05/01/2020	15	4,375.00	486.11	3,888.89
	030006	T/O	1	100.00		VELLEY	HC 1662SD		JOB-104956				

Property Accounting Ledger Report -- Capitalized Assets

A3c

Site Bldg	Asset ID Room	Class	Qty	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value		
Fund:	04	GENERAL CAPITAL FUND												
Acct:	500	MACHINERY & EQUIPMENT												
009	110416	2100	1	100.00	SNIPER VIDEO SYSTEM/VIDEO AND PHONE		12/11/2020	10		19,995.00	2,166.13	17,828.87		
	PITO					SNIPER VIDEO SYSTEM - C0041								
009	303120001	2100	1	100.00	SYSTEM VIDEO CONFERENCE		08/11/2009	10		8,527.00	8,527.00	0.00		
	3 MARS					ISDN UNIT 806812673								
009	303120002	2100	1	100.00	SYSTEM VIDEO CONFERENCE		01/01/2009	10		12,000.00	12,000.00	0.00		
	3 MARS					HDX 7000								
009	303120003	2100	1	100.00	SYSTEM VIDEO CONFERENCE		01/01/2009	10		12,000.00	12,000.00	0.00		
	3 MARS					HDX 7000								
Department Totals										Asset Count	69	876,268.54	610,933.88	265,334.66
Dept:	170	YOUTH SERVICES COMMISSION												
001	000005	1700	1	100.00	PHOTOCOPIER		01/01/2013	10		31,000.00	27,900.00	3,100.00		
	511					BIZHUB C650	G27681							
Department Totals										Asset Count	1	31,000.00	27,900.00	3,100.00
Dept:	172	PREAKNESS HEALTHCARE CENTER												
018	000195	1400	1	100.00	MAKER, ICE		01/01/2013	15		4,500.00	2,700.00	1,800.00		
	3-201					MANITOWOC								
018	000196	1505	1	100.00	SCALE PLATFORM		01/01/2011	5		4,752.48	4,752.48	0.00		
	3-213					WHEELCHAIR 825 LB	6102-2675							
018	000197	1575	1	100.00	SYSTEM BATHING HC ACCESS WHIRLPOOL		01/01/2009	10		18,870.42	18,870.42	0.00		
	3-200					210056	LLD-13641							
018	000198	1705	1	100.00	PHOTOCOPIER		01/01/2009	5		12,100.00	12,100.00	0.00		
	32-64					AFICIO MP 4001	V7905200444							
018	000199	1575	1	100.00	LIFT SCALE PERSONAL		11/24/2009	10		7,917.00	7,917.00	0.00		
	3-202					TENOR 704 LB KHA								
018	000200	1575	1	100.00	LIFT SCALE PERSONAL		08/30/2011	10		7,591.66	7,591.66	0.00		
	3-200					MAXI MOVE 500 LB								
018	000201	1600	1	100.00	AVIARIE BIRD		10/27/2009	20		6,078.00	3,697.45	2,380.55		
	32-60					OCTAGON								
018	000202	1575	1	100.00	LIFT SCALE PERSONAL		08/30/2011	10		7,591.66	7,591.66	0.00		
	3-400					MAXI MOVE 500 LB								

Property Accounting Ledger Report -- Capitalized Assets

A3c

Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND										
	500		MACHINERY & EQUIPMENT										
018	000203		1505 SCALE PLATFORM	1	100.00	3-425	WHEELCHAIR 825 LB		01/01/2011	5	4,752.48	4,752.48	0.00
018001									6102-2673				
018	000204		1575 SYSTEM BATHING HC ACCESS WHIRLPOOL	1	100.00	3-400			01/01/2009	10	18,870.42	18,870.42	0.00
018001									LLD-13639				
018	000205		1705 PHOTOCOPIER	1	100.00	3-400			01/01/2009	5	11,975.00	11,975.00	0.00
018001									G35075				
018	000206		1575 SHOWER TROLLEY BED	1	100.00	34-48			08/30/2011	10	5,108.76	5,108.76	0.00
018001									1206000161				
018	000207		1575 LIFT SCALE PERSONAL	1	100.00	3-418			11/10/2009	10	7,082.00	7,082.00	0.00
018001													
018	000208		1410 MAKER, ICE	1	100.00	34-41			06/26/2009	10	4,288.33	4,288.33	0.00
018001													
018	000209		1575 SYSTEM BATHING HC ACCESS WHIRLPOOL	1	100.00	3-400			01/01/2009	10	18,870.42	18,870.42	0.00
018001									LLD-1640				
018	000210		1575 LIFT SCALE PERSONAL	1	100.00	3-400			11/24/2009	10	7,082.00	7,082.00	0.00
018001													
018	000211		1575 LIFT SCALE PERSONAL	1	100.00	3-400			11/24/2009	10	7,082.00	7,082.00	0.00
018001									0807000624				
018	000213		1575 SHOWER TROLLEY BED	1	100.00	3-423			08/30/2011	10	5,108.76	5,108.76	0.00
018001													
018	000214		1575 CHAIR EXAM	1	100.00	32-40C			01/01/2009	10	4,200.00	4,200.00	0.00
018001									66901				
018	000215		1505 XRAY PANORAMIC W/BASE	1	100.00	32-40F			06/23/2009	5	15,095.00	15,095.00	0.00
018001									12-1873209 DP				
018	000216		1515 CHAIR DENTAL EXAM	1	100.00	32-40F			06/23/2009	15	6,701.00	5,584.16	1,116.84
018001									A9856				
018	000217		1515 WASHER UTENCILS	1	100.00	32-40F			06/23/2009	15	3,395.00	2,829.16	565.84
018001													
018	000218		1508 PROCESSOR XRAY EXAM DIGITAL	1	100.00	32-40F			06/23/2009	8	15,070.00	15,070.00	0.00
018001													
018	000219		1575 STATION VISION INSTRUMENT	1	100.00	32-40F			01/01/2009	10	14,515.71	14,515.71	0.00
018001									0097030				

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Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND										
	500		MACHINERY & EQUIPMENT										
018	000220 32-40F		1505 MACHINE XRAY	1	100.00	CAMBRIDGE	1108		01/01/2009	5	4,451.48	4,451.48	0.00
									19840-1				
018	000221 32-40F		1575 STATION DENTAL INSTRUMENT	1	100.00	RELIANT	MULTIPLE		01/01/2009	10	3,677.31	3,677.31	0.00
									06/23/2009				
018	000222 32-40F		1575 ISLAND MEDICAL INSTRUMENT	1	100.00	ADEC	5543SB LAMINATE		01/01/2009	5	3,800.00	3,800.00	0.00
									705733				
018	000224 2-200		1410 MAKER, ICE	1	100.00	MANITOWOC			06/26/2009	10	4,288.33	4,288.33	0.00
									01/01/2009				
018	000225 2-200		1705 PHOTOCOPIER	1	100.00	RICOH	AFICIO MP 4001		01/01/2009	5	12,100.00	12,100.00	0.00
									V7905102020				
018	000226 2-200		1575 SYSTEM BATHING HC ACCESS WHIRLPOOL	1	100.00	APOLLO			01/01/2009	10	18,870.42	18,870.42	0.00
									LLD-13643				
018	000227 2-200		1505 SCALE PLATFORM	1	100.00	SCALETRONIX	WHEELCHAIR 825 LB		01/01/2009	5	4,645.03	4,645.03	0.00
									6102-2674				
018	000228 2-200		1575 LIFT SCALE PERSONAL	1	100.00	ARJO HUNT LEIGH	MAXI MOVE 500 LB		11/24/2009	10	7,082.00	7,082.00	0.00
									11/24/2009				
018	000229 2-200		1575 LIFT SCALE PERSONAL	1	100.00	ARJO HUNT LEIGH	MAXI MOVE 500 LB		11/10/2009	10	5,628.00	5,628.00	0.00
									0810002882				
018	000230 2-200		1575 SHOWER TROLLEY BED	1	100.00	ARJO-CONCERTO	BAB1000-01		01/01/2009	10	3,575.70	3,575.70	0.00
									970707				
018	000231 2-200		1575 LIFT SLING SCALE	1	100.00	SCALETRONIX	2001		01/01/2009	10	3,677.31	3,677.31	0.00
									8969				
018	000232 2-200		1575 LIFT SLING SCALE	1	100.00	VAN CARE	VANDER-LIFT 2		01/01/2009	10	3,677.31	3,677.31	0.00
									10167				
018	000233 2-200		1575 LIFT SLING SCALE	1	100.00	VAN CARE	VANDER-LIFT 2		01/01/2009	10	3,677.31	3,677.31	0.00
									10/27/2009				
018	000234 24-71A		1600 AVIARIE BIRD	1	100.00	OAK CREEK	OCTAGON		10/27/2009	20	6,078.00	3,697.45	2,380.55
									01/01/2009				
018	000235 2-400		1505 SCALE PLATFORM	1	100.00	SCALETRONIX	WHEELCHAIR 825 LB		01/01/2009	5	4,645.03	4,645.03	0.00
									6102-2676				

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Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description	Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND											
018	000273	500	MACHINERY & EQUIPMENT											
018001	13-40		1575	1	100.00		MACHINE FLUID THERAPY			01/01/2009	10	5,419.20	5,419.20	0.00
								FLU1115D		3522				
018	000274		2300	1	100.00		MACHINE UNIVERSAL			01/01/2009	10	4,400.00	4,400.00	0.00
018001	13-40		2300	1	100.00		HOIST							
								V1 4 STATION						
018	000275		2300	1	100.00		EXERCYCLE			01/01/2009	10	4,300.00	4,300.00	0.00
018001	13-40		2300	1	100.00		ENDORPHIN							
								32 HAND-FEET						
018	000276		1575	1	100.00		STIMULATION ELECTRICAL			05/12/2009	10	4,375.00	4,375.00	0.00
018001	13-40		1575	1	100.00		CHATANOOGA ENCORE							
								COMPLETE SYSTEM						
018	000277		1575	1	100.00		STIMULATION ELECTRICAL			05/12/2009	10	4,375.00	4,375.00	0.00
018001	13-40		1575	1	100.00		CHATANOOGA ENCORE							
								COMPLETE SYSTEM						
018	000278		1507	1	100.00		LASER SYSTEM			01/01/2009	7	4,838.57	4,838.57	0.00
018001	13-40		1507	1	100.00		SONICATOR 740			910UB2888				
								ME740						
018	000279		1705	1	100.00		PHOTOCOPIER			02/25/2009	5	11,682.00	11,682.00	0.00
018001	13-46		1705	1	100.00		SAVIN			G36982				
								9060						
018	000281		1505	1	100.00		SCALE PLATFORM			01/01/2009	5	4,645.03	4,645.03	0.00
018001	13-53		1505	1	100.00		SCALETRONIX							
								WHEELCHAIR 825 LB						
018	000282		1575	1	100.00		SHOWER TROLLEY BED			01/01/2009	10	5,628.00	5,628.00	0.00
018001	1-300		1575	1	100.00		ARJO-CONCERTO			SEE0538225				
								BAB5000-01						
018	000283		1575	1	100.00		SYSTEM BATHING HC ACCESS WHIRLPOOL			01/01/1998	10	18,561.97	18,561.97	0.00
018001	1-300		1575	1	100.00		CENTURY			98824337				
								T601D						
018	000284		1575	1	100.00		LIFT SCALE PERSONAL			08/31/2012	10	8,256.80	7,706.35	550.45
018001	1-300		1575	1	100.00		ARJO HUNT LEIGH							
								MAXI MOVE 500 LB						
018	000285		1575	1	100.00		SYSTEM BATHING HC ACCESS WHIRLPOOL			01/01/1998	10	18,561.97	18,561.97	0.00
018001	13-58		1575	1	100.00		CENTURY			98824772				
								T50XR1D						
018	000286		1575	1	100.00		LIFT SCALE PERSONAL			08/31/2012	10	8,256.80	7,706.35	550.45
018001	1-300		1575	1	100.00		ARJO HUNT LEIGH							
								MAXI MOVE 500 LB						
018	000287		1575	1	100.00		LIFT SLING SCALE			01/01/2009	10	3,677.31	3,677.31	0.00
018001	1-300		1575	1	100.00		VAN CARE			10160				
								VANDER-LIFT 2						
018	000289		1705	1	100.00		PHOTOCOPIER			01/01/2009	5	11,975.00	11,975.00	0.00
018001	2-300		1705	1	100.00		SAVIN			G35072				
								9060						
018	000290		1575	1	100.00		LIFT SCALE PERSONAL			08/31/2012	10	8,256.80	7,706.35	550.45
018001	2-300		1575	1	100.00		ARJO HUNT LEIGH							
								MAXI MOVE 500 LB						

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Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND										
	500		MACHINERY & EQUIPMENT										
018	000308		1705 PHOTOCOPIER	1	100.00	SAVIN	9060		01/01/2009	5	11,975.00	11,975.00	0.00
	1-400								G35074				
018	000309		1410 MAKER, ICE	1	100.00	MANITOWOC			06/26/2009	10	4,288.33	4,288.33	0.00
	1-400												
018	000310		1575 SHOWER TROLLEY BED	1	100.00	ARJO-CONCERTO	BAB1000-01		01/01/2009	10	5,628.00	5,628.00	0.00
	1-400								0810002883				
018	000311		1400 SINK, S/S, 1 BASIN	1	100.00	W/COUNTER			06/26/2009	15	4,913.00	4,094.16	818.84
	KITCH												
018	000312		1410 REFRIGERATOR, 4 DOOR	1	100.00	MCCALL	4-404501		06/26/2009	10	3,429.00	3,429.00	0.00
	KITCH								S-837888				
018	000314		1400 TABLE COUNTER SS	1	100.00	DUKE	MOBILE		06/26/2009	15	3,250.17	2,708.48	541.69
	KITCH												
018	000315		1400 TABLE COUNTER SS	1	100.00	DUKE	MOBILE		06/26/2009	15	3,250.17	2,708.48	541.69
	KITCH												
018	000316		1400 TABLE COUNTER SS	1	100.00	DUKE	MOBILE HOT BAR		06/26/2009	15	4,574.22	3,811.86	762.36
	KITCH												
018	000317		1400 TABLE COUNTER SS	1	100.00	DUKE	MOBILE 4 HOT BAR		06/26/2009	15	8,480.00	7,066.66	1,413.34
	KITCH												
018	000318		1400 TABLE COUNTER SS	1	100.00	DUKE	MOBILE 2 HOT BAR		06/26/2009	15	6,199.00	5,165.84	1,033.16
	KITCH												
018	000319		1705 PHOTOCOPIER	1	100.00	SHARP	MX-M350N		06/26/2009	5	9,800.00	9,800.00	0.00
	KITCH												
018	000320		1410 MAKER, ICE	1	100.00	MANITOWOC	B750		06/26/2009	10	3,685.00	3,685.00	0.00
	KITCH								110684845				
018	000321		1400 FREEZER, WALK-IN	1	100.00	BALLY			06/26/2009	15	12,000.00	10,000.00	2,000.00
	BSMNT												
018	000322		1400 FREEZER, WALK-IN	1	100.00	BALLY			06/26/2009	15	12,000.00	10,000.00	2,000.00
	BSMNT												
018	000323		1575 LIFT SLING SCALE	1	100.00	VAN CARE	VANDER-LIFT 2		01/01/2009	10	3,677.31	3,677.31	0.00
	BSMNT								10161				
018	000324		1575 LIFT SLING SCALE	1	100.00	VAN CARE	VANDER-LIFT 2		01/01/2009	10	3,677.31	3,677.31	0.00
	BSMNT								10163				

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Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND										
	500		MACHINERY & EQUIPMENT										
018	000325		1575	1	100.00	LIFT SLING SCALE	VANDER-LIFT 2		01/01/2009	10	3,677.31	3,677.31	0.00
		BSMNT							8905				
018	000326		1575	1	100.00	LIFT SCALE PERSONAL			08/31/2012	10	8,256.80	7,706.35	550.45
		BSMNT				ARJO HUNT LEIGH	MAXI MOVE 500 LB						
018	000327		1400	1	100.00	MACHINE, FLOOR BURNISHER	M26036CE		01/01/2009	15	4,574.22	3,964.33	609.89
		BSMNT				MINUTEMAN							
018	000328		1400	1	100.00	MACHINE, FLOOR BURNISHER	M26036CE		01/01/2009	15	4,574.22	3,964.33	609.89
		BSMNT				MINUTEMAN			50812				
018	000330		1705	1	100.00	PHOTOCOPIER	AFICIO 2075SP		01/01/2009	5	12,551.93	12,551.93	0.00
		B25				RICOH							
018	000331		1600	1	100.00	SYSTEM FILING ROLLER	8 SECTION		08/11/2009	20	57,725.00	35,837.60	21,887.40
		B25				SPACE SAVER							
018	000333		1400	1	100.00	MACHINE, FLOOR	326		01/01/2009	15	5,717.78	4,955.41	762.37
		B29				MINUTEMAN							
018	000334		1410	1	100.00	DRYER CLOTHES DOUBLE	HTT30MT OVER UNDER		07/13/2010	10	5,177.00	5,177.00	0.00
		B29				HUEBSCH							
018	000335		1410	1	100.00	DRYER CLOTHES DOUBLE	HTT30MT OVER UNDER		07/13/2010	10	5,177.00	5,177.00	0.00
		B29				HUEBSCH							
018	000336		1410	1	100.00	DRYER CLOTHES DOUBLE	HTT30MT OVER UNDER		07/13/2010	10	5,177.00	5,177.00	0.00
		B29				HUEBSCH							
018	000337		1400	1	100.00	WASHER INDUSTRIAL	UWN060T3VXU1001		07/13/2010	15	11,502.00	8,818.20	2,683.80
		B29				UWN060T3V UNIMAC			2810				
018	000338		1400	1	100.00	WASHER INDUSTRIAL	UWN060T3VXU1001		07/13/2010	15	11,502.00	8,818.20	2,683.80
		B29				UWN060T3V UNIMAC			0011				
018	000339		1600	1	100.00	SYSTEM FILING ROLLER	4 SECTION		08/11/2009	20	28,886.00	17,933.39	10,952.61
		B32				SPACE SAVER							
018	000340		1600	1	100.00	SYSTEM FILING ROLLER	3 SECTION		08/11/2009	20	33,311.00	20,680.58	12,630.42
		B33				SPACE SAVER							
018	000341		1600	1	100.00	SYSTEM FILING ROLLER	4 SECTION		08/11/2009	20	23,203.00	14,405.20	8,797.80
		B34				SPACE SAVER							
018	000342		1600	1	100.00	SYSTEM FILING ROLLER	4 SECTION		08/11/2009	20	55,064.00	34,185.57	20,878.43
		B35				SPACE SAVER							

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		04	GENERAL CAPITAL FUND										
	500		MACHINERY & EQUIPMENT										
018	000343		1600	1	100.00	SYSTEM FILING ROLLER	7 SECTION		08/11/2009	20	69,527.00	43,164.68	26,362.32
	018001		B36			SPACE SAVER							
018	000344		1410	1	100.00	WASHER WHEELCHAIR MOBILE	64X		03/10/2009	10	9,995.00	9,995.00	0.00
	018001		BSMNT			MEDCO							
018	000345		1410	1	100.00	REFRIGERATOR, 2 DOOR	L1-1002		06/26/2009	10	5,337.00	5,337.00	0.00
	018001		KITCH			MCCALL		S-837886					
018	000346		1410	1	100.00	REFRIGERATOR, 2 DOOR	L1-1002		06/26/2009	10	5,337.00	5,337.00	0.00
	018001		KITCH			MCCALL		S-837887					
018	000347		1410	1	100.00	CAROUSEL TRAY FOOD PREP	12 HOT 2 COLD		06/26/2009	10	211,625.00	211,625.00	0.00
	018001		KITCH			ATLAS S/LINE		15 TRAY CONVEYOR					
018	000350		1410	1	100.00	TOASTER CONVEYOR			06/26/2009	10	3,049.48	3,049.48	0.00
	018001		KITCH			HATCO		INDUSTRIAL					
018	000352		1400	1	100.00	TABLE, PREPARATION			06/26/2009	15	4,431.28	3,692.74	738.54
	018001		KITCH			DUKE		W-HOT DRAWERS					
018	000353		1410	1	100.00	FREEZER, 2 DOOR			01/01/2009	10	3,049.48	3,049.48	0.00
	018001		KITCH			MCCALL							
018	000354		1410	1	100.00	KETTLE, SOUP FLOOR			06/26/2009	10	16,101.00	16,101.00	0.00
	018001		KITCH			GROEN		2-CTDC 3-20-SG 20QT					
018	000355		1410	1	100.00	SYSTEM, DISHWASHING			06/26/2009	10	65,903.00	65,903.00	0.00
	018001		KITCH			CHAMPION							
018	000356		1410	1	100.00	CAROUSEL UTENCIL CLEANING			06/26/2009	10	43,754.00	43,754.00	0.00
	018001		KITCH			BILNE		PS210	BW1245				
018	000357		1410	1	100.00	HOOD, EXHAUST, S/S			01/01/2009	10	17,153.33	17,153.33	0.00
	018001		KITCH			EVI		SWRF 5X12					
018	000358		1410	1	100.00	HOOD, EXHAUST, S/S			01/01/2009	10	17,153.33	17,153.33	0.00
	018001		KITCH			EVI		SWRF 5X12					
018	000359		1410	1	100.00	HOOD, EXHAUST, S/S			01/01/2009	10	17,153.33	17,153.33	0.00
	018001		KITCH			EVI		SWRF 5X12					
018	000360		1410	1	100.00	HOOD, EXHAUST, S/S			01/01/2009	10	17,153.33	17,153.33	0.00
	018001		KITCH			EVI		SWRF 5X12					
018	000361		1410	1	100.00	STEAMER, PRESSURELESS, DOUBLE			06/26/2009	10	8,004.89	8,004.89	0.00
	018001		KITCH			RATIONAL		SINGLE					

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Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND										
	500		MACHINERY & EQUIPMENT										
018	000362 KITCH		1410 STEAMER, PRESSURELESS, DOUBLE	1	100.00	RATIONAL	SINGLE		06/26/2009	10	8,004.89	8,004.89	0.00
018	000363 KITCH		1400 KETTLE, STEAM, FLOOR	1	100.00	GROEN	DHT 1-40 FLOOR 40GAL		06/26/2009	15	17,291.00	14,409.16	2,881.84
018	000364 KITCH		1410 RANGE, GRIDDLE TOP	1	100.00	VULCAN	GH72 2 BURNER		06/26/2009	10	5,230.00	5,230.00	0.00
018	000365 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000366 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000367 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000368 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000369 KITCH		1400 SINK, S/S, 2 BASIN	1	100.00	W/SHELF			06/26/2009	15	4,383.63	3,653.02	730.61
018	000370 KITCH		1410 FRYER, 3 WELL 50LB EACH	1	100.00	FRYMASTER	H55-SD 3 WELL		06/26/2009	10	14,907.00	14,907.00	0.00
018	000371 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000372 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000373 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000374 KITCH		1410 OVEN, CONVECTION	1	100.00	VULCAN	SINGLE		06/26/2009	10	4,114.50	4,114.50	0.00
018	000375 KITCH		1410 RANGE, GRIDDLE TOP	1	100.00	VULCAN	GH72 2 BURNER		06/26/2009	10	5,230.00	5,230.00	0.00
018	000376 KITCH		1400 KETTLE, STEAM, FLOOR	1	100.00	GROEN	DHT 1-40 FLOOR 40GAL		06/26/2009	15	17,291.00	14,409.16	2,881.84
018	000377 KITCH		1410 GRIDDLE 5 BURNER	1	100.00	VULCAN	MOBILE		01/01/2009	10	3,350.00	3,350.00	0.00

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		04	GENERAL CAPITAL FUND											
	500		MACHINERY & EQUIPMENT											
018	000378		1410 MIXER, FOOD, FLOOR	1	100.00	HOBART		HL600		06/26/2009	10	12,042.00	12,042.00	0.00
										311397737				
018	000379		1400 SINK, S/S, 2 BASIN	1	100.00	W/SHELF				06/26/2009	15	4,383.63	3,653.02	730.61
018	000384		1410 SLICER, MEAT	1	100.00	HOBART				06/26/2009	10	5,014.00	5,014.00	0.00
										1265727				
018	000385		1400 COOLER, WALK-IN	1	100.00	BALLY				06/26/2009	15	14,000.00	11,666.66	2,333.34
018	000386		1400 COOLER, WALK-IN	1	100.00	BALLY				06/26/2009	15	14,000.00	11,666.66	2,333.34
018	000387		1400 COOLER, WALK-IN	1	100.00	BALLY				06/26/2009	15	14,000.00	11,666.66	2,333.34
018	000388		1400 COOLER, WALK-IN	1	100.00	BALLY				06/26/2009	15	14,000.00	11,666.66	2,333.34
018	000389		1400 COOLER, WALK-IN	1	100.00	BALLY				06/26/2009	15	14,000.00	11,666.66	2,333.34
018	000390		1400 COOLER, WALK-IN	1	100.00	BALLY				06/26/2009	15	14,000.00	11,666.66	2,333.34
018	000391		1410 REFRIGERATOR, 1 DOOR	1	100.00	MCCALL				06/26/2009	10	3,832.00	3,832.00	0.00
018	000392		1410 SLICER, MEAT	1	100.00	HOBART				06/26/2009	10	4,693.00	4,693.00	0.00
										561265747				
018	000393		1410 CHOPPER/CUTTER, FOOD	1	100.00	HOBART				06/26/2009	10	5,477.00	5,477.00	0.00
018	000394		1410 REFRIGERATOR, 2 DOOR	1	100.00	MCCALL				06/26/2009	10	3,907.15	3,907.15	0.00
018	000395		1410 REFRIGERATOR, 4 DOOR	1	100.00	MCCALL				06/26/2009	10	3,907.15	3,907.15	0.00
018	000396		1400 SINK, S/S, 2 BASIN	1	100.00	W/COUNTER				06/26/2009	15	3,049.48	2,541.24	508.24
018	000397		1400 SINK, S/S, 1 BASIN	1	100.00	W/COUNTER				06/26/2009	15	5,058.00	4,215.00	843.00

Property Accounting Ledger Report -- Capitalized Assets

Site Bldg	Asset ID Room	Class	Qty	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
Fund:	04	GENERAL CAPITAL FUND										
Acct:	500	MACHINERY & EQUIPMENT										
018	000400	1400	1	100.00	COOLER SANDWICH STATION			06/26/2009	15	9,530.00	7,941.66	1,588.34
	018001	KITCH			DELFIELD	TOP ACCESS						
018	000401	1400	1	100.00	TABLE, PREPARATION			06/26/2009	15	3,621.26	3,017.72	603.54
	018001	KITCH			12FT	W-4 DRAWER						
018	000402	1410	1	100.00	MACHINE TRAY COVERING			01/01/2009	10	3,430.67	3,430.67	0.00
	018001	KITCH			OLIVER	1908		173907				
018	000403	1400	1	100.00	SINK, S/S, 3 BASIN			06/26/2009	15	3,621.26	3,017.72	603.54
	018001	KITCH			W/COUNTER							
018	000404	1410	1	100.00	SYSTEM, DISHWASHING			06/26/2009	10	22,322.00	22,322.00	0.00
	018001	KITCH			CHAMPION	LD-12-CPT-E CORNER						
018	000405	1410	1	100.00	MIXER, FOOD, COUNTER TOP			06/26/2009	10	3,791.00	3,791.00	0.00
	018001	KITCH			HOBART	ILL200 20QT						
018	000406	2800	1	100.00	MOWER, RIDING FRONT DECK			01/01/2002	15	11,254.27	11,254.27	0.00
	018001	PITO			TORO	GROUNDMASTER 325-D						
018	001219	1575	1	100.00	CEILING LIGHT-EXAM ROOM			03/24/2009	10	3,521.00	3,521.00	0.00
	018001	32-40F			BURTON	CS316SC						
018	001220	1575	1	100.00	SCALE-SLING BED			08/11/2009	10	3,455.00	3,455.00	0.00
	018001	T/O			SCALE-TRONIX	2001S						
018	001227	2800	1	100.00	PALLET TRUCK-MOTORIZED 2200 LB CAP			04/28/2009	15	3,219.00	2,718.27	500.73
	018001	T/O			T/O	1AGU1						
018	001240	1900	1	100.00	COMPUTER, DESKTOP			03/24/2009	5	3,055.00	3,055.00	0.00
	018001	T/O			HEWLETT PACKARD	PRO DL380G5						
018	001241	1900	1	100.00	COMPUTER, DESKTOP			03/24/2009	5	3,795.00	3,795.00	0.00
	018001	T/O			HEWLETT PACKARD	PRO DL380G5						
018	001246	1600	1	100.00	STORAGE SYSTEM-RESIDENT SEASONAL			08/11/2009	20	19,546.00	12,134.81	7,411.19
	018001	B25			SPACE SAVER							
018	001247	1600	1	100.00	STORAGE SYSTEM-LINEN STORAGE			08/11/2009	20	10,305.00	6,397.69	3,907.31
	018001	B36			SPACE SAVER							
018	001248	1600	1	100.00	STORAGE SYSTEM-CLEAN LINEN			08/11/2009	20	10,144.00	6,297.73	3,846.27
	018001	B36			SPACE SAVER							
018	001255	1575	1	100.00	PARALLEL BARS-MOTORIZED			05/12/2009	10	8,775.00	8,775.00	0.00
	018001	13-40			HAUSMANN	1363						

Property Accounting Ledger Report -- Capitalized Assets

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Site Bldg	Asset ID Room	Fund:	Qty	Class	Split %	Mfg	Description	Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04		GENERAL CAPITAL FUND										
018	001257	500	1	1575	100.00	DELIVERY UNIT DENTAL				06/23/2009	10	3,042.00	3,042.00	0.00
						ADEC		2122						
018	001261		1	1575	100.00	ULTRACLAVE STERILIZER DENTAL				06/23/2009	10	4,295.00	4,295.00	0.00
						MIDMARK		M11-020						
018	001262		1	1575	100.00	INSTRUMENT WASHER-TABLETOP DENTAL				06/23/2009	10	3,395.00	3,395.00	0.00
						SCI-CAN		CS1W-001 HYDRIM						
018	001263		2800	2800	100.00	SPREADER-SALT 3/4 YD				03/23/2010	15	4,780.00	3,744.34	1,035.66
						SMITH		SERIES II		10968				
018	001269		1600	1600	100.00	TOWER TREE-INDOOR OLYMPIA PINE				03/09/2010	20	7,158.00	4,235.15	2,922.85
						T/O		100022475						
018	001283		1410	1410	100.00	VENTILLATORS/UDS SYSTEM				06/26/2009	10	68,419.00	68,419.00	0.00
						KITCH								
018	001285		1400	1400	100.00	TABLE-CUSTOM				06/26/2009	15	4,907.00	4,089.16	817.84
						KITCH		MARLO						
018	001287		1400	1400	100.00	TABLE-CUSTOM WORK				06/26/2009	15	4,001.00	3,334.16	666.84
						KITCH		MARLO						
018	001288		1410	1410	100.00	CONTAINER-THERMAL HOT FOOD STORAGE 4				06/26/2009	10	19,501.00	19,501.00	0.00
						KITCH		DUKE 2102P						
018	001289		1410	1410	100.00	FOOD SLICER-S/STEEL 6 SPEED				06/26/2009	10	4,693.00	4,693.00	0.00
						KITCH		HOBART 2912+BUILDUP						
018	001292		1400	1400	100.00	SHELF-CUSTOM BAIN MARIE				06/26/2009	15	4,745.00	3,954.16	790.84
						KITCH		MARLO						
018	001293		1400	1400	100.00	BLAST CHILLER/COMPRESSOR/COIL				06/26/2009	15	32,146.00	26,788.34	5,357.66
						KITCH		BALLY						
018	001298		1405	1405	100.00	PULP EXTRACTOR-WASTE DISPOSER SYSTEM				06/26/2009	5	11,224.00	11,224.00	0.00
						KITCH		INSINK WX-300-18ANX101						
018	001300		2800	2800	100.00	POWER WASHER				06/26/2009	15	3,107.00	2,589.16	517.84
						T/O		T&S SM						
018	001311		1410	1410	100.00	FOOD PROCESSOR-S/STEEL 6 QT CAP				06/26/2009	10	3,739.00	3,739.00	0.00
						KITCH		ROBOT COUPE R6N						
018	001312		1410	1410	100.00	FOOD SLICER-S/STEEL 6 SPEED				06/26/2009	10	5,014.00	5,014.00	0.00
						KITCH		HOBART 2912-1						

Property Accounting Ledger Report -- Capitalized Assets

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Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND										
018	500		MACHINERY & EQUIPMENT										
018001	001319 KITCH		1410 FOOD MIXER-PLANETARY 20 QT CAP	1	100.00	HOBART	ILL200+BUILDUP		06/26/2009	10	3,791.00	3,791.00	0.00
018001	001327 KITCH		1400 TRACK SHELVING KIT	1	100.00	METRO	XTTE24		06/26/2009	15	5,428.00	4,523.34	904.66
018001	001328 KITCH		1400 COUNTER-CUSTOM	1	100.00	DELFIELD	F14EI-688		06/26/2009	15	8,249.00	6,874.16	1,374.84
018001	001329 KITCH		1410 REFRIGERATOR-AIR CURTAIN MOBILE	1	100.00	R-AS-10			06/26/2009	10	6,290.00	6,290.00	0.00
018001	001331 KITCH		1400 TRACK SHELVING KIT	1	100.00	METRO	XTTE24		06/26/2009	15	5,383.00	4,485.84	897.16
018001	009257 B24		1705 PHOTOCOPIER	1	100.00	RICOH	AFICIO 1075	20187977	01/01/2002	5	28,000.00	28,000.00	0.00
018001	009272 21-44		1705 PHOTOCOPIER	1	100.00	RICOH	AFICIO 1060		01/01/2003	5	14,000.00	14,000.00	0.00
018001	012428 KITCH		1410 OVEN GAS COMBI-STEAMER	1	100.00	RATIONAL	CLIMA PLU COMBI CPCG		06/26/2009	10	14,344.00	14,344.00	0.00
018001	012473 32-40C		1575 CHAIR GYNOCLOGY	1	100.00	MIDMARK	413		06/23/2009	10	6,701.00	6,701.00	0.00
018001	012484 2-300		1505 SCALE PLATFORM	1	100.00	SCALETRONIX	WHEELCHAIR 825 LB		01/01/2009	5	4,645.03	4,645.03	0.00
018001	100089 T/O		1705 COPIER	1	100.00	SAVIN	MP 5002SP		03/03/2014	5	8,736.00	8,736.00	0.00
018001	100090 T/O		1705 COPIER	1	100.00	SAVIN	MP 5002SP		03/03/2014	5	8,736.00	8,736.00	0.00
018001	100091 T/O		1705 COPIER	1	100.00	SAVIN	MP 5002SP		03/03/2014	5	8,736.00	8,736.00	0.00
018001	100092 T/O		1705 COPIER	1	100.00	SAVIN	MP 2352SP		03/03/2014	5	3,193.00	3,193.00	0.00
018001	100093 T/O		1705 COPIER	1	100.00	SAVIN	MP 2352SP		03/03/2014	5	3,193.00	3,193.00	0.00
018001	100096 T/O		2100 CAMERAS	1	100.00				09/13/2016	10	15,993.29	8,529.76	7,463.53

Property Accounting Ledger Report -- Capitalized Assets

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Site Bldg	Asset ID Room	Fund:	Class	Qty	Split %	Mfg	Description	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
		04	GENERAL CAPITAL FUND										
	500		MACHINERY & EQUIPMENT										
018	100097		1900	1	100.00	HP	HP 6 TB 3.5" INTEL HARD DRIVE		12/25/2016	5	3,880.00	3,880.00	0.00
018001	T/O												
018	100098		1575	1	100.00	ARJO	ARJO MAXI-MOVE LIFT W/ SCALE		06/26/2016	10	6,775.00	3,726.25	3,048.75
018001	000000												
018	100099		2100	1	100.00	LG	28" LG HEALTHCARE HDTV		07/19/2016	10	8,358.30	4,527.41	3,830.89
018001	000000												
018	100100		2100	1	100.00	ZENITH	ZENITH 9000 76"/80" GRID	9000	07/19/2016	10	11,340.00	6,142.50	5,197.50
018001	000000												
018	100101		2100	1	100.00	LG	32" LG HEALTHCARE HDTV		11/02/2016	10	8,732.50	4,511.79	4,220.71
018001	000000												
018	100102		2000	1	100.00	VLA	VLA SQL PER DEVICE CAL 2016		11/15/2016	5	10,101.00	10,101.00	0.00
018001	T/O												
018	100103		1900	1	100.00	LIVE	LIVE SCAN SYSTEM DESKTOP		05/10/2016	5	17,160.00	17,160.00	0.00
018001	T/O												
018	100104		1900	1	100.00	TENPRINT	TENPRINT/PALMPRINT CAPTURE		05/10/2016	5	74,060.00	74,060.00	0.00
018001	T/O												
018	100105		2100	1	100.00	CAMERA	CAMERA 2.8 TO 12MM FOCAL		12/16/2016	10	15,785.00	7,892.50	7,892.50
018001	T/O												
018	100221		1410	1	100.00	SLICER	SLICER		10/10/2018	10	7,033.16	2,285.78	4,747.38
018001	KITCH								31-1563-695				
018	100222		1700	1	100.00	COPIER	COPIER (NURSING SUPERVISORS)		10/03/2018	10	12,493.00	4,060.23	8,432.77
018001	2-200								L11706				
018	100223		1700	1	100.00	COPIER	COPIER (NURSING ADMINISTRATOR'S OFFICE)		10/10/2018	10	12,493.00	4,060.23	8,432.77
018001	2-200								L11707				
018	100224		1700	1	100.00	COPIER	COPIER (KITCHEN)		10/10/2018	10	12,493.00	4,060.23	8,432.77
018001	KITCH								L11561				
018	100225		1575	1	100.00	BARIATRIC	BARIATRIC SHOWER TROLLEY		02/21/2018	10	7,520.00	2,882.67	4,637.33
018001	1-200								1710-24321				
018	100226		1575	1	100.00	BARIATRIC	BARIATRIC SHOWER TROLLEY		02/21/2018	10	7,520.00	2,882.67	4,637.33
018001	2-400								1708-24204				
018	100346		1705	1	100.00	COPIER	COPIER		11/20/2020	5	5,500.00	1,191.67	4,308.33
018001	1-200								C330R800269				

Property Accounting Ledger Report -- Capitalized Assets

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Site Bldg	Asset ID Room	Qty	Class	Split %	Mfg	Description / Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value		
Fund:	04	GENERAL CAPITAL FUND												
Acct:	500	MACHINERY & EQUIPMENT												
018	2019090	1705	COPIER (BUSINESS OFFICE)					04/09/2019	5	7,856.00	4,320.80	3,535.20		
018001	21-43	1	100.00	SAVIN	MP6503 - L15559		G659C300396							
018	2019091	1705	COPIER (ADMISSIONS OFFICE)					05/17/2019	5	7,857.00	4,059.45	3,797.55		
018001	11-54	1	100.00	SAVIN	MP6503 - L15592		G659C200281							
018	2019092	1575	SCIFIT STEPONE WITH PREMIUM SEAT					12/04/2019	10	5,733.33	1,194.44	4,538.89		
018001	T/O	1	100.00	SCIFIT										
018	2019093	1575	PATIENT LIFT W/SCALE					04/23/2019	10	14,994.04	3,998.40	10,995.64		
018001	T/O	1	100.00	ARJOHUNTLEIGH	KMCLUN-D									
018	2019094	1410	FLOOR MACHINE					05/14/2019	10	10,403.10	2,774.16	7,628.94		
018001	T/O	1	100.00	PACIFIC	P545413									
018	2019095	1705	COPIER (NURSING 1-300)					08/13/2019	5	7,856.00	3,797.07	4,058.93		
018001	1-300	1	100.00	SAVIN	MP6503- L15804		G659C200268							
018	2019096	1705	COPIER (NURSING 1-400)					08/13/2019	5	7,856.00	3,797.07	4,058.93		
018001	1-400	1	100.00	SAVIN	MP6503- L15854		G659C200269							
018	2019097	1705	COPIER (NURSING 2-300)					08/13/2019	5	7,856.00	3,797.07	4,058.93		
018001	2-300	1	100.00	SAVIN	MP6503- L15853		G659C200272							
018	2019098	1705	COPIER (NURSING 2-400)					08/13/2019	5	7,856.00	3,797.07	4,058.93		
018001	2-400	1	100.00	SAVIN	MP6503- L15591		G659C200276							
018	2019099	1705	COPIER (NURSING 3-400)					08/13/2019	5	7,856.00	3,797.07	4,058.93		
018001	3-400	1	100.00	SAVIN	MP6503- L12985		G659CB00030							
018	2019100	1900	HP PB 450G6 W/10 PRO64					08/13/2019	5	5,904.00	2,853.60	3,050.40		
018001	T/O	1	100.00	HP										
030	2020115	2300	PREAKNESS VALLEY GOLF COURSE SAFETY					12/31/2020	10	273,643.00	27,364.30	246,278.70		
030001	T/O	1	100.00											
Dept:	174	CAMP HOPE												
Department Totals										Asset Count	276	3,773,371.66	2,790,147.00	983,224.66
024	000113	1700	PHOTOCOPIER					01/01/1997	10	9,010.02	9,010.02	0.00		
024001	ADMIN	1	100.00	XEROX	5034									
024	000114	1700	MACHINE, POSTAGE					01/01/2013	10	4,500.00	4,050.00	450.00		
024001	ADMIN	1	100.00	PITNEY BOWES	MP9G		0083889							
024	000115	1700	PHOTOCOPIER					01/01/2008	10	3,000.00	3,000.00	0.00		
024001	ADMIN	1	100.00	SHARP	AR-M257		A1626							

Property Accounting Ledger Report -- Capitalized Assets

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Site Bldg	Asset ID Room	Class	Qty	Split %	Mfg	Description Model	S/N	Depreciation Begin Date	Life	Original Cost	Accumulated Depreciation	Book Value
Fund:	04	GENERAL CAPITAL FUND										
Acct:	600	LICENSED VEHICLES										
009	000460	2600			FORKLIFT			01/01/2009	8	29,003.94	29,003.94	0.00
009001	LICVEH	1	100.00		CROWN	NAUTILIST		1A191902				
010	101008	2600			U-BOAT			02/17/2017	8	24,732.00	14,942.25	9,789.75
010001	PITO	1	100.00		MID-ATLANTIC RESCUE	1660 DELUXE						
							Asset Count		3	81,018.96	71,229.21	9,789.75
Dept:	170	YOUTH SERVICES COMMISSION										
009	024883	2600			VEHICLE SEDAN			12/10/2010	8	8,500.00	8,500.00	0.00
009001	LICVEH	1	100.00		CHEVROLET	IMPALA		2G1WB58KX89241419				
							Asset Count		1	8,500.00	8,500.00	0.00
Dept:	172	PREAKNESS HEALTHCARE CENTER										
018	017242	2600			VAN			08/13/1997	8	18,073.00	18,073.00	0.00
018001	LICVEH	1	100.00		DODGE	RAM B1500		2B4H815Y1VX579701				
018	2015016	2600			VEHICLE			10/15/2015	8	29,822.00	23,298.44	6,523.56
018001	LICVEH	1	100.00		FORD	EXPLORER						
018	2016036	2600			FORD-250 2016 SRW			09/27/2016	8	43,885.00	28,799.53	15,085.47
018001	LICVEH	1	100.00		FORD	F-250						
018	2016038	2600			ONE 2016 INTERNATIONAL TRUCK			12/29/2016	8	195,882.50	122,426.56	73,455.94
018001	LICVEH	1	100.00		INTERNATIONAL							
018	2021892	2600			FORD TRUCK, 2021, CUSTOM			05/14/2021	8	38,487.52	3,207.29	35,280.23
018001	LICVEH	1	100.00		FORD	F350		1FTRF3D60MED05965				
							Asset Count		5	326,150.02	195,804.82	130,345.20
Dept:	174	CAMP HOPE										
024	017526	2600			VEHICLE SUV			02/24/1998	8	19,886.00	19,886.00	0.00
024001	LICVEH	1	100.00		JEEP	CHEROKEE		1J4FJ28S7WL197890				
024	022443	2600			VAN 8 PASSENGER			10/14/2003	8	14,455.00	14,455.00	0.00
024001	LICVEH	1	100.00		FORD	E-150 XL		1FMRE11263HCO2017				
024	2013-0534	2600			BUS 25 PASSENGER			12/31/1998	8	50,924.07	50,924.07	0.00
024001	LICVEH	1	100.00		CHEVROLET	EXPRESS G3500		1GBHG31F5W1095875				
024	2013-0607	2600			TRACTOR			12/31/2002	8	30,000.00	30,000.00	0.00
024001	LICVEH	1	100.00		FORD	C388257						

5/24/2022

**PASSAIC COUNTY, NEW JERSEY
PREAKNESS HEALTHCARE CENTER
COMPUTATION OF 2021 FIXED EMPLOYEE FRINGE BENEFITS RATE
BASED ON 2019 ACTUAL EMPLOYEE FRINGE BENEFITS RATE
AND 2021 BUDGETED EMPLOYEE FRINGE BENEFITS RATE**

		PREAKNESS HEALTHCARE CENTER
<u>2019 ACTUAL EMPLOYEE FRINGE BENEFITS COSTS:</u>		
2019 ACTUAL SALARIES & WAGES PER PREAKNESS COST REPORT	(A)	\$28,028,973
2019 ACTUAL EMPLOYEE FRINGE BEN. RATE PER CSCAP (NOTE 1)	(B)	<u>65.48%</u>
2019 ACTUAL EMPLOYEE FRINGE BENEFITS COSTS (Ln A x B)	(C)	<u><u>\$18,353,372</u></u>
<u>ROLLFORWARD COMPUTATION:</u>		
2019 FRINGE BENEFITS REPORTED ON PREAKNESS COST REPORT	(D)	\$19,453,047
LESS (OVER)/UNDER RECOVERY ROLL-FORWARD	(E)	<u>(\$189,658)</u>
ADJUSTED 2019 FRINGE BENEFITS COST REIMBURSEMENT (Ln D - E)	(F)	<u><u>\$19,642,705</u></u>
2019 ACTUAL EMPLOYEE FRINGE BENEFITS COSTS (Ln C)	(G)	\$18,353,372
LESS ADJ. 2019 FRINGE BEN. COST REIMBURSEMENT (Ln F)	(H)	<u>\$19,642,705</u>
2019 (OVER)/UNDER RECOVERY ROLL-FORWARD (Ln G - H)	(I)	<u><u>(\$1,289,333)</u></u>
<u>2021 FIXED RATE COMPUTATION:</u>		
2021 ACTUAL SALARIES & WAGES OF PREAKNESS HEALTHCARE CENTER PER FINANCIAL STATEMENTS	(J)	\$27,202,636
2021 BUDGETED EMPLOYEE FRINGE BEN. RATE PER PLAN (NOTE 2)	(K)	<u>59.83%</u>
2021 PROJECTED EMPLOYEE FRINGE BENEFITS COST (Ln J x K)	(L)	\$16,275,337
ADD 2019 (OVER)/UNDER RECOVERY ROLL-FORWARD (Ln I)	(M)	<u>(\$1,289,333)</u>
2021 FIXED EMPL FRINGE BEN COST WITH ROLL-FORWARD (Ln L + M)	(N)	<u><u>\$14,986,004</u></u>
2021 FIXED EMPLOYEE FRINGE BENEFITS COST RATE (Ln N / J)	(O)	<u><u>55.0903%</u></u>

NOTE 1: 2019 ACTUAL EMPLOYEE FRINGE BENEFITS RATE PER PASSAIC COUNTY CENTRAL SERVICE COST ALLOCATION PLAN BASED ON CALENDAR YEAR 2019 ACTUAL COSTS.

NOTE 2: 2021 BUDGET EMPLOYEE FRINGE BENEFITS RATE PER PASSAIC COUNTY CENTRAL SERVICE COST ALLOCATION PLAN BASED ON CALENDAR YEAR 2021 BUDGETED COSTS.

Pino Consulting Group, Inc.

110 Commons Way, Bldg. A
Toms River, NJ 08755
Tel. (609) 448-7135

December 6, 2021

VIA Electronic Mail

Richard Cahill, Chief Financial Officer
Department of Finance
County of Passaic
401 Grand Street
Paterson, NJ 07505

RE: Preakness Healthcare Center Calendar Year 2021 Fixed Indirect Cost with Carry Forward Adjustment

Dear Mr. Cahill:

The enclosed worksheet calculates the calendar year 2021 fixed indirect cost plus carry forward adjustment for Preakness Healthcare Center, in the amount of \$7,525,067. The carry forward adjustment, in the amount of \$274,451, was determined by comparing the actual indirect costs from the central service cost allocation plan based on calendar year 2019 actual costs to the indirect costs from the central service cost allocation plan based on calendar year 2019 budget costs.

Also, enclosed please find the "Summary of Costs Allocated" worksheets for Preakness Healthcare Center from the central service cost allocation plans based on calendar year 2021 budget costs and 2019 actual costs.

Please do not hesitate to contact me if you have any questions.

Very truly yours,



Alfred Pino, CGFM
President

Enclosure

**Passaic County, New Jersey
Preakness Healthcare Center**

Calendar Year 2021 Fixed Indirect Cost with Carry Forward Adjustment

2019 Passaic Co. CSCAP Ref	Passaic County Central Service Costs	(1)	(2)	(3)	(4)	(5)	Medicare Cost Report Cost Center	
		2019 Actual Co. Central Service Costs (Sch. A-1, Pages 2.1.1-2.2)	2019 Budget Central Service Costs (Sch. A-1, Pages 2.1 - 2.2)	Amount (Over) Or Under Claimed in 2019	2021 Budget Central Service Costs (Sch. A-1, Pages 2.1 - 2.2)	Allowable Costs for 2021 Medicare Cost Report		
1.1	Depreciation & Interest: Equipment Depreciation	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	Cap Rel-Bldgs/Fix	
1.2	Depreciation & Interest: Vehicle Depreciation	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	Cap Rel-Bldgs/Fix	
1.3	Depreciation & Interest: Building Depreciation	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	Cap Rel-Bldgs/Fix	
1.4	Depreciation & Interest: Land Improvement Depreciation	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	Cap Rel-Bldgs/Fix	
1.6	Depreciation & Interest: Building Improvement Depreciation	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	Cap Rel-Bldgs/Fix	
1.8	Depreciation & Interest: Building Interest Expense	NOTE 1	NOTE 1	NOTE 1	NOTE 1	NOTE 1	Cap Rel-Bldgs/Fix	
2.2	Liability Insurance: Employee Bonds	1,522	1,764	(242)	1,524	1,282	Adm & Gen	
2.5	Liability Insurance: General Liability	330,846	571,115	(240,269)	331,208	90,939	Adm & Gen	
2.6	Liability Insurance: Automobile Liability	335	657	(322)	336	14	Cap Rel-Bldgs/Fix	
2.7	Liability Insurance: Property Insurance	123,307	91,248	32,059	123,407	155,466	Cap Rel-Bldgs/Fix	
4.2	Freeholders: Support Services	-	-	-	-	-	Adm & Gen	
5.2	County Administrator: Administration	332,439	284,966	47,473	345,961	393,434	Adm & Gen	
5.3	County Administrator: Supervisor of Motor Pool	299	539	(240)	294	54	Adm & Gen	
5.4	County Administrator: Motor Pool Cars	3,390	1,817	1,573	3,651	5,224	Adm & Gen	
5.5	County Administrator: Salary and Wage Adjustment	-	-	-	-	-	Adm & Gen	
6.2	Finance: General Accounting	62,739	68,824	(6,085)	68,135	62,050	Adm & Gen	
6.3	Finance: Budget Preparation	-	5,096	(5,096)	-	(5,096)	Adm & Gen	
6.5	Finance: Accounts Payable	37,684	71,404	(33,720)	40,596	6,876	Adm & Gen	
6.6	Finance: Payroll Management	245,074	229,584	15,490	266,227	281,717	Adm & Gen	
6.10	Finance: Audit Fees	19,162	12,335	6,827	16,207	23,034	Adm & Gen	
6.11	Finance: Employee Benefits	15	400	(385)	151	(234)	Adm & Gen	
6.12	Finance: Pension Division	38,566	39,336	(770)	41,634	40,864	Adm & Gen	
6.13	Finance: MIS	346,553	351,412	(4,859)	503,256	498,397	Adm & Gen	
6.14	Finance: Other Miscellaneous Expense	30,135	-	30,135	-	30,135	Adm & Gen	
6.15	Finance: Accounts Payable Fund	2,542	-	2,542	-	2,542	Adm & Gen	
6.16	Finance: Cost Allocation Plan	14,365	-	14,365	14,365	28,730	Adm & Gen	
6.17	Finance: Records Management	46,754	40,147	6,607	50,051	56,658	Adm & Gen	
6.19	Finance: Preakness Finance	377,565	-	377,565	406,476	784,041	Adm & Gen	
7.2	County Counsel: General Legal	621,092	607,856	13,236	610,902	624,138	Adm & Gen	
7.3	County Counsel: Hearing Officer	10,428	11,895	(1,467)	9,573	8,106	Adm & Gen	
7.4	County Counsel: Labor Counsel	212	18,679	(18,467)	234	(18,233)	Adm & Gen	
7.6	County Counsel: Ethics Board	-	2,504	(2,504)	1,368	(1,136)	Adm & Gen	
8.1	Clerk of the Board: Administration & Support	52,212	24,451	27,761	57,474	85,235	Adm & Gen	
8.2	Clerk of the Board: Mailroom Services	31,452	30,192	1,260	30,916	32,176	Adm & Gen	
9.1	Personnel: Employment Services	253,277	243,944	9,333	297,595	306,928	Adm & Gen	
9.2	Personnel: Payroll Management	-	-	-	-	-	Adm & Gen	
9.3	Personnel: Employee Benefits	44,205	44,798	(593)	91,611	91,018	Adm & Gen	
10.1	Purchasing: Purchasing	224,770	293,338	(68,568)	242,292	173,724	Adm & Gen	
10.2	Purchasing: Purchasing Warehouse	180,300	339,009	(158,709)	192,255	33,546	Adm & Gen	
11.14	Buildings and Grounds: Elevator Maintenance	69,858	52,721	17,137	69,858	86,995	Oper/Plant	
11.15	Buildings and Grounds: Preakness Maintenance	1,643,451	2,030,676	(387,225)	1,642,729	1,255,504	Oper/Plant	
11.16	Buildings and Grounds: Postage	59,991	51,639	8,352	56,216	64,568	Adm & Gen	
12.1	Roads and Bridges: Vehicle Maintenance	-	-	-	-	-	Adm & Gen	
13.1	Engineering: Architects	88,361	87,051	1,310	98,206	99,516	Oper/Plant	
14.4	Sheriff: Emergency Response to County Buildings	52,689	61,646	(8,957)	55,497	46,540	Adm & Gen	
14.12	Sheriff: Inmate Labor Assistance Program	-	-	-	-	-	Adm & Gen	
15.3	Utilities: Preakness	1,445,582	351,685	1,093,897	1,580,411	2,674,308	Oper/Plant	
15.5	Utilities: Water-Preakness	-	126,002	(126,002)	-	(126,002)	Oper/Plant	
15.6	Utilities: Gasoline	-	-	-	-	-	Adm & Gen	
15.7	Utilities: Gasoline-Preakness	-	133,155	(133,155)	-	(133,155)	Adm & Gen	
15.9	Utilities: Telephone-Preakness	-	100,850	(100,850)	-	(100,850)	Adm & Gen	
15.12	Utilities: Garbage-Preakness	-	133,986	(133,986)	-	(133,986)	Oper/Plant	
16.2	Planning: Facilities Plan	-	-	-	-	-	Oper/Plant	
	Total County Central Service Costs	\$ 6,791,172	\$ 6,516,721	\$ 274,451	\$ 7,250,616	\$ 7,525,067		
						(NOTE 2)		
	Summary of Costs by Cost Report Cost Center							
						155,480		
						3,513,252		
						3,856,335		
						7,525,067		

NOTE 1: These costs are reported as direct costs on the Preakness' cost report and are excluded from this worksheet.

NOTE 2: The 2019 (Over) or Under claimed costs (column 3) plus the 2021 budget based central service costs (column 4) should be reported on Preakness' 2021 cost report. The 2021 budget based central service costs (column 4) represent the fixed costs for 2021. The 2021 fixed costs plus the 2019 carry-forward amounts (column 3) represent the allowable central service costs for 2021 (column 5). The fixed 2021 central service costs will be adjusted to actual costs and (over) and under recovery amounts will be carried-forward to Preakness' 2023 cost report, pursuant to Federal requirements now codified at 2 CFR Part 200 (formerly OMB Circular A-87).

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A.1

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: LVANDERVEEN-S-4720783

Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages
315361-210	2	315361-220	1	315361-225	2

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Page: 1
 Report #: OD44203
 Report Type: 210

P R O V I D E R S U M M A R Y R E P O R T
 SNF - INPATIENT - PART A PPS

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 04/19/22
 Report Run Date: 04/18/22
 Provider FYE: 12/31
 Provider Number: 315361 Preakness Health Center

	SERVICES FOR PERIOD 01/01/21 - 12/31/21	SERVICES FOR PERIOD 01/01/22 - 12/31/22	SERVICES FOR PERIOD No. Data Requested
DISCHARGES	63	0	0
MEDICARE DAYS	2,857	0	0
CLAIMS	226	0	0

STATISTIC SECTION

DISCHARGES	63	0	0
MEDICARE DAYS	2,857	0	0
CLAIMS	226	0	0

CHARGE SECTION

*** ACCOMMODATION CHARGES ***

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0120	ROOM-BOARD/SEMI	2,857	\$999,950.00	0	\$0.00	0	\$0.00
0183	LOA/THERAP	0	\$0.00	0	\$0.00	0	\$0.00
TOTAL ACCOMMODATIONS		2,857	\$999,950.00	0	\$0.00	0	\$0.00

*** ANCILLARY CHARGES ***

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	0	\$93,904.00	0	\$0.00	0	\$0.00
0270	MED-SUR SUPPLIES	0	\$15,692.00	0	\$0.00	0	\$0.00
0300	LABORATORY of (LAB)	0	\$4,013.00	0	\$0.00	0	\$0.00
0320	DX X-RAY	14	\$565.00	0	\$0.00	0	\$0.00
0410	RESPIRATORY SVC	150	\$15,871.00	0	\$0.00	0	\$0.00
0420	PHYSICAL THERP/15 MIN	1,261	\$129,840.00	0	\$0.00	0	\$0.00
0424	PHYS THERP/EVAL/15 MIN	71	\$7,760.00	0	\$0.00	0	\$0.00
0430	OCCUPATION THER/15 MIN	1,133	\$114,500.00	0	\$0.00	0	\$0.00
0434	OCCUP THERP/EVAL/15 MIN	65	\$7,150.00	0	\$0.00	0	\$0.00
0440	SPEECH PATHOL/15 MIN	350	\$35,000.00	0	\$0.00	0	\$0.00
0444	SPEECH PATH/EVAL/15 MIN	42	\$6,300.00	0	\$0.00	0	\$0.00
TOTAL ANCILLARY		3,086	\$430,595.00	0	\$0.00	0	\$0.00
TOTAL COVERED CHARGES			\$1,430,545.00		\$0.00		\$0.00

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Page: 2
Report #: OD44203
Report Type: 210

PROVIDER SUMMARY REPORT
SNF - INPATIENT - PART A PPS

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 04/19/22
Report Run Date: 04/18/22
Provider FYE: 12/31
Provider Number: 315361 Preakness HEALTH CENTER

	SERVICES FOR PERIOD 01/01/21 - 12/31/21	SERVICES FOR PERIOD 01/01/22 - 12/31/22	SERVICES FOR PERIOD No Data Requested
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REIMBURSEMENT SECTION

	SERVICES FOR PERIOD 01/01/21 - 12/31/21	SERVICES FOR PERIOD 01/01/22 - 12/31/22	SERVICES FOR PERIOD No Data Requested
PAYMENT			
GROSS REIMBURSEMENT	\$2,273,677.78	\$0.00	
LESS			
CASH DEDUCTIBLE	\$0.00	\$0.00	
BLOOD DEDUCTIBLE	\$0.00	\$0.00	
CONSURANCE	\$272,685.00	\$0.00	
NET MSP PAYMENTS	\$0.00	\$0.00	
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	
SEQUESTRATION	\$0.00	\$0.00	
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00	
NET REIMBURSEMENT	\$2,000,992.78		

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00		
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00		
CLAIM INTEREST PAYMENTS	\$0.00		
VALUE BASED PURCHASING ADJ	-\$38,160.79		

The following schedule reflects the individual RUG utilization to assist in the completion of Worksheet S-7 of the Medicare Cost Report

	UNITS	UNITS	UNITS
TOTAL	0	0	0

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Page: 1
Report #: OD44203
Report Type: 220

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 04/19/22
Report Run Date: 04/18/22
Provider FYE: 12/31
Provider Number: 315361 Preakness HEALTH CENTER

P R O V I D E R S U M M A R Y R E P O R T

S N F - I N P A T I E N T - P A R T B C O S T R E I M B U R S E D

SERVICES FOR PERIOD 01/01/21 - 12/31/21	SERVICES FOR PERIOD 01/01/22 - 12/31/22	SERVICES FOR PERIOD No Data Requested
1	0	No Data Requested

STATISTIC SECTION

CLAIMS	1	0
	1	0

CHARGE SECTION

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0420	PHYSICAL THERP/15 MIN	0	\$0.00	0	\$0.00		
TOTAL COVERED CHARGES		0	\$0.00	0	\$0.00		

REIMBURSEMENT SECTION

GROSS REIMBURSEMENT	\$0.00
LESS	
CASH DEDUCTIBLE	\$0.00
BLOOD DEDUCTIBLE	\$0.00
COINSURANCE	\$0.00
NET MSP PAYMENTS	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00
SEQUESTRATION	\$0.00
POST-SEQUESTRATION DEMO REDUCTION	\$0.00
REBILLING ADJUSTMENT	\$0.00
NET REIMBURSEMENT	\$0.00

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	\$0.00
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P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Page: 1
Report #: OD44203
Report Type: 225

PROVIDER SUMMARY REPORT
SNF - INPATIENT - FEE REIMBURSED
THESE ITEMS ARE NOT TO BE INCLUDED ON THE MEDICARE COST REPORT

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 04/19/22
Report Run Date: 04/18/22
Provider FYE: 12/31
Provider Number: 315361 Preakness HEALTH CENTER

SERVICES FOR PERIOD 01/01/21 - 12/31/21	SERVICES FOR PERIOD 01/01/22 - 12/31/22
119	0
No Data Requested	No Data Requested

STATISTIC SECTION

CLAIMS	119	0					
CHARGE SECTION							
REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0420	PHYSICAL THERP/15 MIN	1,466	\$73,360.00	0	\$0.00		
0424	PHYS THERP/EVAL/15 MIN	48	\$5,280.00	0	\$0.00		
0430	OCCUPATION THER/15 MIN	494	\$25,150.00	0	\$0.00		
0434	OCCUP THER/EVAL/15 MIN	17	\$1,870.00	0	\$0.00		
0440	SPEECH PATHOL/15 MIN	141	\$15,510.00	0	\$0.00		
0444	SPEECH PATH/EVAL/15 MIN	14	\$2,800.00	0	\$0.00		
TOTAL COVERED CHARGES		2,180	\$123,970.00	0	\$0.00		

REIMBURSEMENT SECTION

GROSS REIMBURSEMENT	\$83,425.11	\$0.00
LESS		
CASH DEDUCTIBLE	\$0.00	\$0.00
BLOOD DEDUCTIBLE	\$0.00	\$0.00
COINSURANCE	\$16,681.02	\$0.00
NET MSP PAYMENTS	\$0.00	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00
SEQUESTRATION	\$0.00	\$0.00
POST-SEQUESTRATION DEMO REDUCTION	\$0.00	\$0.00
REBILLING ADJUSTMENT	\$0.00	\$0.00
NET REIMBURSEMENT	\$66,744.09	\$0.00

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS	\$0.00	\$0.00
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P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Page: 2
 Report #: OD44203
 Report Type: 225

PROVIDER SUMMARY REPORT
 SNF - INPATIENT - FEE REIMBURSED
 THESE ITEMS ARE NOT TO BE INCLUDED ON THE MEDICARE COST REPORT

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 04/19/22
 Report Run Date: 04/18/22
 Provider FYE: 12/31
 Provider Number: 315361 Preakness HEALTH CENTER

SERVICES FOR PERIOD 01/01/21 - 12/31/21	SERVICES FOR PERIOD 01/01/22 - 12/31/22	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
\$0.00	\$0.00		
DEVICE CREDIT			

Preakness Healthcare Center
Total Charges
Provider Number: 31-5361
12/31/2021 FYE

Description	Total Revenue/Charges	Direct Cost From Worksheet A	Medicare Revenue	Total Charges To Worksheet C	Total Charges To Medicaid Supplemental Sch D - BMGT	Total Charges To Medicaid Supplemental Sch D - VENT
Radiology	0	5,741	565	5,741		
Laboratory	0	22,233	4,013	22,233		
Intravenous Therapy	0	0	0	0		
Respiratory Therapy	0	976,835	15,871	976,835		934,983
Physical Therapy	0	240,243	216,240	240,243	11,736	5,600
Occupational Therapy	0	290,910	148,670	290,910	14,211	6,781
Speech Therapy	0	92,480	59,610	92,480	4,518	2,156
Medical Supplies	0	15,692	15,692	15,692		
Drugs Charged to Patients	0	123,621	93,904	123,621		
Support Services	0	39,171	0	39,171		
Ambulance	0	0	0	0	0	0
Grand Totals	0	1,806,926	554,565	1,806,926	30,464	949,518
Total Patient Days				95,846	4,766	2,334
Medicaid Patient Days				88,384	4,682	2,234

Preakness Healthcare Center
Medicare Charges
Provider Number: 31-5361
12/31/2021 FYE

<u>Revenue Codes</u>	<u>Part A Per PS&R</u>	<u>Part B Fee Screen Per PS&R</u>	<u>Part B Cost Reim. Per PS&R</u>	<u>Total Per PS&R</u>	
Patient Days	2,857				
Discharges	<u>63</u>				
Radiology	320, 324, 400, 460, 730, 731, 92'	565	0	0	565
Laboratory	300, 301, 304, 310	4,013	0	0	4,013
Intravenous Therapy	260	0	0	0	0
Respiratory Therapy	410, 419	15,871	0	0	15,871
Physical Therapy	420, 421, 424, 429	137,600	78,640	0	216,240
Occupational Therapy	430, 431, 434, 439	121,650	27,020	0	148,670
Speech Therapy	440, 441, 444	41,300	18,310	0	59,610
Medical Supplies	270, 272	15,692	0	0	15,692
Pharmacy	250, 258	93,904	0	0	93,904
Vaccine	636, 771	0	0	0	0
Support Surfaces	947	0	0	0	0
Ambulance	540	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		<u>430,595</u>	<u>123,970</u>	<u>0</u>	<u>554,565</u>
MSP		0		0	
Deductible		0		0	
Sequestration		0		0	
Net Reimbursement		<u>2,000,993</u>		<u>0</u>	
Gross Reimbursement		<u>2,000,993</u>		<u>0</u>	