

**Preakness Healthcare Center**

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

**January 1, 2022 to December 31, 2022**

**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](http://www.pinoconsulting.com)*

**Preakness Healthcare Center  
Medicare/Medicaid Cost Report  
January 1, 2022 to December 31, 2022**

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**Transmittal Letter to Medicare Intermediary with Checklist**



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:

01/01/2022 - 12/31/2022

**\*\*\*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](http://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 [EUSupport@cgi.com](mailto:EUSupport@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](mailto: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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2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 [www.novitas-solutions.com](http://www.novitas-solutions.com)



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](mailto:settlement@novitas-solutions.com).

Sincerely,

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

Raymond Bossong  
PARD Manager  
Provider Audit & Reimbursement

Enclosure: Cost Report Checklist  
CRRL Attachment

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2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 [www.novitas-solutions.com](http://www.novitas-solutions.com)

## Provider Cost Report Submission Checklist

Provider Number: 315361

Fiscal Period: ~~01/01/2020 - 12/31/2020~~

01/01/2022 - 12/31/2022

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. PINO, CONSULTANT

Phone: (609) 448-7135

Email: jmp@pinoconsulting.com

*Joseph M. Pino 5/29/2023*

# Pino Consulting Group, Inc.

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

May 30, 2023

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

RE: Preakness Healthcare Center  
Medicare Cost Report – 1/1/2022 to 12/31/2022  
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, 2022 to December 31, 2022. The following documentation is enclosed to satisfy the annual cost reporting requirements:

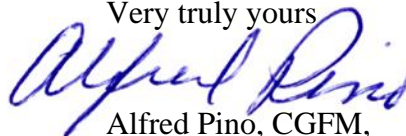
1. One (1) CD with the Electronic Cost Report (SN) and Print Image (PI) files. There are no Level 1 edit errors and both files contain an encryption code.
2. One (1) hard copy of Worksheet S of the submitted cost report, which bears the date, time and encryption codes of the ECR and PI files, that has 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 2022).
  - 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 2022 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 2022 Fixed Employee Fringe Benefits Rate with Carry-Forward Adjustment (Final 2020 Rates and Provisional 2022 Rates)
  - ii. Computation of Preakness Healthcare Center Calendar Year 2022 Fixed Indirect Cost with Carry-Forward Adjustment (Final 2020 Costs and Provisional 2022 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: Lucinda Corrado, Executive Director, Preakness Healthcare Center  
Robert Calise, Consultant, Preakness Healthcare Center  
Richard Cahill, Director of Finance, Passaic County

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

**B**



# Pino Consulting Group, Inc.

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

May 30, 2023

## 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, 2022  
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, 2022, 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, 2022. 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.

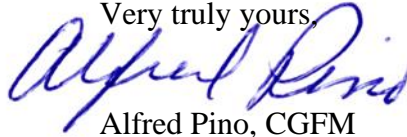
NJ Department of Human Services, Division of Aging Services

May 30, 2023

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: 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)**

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 01/01/2022 To 12/31/2022	Worksheet 5 Parts I, II & III Date/Time Prepared: 5/26/2023 1:24 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 5/26/2023 Time: 1:24 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 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 01/01/2022 and ending 12/31/2022 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>Lucinda Corrado, LUNA</i>		I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2 Signatory Printed Name <i>Lucinda Corrado, LUNA</i>			2
3 Signatory Title <i>Executive Director</i>			3
4 Date <i>5/26/23</i>			4

Encryption Information  
ECR: Date: 5/26/2023 Time: 1:24 pm  
rqpxt4vwWhzBjj2niIChQj2iEcdyA0  
ht6Hn02i0rq1qcrnNIEkszPLVgj5w1  
sGxm0pVEXB0vP6Np

	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		

<b>PART III - SETTLEMENT SUMMARY</b>					
1.00	SKILLED NURSING FACILITY	0	133,428	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	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	133,428	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 01/01/2022 To 12/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/26/2023 1:24 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
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 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	133,428	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	133,428	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 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 1:24 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, 0, 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)			01/01/2022	12/31/2022	14.00	
						9	
						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						
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			
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.						
				Premiums	Paid Losses	Self Insurance	
				1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:			0	0	0	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 1:24 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
	1.00	2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 1:24 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 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/26/2023 1:24 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/26/2023 1:24 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	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	
<b>Cost Report Preparer Contact Information</b>			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 01/01/2022  
 To 12/31/2022

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 5/26/2023 1:24 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	3,236	86,338	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	3,236	86,338	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	6,631	96,205	0	90	241	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)	6,631	96,205	0	90	241	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	34	365	0.00	35.96	358.25	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC	0	0	0.00	0.00	0.00	6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	34	365	0.00	35.96	358.25	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	263.58	0	182	138	29	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)	263.58	0	182	138	29	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	349	520.45	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)	349	520.45	0.00	8.00		

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2023 1:24 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	26,049,112	0	26,049,112	1,082,537.49	24.06
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)	26,049,112	0	26,049,112	1,082,537.49	24.06
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)	26,049,112	0	26,049,112	1,082,537.49	24.06
<b>OTHER WAGES &amp; RELATED COSTS</b>						
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
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	12,014,070	0	12,014,070		
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)	12,014,071	0	12,014,071		



Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/26/2023 1:24 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	1,516,825	0	1,516,825	34,253.81	2.00
3.00	Plant Operation, Maintenance & Repairs	1,295,196	0	1,295,196	59,470.13	3.00
4.00	Laundry & Linen Service	88,105	0	88,105	4,291.07	4.00
5.00	Housekeeping	2,418,462	0	2,418,462	109,457.72	5.00
6.00	Dietary	3,456,153	0	3,456,153	152,830.39	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	449,839	0	449,839	11,787.77	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	1,303,816	0	1,303,816	51,423.38	13.00
14.00	Total (sum lines 1 thru 13)	10,528,396	0	10,528,396	423,514.27	14.00

SNF WAGE RELATED COSTS	Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2023 1:24 pm
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			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		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
<b>TAXES</b>				
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
<b>OTHER</b>				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		1	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1	24.00
			Amount Reported	
			1.00	
<b>Part B - Other than Core Related Cost</b>				
25.00	GENERAL FRINGE BENEFITS		12,014,070	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/26/2023 1:24 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	5,567,272	0	5,567,272	131,021.05	42.49	1.00
2.00	Licensed Practical Nurses (LPNs)	2,079,693	0	2,079,693	70,281.83	29.59	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	9,287,374	0	9,287,374	431,592.13	21.52	3.00
4.00	Total Nursing (sum of lines 1 through 3)	16,934,339	0	16,934,339	632,895.01	26.76	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	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 01/01/2022  
To 12/31/2022

Worksheet S-7  
Date/Time Prepared:  
5/26/2023 1:24 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 01/01/2022  
To 12/31/2022

Worksheet S-7

Date/Time Prepared:  
5/26/2023 1:24 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 01/01/2022 To 12/31/2022		Worksheet A	
Date/Time Prepared: 5/26/2023 1:24 pm							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		87,260	87,260	0	87,260	1.00
2.00	00200		0	0	0	0	2.00
3.00	00300	0	0	0	0	0	3.00
4.00	00400	1,516,825	741,999	2,258,824	0	2,258,824	4.00
5.00	00500	1,295,196	305,638	1,600,834	0	1,600,834	5.00
6.00	00600	88,105	812,247	900,352	0	900,352	6.00
7.00	00700	2,418,462	271,929	2,690,391	0	2,690,391	7.00
8.00	00800	3,456,153	1,433,713	4,889,866	0	4,889,866	8.00
9.00	00900	0	0	0	0	0	9.00
10.00	01000	0	1,455,103	1,455,103	-38,459	1,416,644	10.00
11.00	01100	0	38,459	38,459	0	38,459	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	449,839	31,147	480,986	0	480,986	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	1,303,816	69,701	1,373,517	0	1,373,517	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	14,694,516	768,106	15,462,622	0	15,462,622	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	4,225	4,225	0	4,225	40.00
41.00	04100	0	18,833	18,833	0	18,833	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	792,522	792,522	0	792,522	43.00
44.00	04400	334,893	11,339	346,232	0	346,232	44.00
45.00	04500	310,957	0	310,957	0	310,957	45.00
46.00	04600	180,350	0	180,350	0	180,350	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	38,459	38,459	48.00
49.00	04900	0	347,332	347,332	0	347,332	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	54,045	54,045	0	54,045	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		26,049,112	7,243,598	33,292,710	0	33,292,710	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	765	765	0	765	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	2,550	2,550	0	2,550	95.00
100.00		26,049,112	7,246,913	33,296,025	0	33,296,025	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/26/2023 1:24 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + - col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	3,905,425	3,992,685	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	12,014,070	12,014,070	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,001,799	5,260,623	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	3,824,641	5,425,475	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	900,352	6.00
7.00	00700	HOUSEKEEPING	0	2,690,391	7.00
8.00	00800	DIETARY	0	4,889,866	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,416,644	10.00
11.00	01100	PHARMACY	0	38,459	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	480,986	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	0	1,373,517	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	15,462,622	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	4,225	40.00
41.00	04100	LABORATORY	0	18,833	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	792,522	43.00
44.00	04400	PHYSICAL THERAPY	0	346,232	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	310,957	45.00
46.00	04600	SPEECH PATHOLOGY	0	180,350	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,459	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	347,332	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	54,045	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC			62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
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)	22,745,935	56,038,645	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	765	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	2,550	95.00
100.00		TOTAL	22,745,935	56,041,960	100.00



RECLASSIFICATIONS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-6

Date/Time Prepared:  
5/26/2023 1:24 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	38,459	1.00
100.00	TOTALS			0	38,459	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.

		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	38,459	1.00
100.00	TOTALS			0	38,459	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 01/01/2022  
To 12/31/2022

Worksheet A-7

Date/Time Prepared:  
5/26/2023 1:24 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	104,585,569	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)	104,585,569	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)	104,585,569	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				1.00
2.00 Land Improvements	0	0				2.00
3.00 Buildings and Fixtures	104,585,569	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)	104,585,569	0				7.00
8.00 Reconciling Items	0	0				8.00
9.00 Total (line 7 minus line 8)	104,585,569	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8

Date/Time Prepared:  
5/26/2023 1:24 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line No.	
			1.00	2.00	3.00	4.00
1.00 Investment income on restricted funds (chapter 2)		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	-20,529				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	2,751,764		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	1,045,749		CAP REL COSTS - BLDGS & FIXTURES	1.00	26.00
27.00 COUNTY CENTRAL SRVC EMPL FRINGE BEN	A	12,014,070		EMPLOYEE BENEFITS	3.00	27.00
28.00 COUNTY CENTRAL SERVICE COST ALLOC	A	107,912		CAP REL COSTS - BLDGS & FIXTURES	1.00	28.00
29.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,022,328		ADMINISTRATIVE & GENERAL	4.00	29.00
30.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,824,641		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)		22,745,935				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 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/26/2023 1:24 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	27,500	1,175	1.00
2.00		4.00	DR. H	17,820	0	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				45,320	1,175	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/26/2023 1:24 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	26,325	177,200	183	15,590	780	1.00
2.00	17,820	177,200	108	9,201	460	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	44,145		291	24,791	1,240	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/26/2023 1:24 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	15,590	1.00
2.00	0	0	0	0	9,201	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	24,791	100.00



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/26/2023 1:24 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	10,735	11,910	1.00
2.00	8,619	8,619	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	19,354	20,529	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2023 1:24 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	3,992,685	3,992,685	0		1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	0		2.00
3.00 00300	EMPLOYEE BENEFITS	12,014,070	0	0	12,014,070	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	5,260,623	280,246	0	699,572	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	5,425,475	368,329	0	597,355	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	900,352	381,410	0	40,635	6.00
7.00 00700	HOUSEKEEPING	2,690,391	58,011	0	1,115,414	7.00
8.00 00800	DIETARY	4,889,866	597,886	0	1,594,005	8.00
9.00 00900	NURSING ADMINISTRATION	0	23,152	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	1,416,644	0	0	0	10.00
11.00 01100	PHARMACY	38,459	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	480,986	28,058	0	207,469	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	1,373,517	173,584	0	601,330	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	15,462,622	2,032,671	0	6,777,240	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	4,225	0	0	0	40.00
41.00 04100	LABORATORY	18,833	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	792,522	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	346,232	25,285	0	154,455	44.00
45.00 04500	OCCUPATIONAL THERAPY	310,957	20,901	0	143,416	45.00
46.00 04600	SPEECH PATHOLOGY	180,350	3,152	0	83,179	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,459	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	347,332	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	54,045	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	56,038,645	3,992,685	0	12,014,070	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	765	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	2,550	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	56,041,960	3,992,685	0	12,014,070	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2023 1:24 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		
<b>GENERAL SERVICE COST CENTERS</b>								
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	6,240,441				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	800,851	7,192,010			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	165,704	820,280	2,308,381		6.00	
7.00	00700	HOUSEKEEPING	484,159	124,762	0	4,472,737	7.00	
8.00	00800	DIETARY	887,387	1,285,844	0	920,645	10,175,633	8.00
9.00	00900	NURSING ADMINISTRATION	2,901	49,793	0	35,651	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	177,514	0	0	0	0	10.00
11.00	01100	PHARMACY	4,819	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	89,783	60,342	0	43,204	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	269,211	373,318	0	267,290	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	3,041,506	4,371,562	2,308,381	3,129,975	10,175,633	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	529	0	0	0	0	40.00
41.00	04100	LABORATORY	2,360	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	99,308	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	65,907	54,380	0	38,935	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	59,555	44,951	0	32,184	0	45.00
46.00	04600	SPEECH PATHOLOGY	33,417	6,778	0	4,853	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,819	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	43,523	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	6,772	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	6,240,025	7,192,010	2,308,381	4,472,737	10,175,633	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	96	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	320	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	6,240,441	7,192,010	2,308,381	4,472,737	10,175,633	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2023 1:24 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	111,497					9.00
10.00	01000		1,594,158				10.00
11.00	01100			43,278			11.00
12.00	01200				0		12.00
13.00	01300					909,842	13.00
14.00	01400						14.00
15.00	01500						15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	111,497	1,594,158	43,278		909,842	30.00
31.00	03100						31.00
32.00	03200						32.00
33.00	03300						33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000						40.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300						43.00
44.00	04400						44.00
45.00	04500						45.00
46.00	04600						46.00
47.00	04700						47.00
48.00	04800						48.00
49.00	04900						49.00
50.00	05000						50.00
51.00	05100						51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000						60.00
61.00	06100						61.00
62.00	06200						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000						70.00
71.00	07100						71.00
73.00	07300						73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300						83.00
89.00							89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000						90.00
91.00	09100						91.00
92.00	09200						92.00
93.00	09300						93.00
94.00	09400						94.00
95.00	09500						95.00
98.00							98.00
99.00							99.00
100.00							100.00
	TOTAL	111,497	1,594,158	43,278	0	909,842	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2023 1:24 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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	3,058,250			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	3,058,250	53,016,615	0	53,016,615 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	4,754	0	4,754 40.00
41.00 04100	LABORATORY	0	0	21,193	0	21,193 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	891,830	0	891,830 43.00
44.00 04400	PHYSICAL THERAPY	0	0	685,194	0	685,194 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	611,964	0	611,964 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	311,729	0	311,729 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	43,278	0	43,278 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	390,855	0	390,855 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	60,817	0	60,817 51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	3,058,250	56,038,229	0	56,038,229 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	861	0	861 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	2,870	0	2,870 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	3,058,250	56,041,960	0	56,041,960 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 1:24 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	280,246	0	280,246	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	368,329	0	368,329	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	381,410	0	381,410	6.00
7.00 00700	HOUSEKEEPING	0	58,011	0	58,011	7.00
8.00 00800	DIETARY	0	597,886	0	597,886	8.00
9.00 00900	NURSING ADMINISTRATION	0	23,152	0	23,152	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	28,058	0	28,058	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	0	173,584	0	173,584	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	2,032,671	0	2,032,671	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	25,285	0	25,285	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	20,901	0	20,901	45.00
46.00 04600	SPEECH PATHOLOGY	0	3,152	0	3,152	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	3,992,685	0	3,992,685	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	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	3,992,685	0	3,992,685	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315361		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/26/2023 1:24 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	280,246				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	35,963	404,292			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	7,441	46,111	434,962		6.00
7.00	00700	HOUSEKEEPING	21,742	7,013	0	86,766	7.00
8.00	00800	DIETARY	39,849	72,282	0	17,859	727,876
9.00	00900	NURSING ADMINISTRATION	130	2,799	0	692	0
10.00	01000	CENTRAL SERVICES & SUPPLY	7,971	0	0	0	0
11.00	01100	PHARMACY	216	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
13.00	01300	SOCIAL SERVICE	4,032	3,392	0	838	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	PATIENT ACTIVITIES	12,089	20,986	0	5,185	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	136,596	245,744	434,962	60,719	727,876
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	24	0	0	0	0
41.00	04100	LABORATORY	106	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	4,460	0	0	0	0
44.00	04400	PHYSICAL THERAPY	2,960	3,057	0	755	0
45.00	04500	OCCUPATIONAL THERAPY	2,674	2,527	0	624	0
46.00	04600	SPEECH PATHOLOGY	1,501	381	0	94	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	216	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	1,954	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	304	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	280,228	404,292	434,962	86,766	727,876
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	4	0	0	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	NON-REIMBURSABLE GERO-PSYCH GRANT	14	0	0	0	0
98.00		Cross Foot Adjustments			0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	280,246	404,292	434,962	86,766	727,876

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 1:24 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	26,773					9.00
10.00	01000	0	7,971				10.00
11.00	01100	0	0	216			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	36,320	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	26,773	7,971	216	0	36,320	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		26,773	7,971	216	0	36,320	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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		26,773	7,971	216	0	36,320	100.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2023 1:24 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total	
		14.00 15.00 16.00 17.00 18.00				
<b>GENERAL SERVICE COST CENTERS</b>						
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	211,844			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	211,844	3,921,692	0	3,921,692 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	24	0	24 40.00
41.00 04100	LABORATORY	0	0	106	0	106 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	4,460	0	4,460 43.00
44.00 04400	PHYSICAL THERAPY	0	0	32,057	0	32,057 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	26,726	0	26,726 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	5,128	0	5,128 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	216	0	216 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	1,954	0	1,954 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	304	0	304 51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	211,844	3,992,667	0	3,992,667 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	4	0	4 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	14	0	14 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	211,844	3,992,685	0	3,992,685 100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/26/2023 1:24 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				
<b>GENERAL SERVICE COST CENTERS</b>							
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	26,049,112			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	11,826	0	1,516,825	-6,240,441	49,801,519	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	15,543	0	1,295,196	0	6,391,159	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	16,095	0	88,105	0	1,322,397	6.00
7.00 00700	HOUSEKEEPING	2,448	0	2,418,462	0	3,863,816	7.00
8.00 00800	DIETARY	25,230	0	3,456,153	0	7,081,757	8.00
9.00 00900	NURSING ADMINISTRATION	977	0	0	0	23,152	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,416,644	10.00
11.00 01100	PHARMACY	0	0	0	0	38,459	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	1,184	0	449,839	0	716,513	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	1,303,816	0	2,148,431	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	SKILLED NURSING FACILITY	85,776	0	14,694,516	0	24,272,533	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	RADIOLOGY	0	0	0	0	4,225	40.00
41.00 04100	LABORATORY	0	0	0	0	18,833	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	792,522	43.00
44.00 04400	PHYSICAL THERAPY	1,067	0	334,893	0	525,972	44.00
45.00 04500	OCCUPATIONAL THERAPY	882	0	310,957	882	475,274	45.00
46.00 04600	SPEECH PATHOLOGY	133	0	180,350	0	266,681	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	38,459	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	347,332	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	54,045	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	26,049,112	-6,240,441	49,798,204	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	765	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	2,550	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)	3,992,685	0	12,014,070		6,240,441	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	23.697429	0.000000	0.461208		0.125306	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		280,246	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.005627	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/26/2023 1:24 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	96,205			6.00
7.00	00700	HOUSEKEEPING	2,448	0	122,574		7.00
8.00	00800	DIETARY	25,230	0	25,230	96,205	8.00
9.00	00900	NURSING ADMINISTRATION	977	0	977	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	96,205	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	85,776	96,205	85,776	96,205	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	96,205	122,574	96,205	96,205
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	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)	7,192,010	2,308,381	4,472,737	10,175,633	111,497
103.00		Unit cost multiplier (Wkst. B, Part I)	50.964873	23.994397	36.490096	105.770313	1.158952
104.00		Cost to be allocated (per Wkst. B, Part II)	404,292	434,962	86,766	727,876	26,773
105.00		Unit cost multiplier (Wkst. B, Part II)	2.864942	4.521200	0.707866	7.565885	0.278291

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/26/2023 1:24 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	96,205					10.00
11.00	01100	0	96,205				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	96,205		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	96,205	96,205	0	96,205	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		96,205	96,205	0	96,205	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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		1,594,158	43,278	0	909,842	0	102.00
103.00		16.570428	0.449852	0.000000	9.457326	0.000000	103.00
104.00		7,971	216	0	36,320	0	104.00
105.00		0.082854	0.002245	0.000000	0.377527	0.000000	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/26/2023 1:24 pm

Cost Center Description		OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT_DAYS)	
		15.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	96,205
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	SKILLED NURSING FACILITY	96,205
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
<b>OTHER REIMBURSABLE COST CENTERS</b>			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
73.00	07300	CMHC	0
<b>SPECIAL PURPOSE COST CENTERS</b>			
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)	96,205
<b>NONREIMBURSABLE COST CENTERS</b>			
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)	3,058,250
103.00		Unit cost multiplier (Wkst. B, Part I)	31.788888
104.00		Cost to be allocated (per Wkst. B, Part II)	211,844
105.00		Unit cost multiplier (Wkst. B, Part II)	2.202006

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet C Date/Time Prepared: 5/26/2023 1:24 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	4,754	4,225	1.125207	40.00
41.00	04100	LABORATORY	21,193	18,833	1.125312	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	891,830	792,522	1.125306	43.00
44.00	04400	PHYSICAL THERAPY	685,194	346,232	1.979003	44.00
45.00	04500	OCCUPATIONAL THERAPY	611,964	310,957	1.968002	45.00
46.00	04600	SPEECH PATHOLOGY	311,729	180,350	1.728467	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,278	38,459	1.125302	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	390,855	347,332	1.125307	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	60,817	54,045	1.125303	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	3,021,614	2,092,955		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315361		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part I Date/Time Prepared: 5/26/2023 1:24 pm	
		Title XVIII (1)		Skilled Nursing Facility		PPS	
		Health Care Program Charges		Health Care Program Cost			
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>							
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	1.125207	375	0	422	0 40.00
41.00	04100	LABORATORY	1.125312	5,543	0	6,238	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0.000000	0	0	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.125306	23,373	0	26,302	0 43.00
44.00	04400	PHYSICAL THERAPY	1.979003	142,230	0	281,474	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	1.968002	130,675	0	257,169	0 45.00
46.00	04600	SPEECH PATHOLOGY	1.728467	28,900	0	49,953	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.125302	8,304	0	9,345	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.125307	116,547	0	131,151	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00
51.00	05100	SUPPORT SURFACES	1.125303	918	0	1,033	0 51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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)		456,865	0	763,087	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 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Prepared: 5/26/2023 1:24 pm
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.125307	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	4,754	0	0.000000	422	0 40.00
41.00	04100	LABORATORY	21,193	0	0.000000	6,238	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	891,830	0	0.000000	26,302	0 43.00
44.00	04400	PHYSICAL THERAPY	685,194	0	0.000000	281,474	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	611,964	0	0.000000	257,169	0 45.00
46.00	04600	SPEECH PATHOLOGY	311,729	0	0.000000	49,953	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,278	0	0.000000	9,345	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	390,855	0	0.000000	131,151	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	60,817	0	0.000000	1,033	0 51.00
100.00		Total (Sum of lines 40 - 52)	3,021,614	0		763,087	0 100.00



COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 5/26/2023 1:24 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		96,205	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		3,236	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		53,016,615	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		35,197,300	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.506269	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		35,197,300	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		365.86	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)		53,016,615	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		551.08	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,783,295	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)		1,783,295	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)		3,921,692	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		40.76	21.00
22.00	Program capital related cost (Line 3 times line 21)		131,899	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,651,396	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)		1,651,396	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		96,205	1.00
2.00	Program inpatient days (see instructions)		3,236	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)		0.033637	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 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/26/2023 1:24 pm
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		2,615,885	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)		2,615,885	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		0	5.00
6.00	Allowable bad debts (From your records)		328,316	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		207,894	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		207,894	8.00
9.00	Recovery of bad debts - for statistical records only		135,131	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		0	11.00
12.00	Interim payments (See instructions)		2,422,700	12.00
13.00	Tentative adjustment		2,261,041	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)		1,703	14.75
14.99	Sequestration amount (see instructions)		26,528	14.99
15.00	Balance due provider/program (see Instructions)		133,428	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
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 01/01/2022  
To 12/31/2022

Worksheet E-1

Date/Time Prepared:  
5/26/2023 1:24 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		2,261,041		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,261,041		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		133,428		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,394,469		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 01/01/2022  
To 12/31/2022

Worksheet G

Date/Time Prepared:  
5/26/2023 1:24 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	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	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	0	0	0	0	11.00
<b>FIXED ASSETS</b>						
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	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	0	0	0	0	28.00
<b>OTHER ASSETS</b>						
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	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	1	0	0	0	33.00
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	1	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
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	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	0	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	0	0	0	0	50.00
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	0	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
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	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	1	0	0	0	59.00
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	1	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-1

Date/Time Prepared:  
5/26/2023 1:24 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 01/01/2022  
To 12/31/2022

Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
5/26/2023 1:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	34,248,142		34,248,142	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)	34,248,142		34,248,142	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)	34,248,142	0	34,248,142	14.00
Cost Center Description					
			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			33,296,025	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)			62,185,634	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-3

Date/Time Prepared:  
5/26/2023 1:24 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	34,248,142	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)	34,248,142	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	62,185,634	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-27,937,492	5.00
<b>Other income:</b>			
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	27,937,493	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)	27,937,493	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 01/01/2022 To 12/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/30/2023 3:17 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.

Date: 5/30/2023 Time: 3:17 pm

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.

**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 01/01/2022 and ending 12/31/2022 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	3	4
1	<i>Lucinda 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.
2	Signatory Printed Name <i>Lucinda Corrado, LUNA</i>	<input type="checkbox"/>	
3	Signatory Title <i>Exec Director</i>	<input type="checkbox"/>	
4	Date <i>5/30/23</i>	<input type="checkbox"/>	

**Encryption Information**  
ECR: Date: 5/30/2023 Time: 3:17 pm  
LXPpTVJTAoSmoKFGqGS1LpSkhzm:80  
vub0w0FvRtp0xjsm1hBnwJryrNo7F  
KVYl0oxURR0PIF:Y

	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	133,428	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	133,428	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 01/01/2022 To 12/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/30/2023 3:17 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
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 01/01/2022 and ending 12/31/2022 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		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	133,428	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	133,428	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 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 3:17 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	PREAKNESS-PATHWAYS	315361	01/01/1998	N		N	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:			
14.00	Cost Reporting Period (mm/dd/yyyy)			1.00	2.00			
15.00	Type of Control (See Instructions)			01/01/2022	12/31/2022		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	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							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 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 3:17 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
	1.00	2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 3:17 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 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/30/2023 3:17 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 01/01/2022  
 To 12/31/2022

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 5/30/2023 3:17 pm

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	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	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 01/01/2022  
 To 12/31/2022

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 5/30/2023 3:17 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	3,236	86,338	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	3,236	86,338	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	6,631	96,205	0	90	241	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)	6,631	96,205	0	90	241	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	34	365	0.00	35.96	358.25	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC	0	0	0.00	0.00	0.00	6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	34	365	0.00	35.96	358.25	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	263.58	0	182	138	29	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)	263.58	0	182	138	29	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	349	520.45	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)	349	520.45	0.00	8.00		



Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2023 3:17 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	26,049,112	0	26,049,112	1,082,537.49	24.06
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)	26,049,112	0	26,049,112	1,082,537.49	24.06
7.00	Other Long Term Care	0	920,880	920,880	37,635.70	24.47
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	920,880	920,880	37,635.70	24.47
13.00	Total Adjusted Salaries (line 6 minus line 12)	26,049,112	-920,880	25,128,232	1,044,901.79	24.05
<b>OTHER WAGES &amp; RELATED COSTS</b>						
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
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	12,014,070	-424,718	11,589,352		
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)	12,014,071	-424,718	11,589,353		

SNF WAGE INDEX INFORMATION

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2023 3:17 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	1,516,825	0	1,516,825	34,253.81	2.00
3.00	Plant Operation, Maintenance & Repairs	1,295,196	0	1,295,196	59,470.13	3.00
4.00	Laundry & Linen Service	88,105	0	88,105	4,291.07	4.00
5.00	Housekeeping	2,418,462	0	2,418,462	109,457.72	5.00
6.00	Dietary	3,456,153	0	3,456,153	152,830.39	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	449,839	0	449,839	11,787.77	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	1,303,816	0	1,303,816	51,423.38	13.00
14.00	Total (sum lines 1 thru 13)	10,528,396	0	10,528,396	423,514.27	14.00

SNF WAGE RELATED COSTS	Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2023 3:17 pm
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			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		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
<b>TAXES</b>				
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
<b>OTHER</b>				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		1	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1	24.00
			Amount Reported	
			1.00	
<b>Part B - Other than Core Related Cost</b>				
25.00	GENERAL FRINGE BENEFITS		12,014,070	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2023 3:17 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	5,567,272	0	5,567,272	131,021.05	42.49	1.00
2.00	Licensed Practical Nurses (LPNs)	2,079,693	0	2,079,693	70,281.83	29.59	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	9,287,374	0	9,287,374	431,592.13	21.52	3.00
4.00	Total Nursing (sum of lines 1 through 3)	16,934,339	0	16,934,339	632,895.01	26.76	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	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 01/01/2022  
To 12/31/2022

Worksheet S-7  
Date/Time Prepared:  
5/30/2023 3:17 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 01/01/2022  
To 12/31/2022

Worksheet S-7

Date/Time Prepared:  
5/30/2023 3:17 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 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/30/2023 3:17 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		87,260	87,260	0	87,260	1.00
2.00	00200		0	0	0	0	2.00
3.00	00300	0	0	0	0	0	3.00
4.00	00400	1,516,825	741,999	2,258,824	0	2,258,824	4.00
5.00	00500	1,295,196	305,638	1,600,834	0	1,600,834	5.00
6.00	00600	88,105	812,247	900,352	0	900,352	6.00
7.00	00700	2,418,462	271,929	2,690,391	0	2,690,391	7.00
8.00	00800	3,456,153	1,433,713	4,889,866	0	4,889,866	8.00
9.00	00900	0	0	0	0	0	9.00
10.00	01000	0	1,455,103	1,455,103	-38,459	1,416,644	10.00
11.00	01100	0	38,459	38,459	0	38,459	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	449,839	31,147	480,986	0	480,986	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	1,303,816	69,701	1,373,517	0	1,373,517	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	14,694,516	768,106	15,462,622	-2,702,648	12,759,974	30.00
31.00	03100	0	0	0	1,781,768	1,781,768	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	920,880	920,880	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	4,225	4,225	0	4,225	40.00
41.00	04100	0	18,833	18,833	0	18,833	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	792,522	792,522	0	792,522	43.00
44.00	04400	334,893	11,339	346,232	0	346,232	44.00
45.00	04500	310,957	0	310,957	0	310,957	45.00
46.00	04600	180,350	0	180,350	0	180,350	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	38,459	38,459	48.00
49.00	04900	0	347,332	347,332	0	347,332	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	54,045	54,045	0	54,045	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		26,049,112	7,243,598	33,292,710	0	33,292,710	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	765	765	0	765	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	2,550	2,550	0	2,550	95.00
100.00		26,049,112	7,246,913	33,296,025	0	33,296,025	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A  
Date/Time Prepared:  
5/30/2023 3:17 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + - col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	3,905,425	3,992,685	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	12,014,070	12,014,070	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,001,799	5,260,623	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	3,824,641	5,425,475	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	900,352	6.00
7.00	00700	HOUSEKEEPING	0	2,690,391	7.00
8.00	00800	DIETARY	0	4,889,866	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,416,644	10.00
11.00	01100	PHARMACY	0	38,459	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	480,986	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	0	1,373,517	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	12,759,974	30.00
31.00	03100	NURSING FACILITY	0	1,781,768	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	920,880	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	4,225	40.00
41.00	04100	LABORATORY	0	18,833	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	792,522	43.00
44.00	04400	PHYSICAL THERAPY	0	346,232	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	310,957	45.00
46.00	04600	SPEECH PATHOLOGY	0	180,350	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,459	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	347,332	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	54,045	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC			62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
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)	22,745,935	56,038,645	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	765	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	2,550	95.00
100.00		TOTAL	22,745,935	56,041,960	100.00



Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-6

Date/Time Prepared:  
5/30/2023 3:17 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	38,459	1.00
2.00		NURSING FACILITY	31.00	1,781,768	0	2.00
3.00		OTHER LONG TERM CARE	33.00	920,880	0	3.00
<b>TOTALS</b>						
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		2,702,648	38,459	100.00

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

Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet A-6 Date/Time Prepared: 5/30/2023 3:17 pm
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		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	38,459	1.00
2.00		SKILLED NURSING FACILITY	30.00	1,781,768	0	2.00
3.00		SKILLED NURSING FACILITY	30.00	920,880	0	3.00
	<b>TOTALS</b>					
100.00				2,702,648	38,459	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 01/01/2022  
To 12/31/2022

Worksheet A-7

Date/Time Prepared:  
5/30/2023 3:17 pm

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
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	104,585,569	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)	104,585,569	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)	104,585,569	0	0	0	0	9.00
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
Description	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00 Land	0	0				1.00
2.00 Land Improvements	0	0				2.00
3.00 Buildings and Fixtures	104,585,569	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)	104,585,569	0				7.00
8.00 Reconciling Items	0	0				8.00
9.00 Total (line 7 minus line 8)	104,585,569	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8

Date/Time Prepared:  
5/30/2023 3:17 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	-20,529				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	2,751,764		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	1,045,749		CAP REL COSTS - BLDGS & FIXTURES	1.00	26.00
27.00 COUNTY CENTRAL SRVC EMPL FRINGE BEN	A	12,014,070		EMPLOYEE BENEFITS	3.00	27.00
28.00 COUNTY CENTRAL SERVICE COST ALLOC	A	107,912		CAP REL COSTS - BLDGS & FIXTURES	1.00	28.00
29.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,022,328		ADMINISTRATIVE & GENERAL	4.00	29.00
30.00 COUNTY CENTRAL SERVICE COST ALLOC	A	3,824,641		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)		22,745,935				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 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/30/2023 3:17 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	27,500	1,175	1.00
2.00	4.00	DR. H	17,820	0	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			45,320	1,175	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/30/2023 3:17 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	26,325	177,200	183	15,590	780	1.00
2.00	17,820	177,200	108	9,201	460	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	44,145		291	24,791	1,240	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/30/2023 3:17 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	15,590	1.00
2.00	0	0	0	0	9,201	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	24,791	100.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:  
5/30/2023 3:17 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	10,735	11,910	1.00
2.00	8,619	8,619	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	19,354	20,529	100.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 3:17 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	3,992,685	3,992,685			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0		0		2.00
3.00 00300	EMPLOYEE BENEFITS	12,014,070	0	0	12,014,070	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	5,260,623	280,246	0	643,957	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	5,425,475	368,329	0	549,866	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	900,352	381,410	0	37,404	6.00
7.00 00700	HOUSEKEEPING	2,690,391	58,011	0	1,026,741	7.00
8.00 00800	DIETARY	4,889,866	597,886	0	1,467,286	8.00
9.00 00900	NURSING ADMINISTRATION	0	23,152	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	1,416,644	0	0	0	10.00
11.00 01100	PHARMACY	38,459	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	480,986	28,058	0	190,976	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	1,373,517	173,584	0	553,526	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	12,759,974	2,032,671	0	6,046,167	30.00
31.00 03100	NURSING FACILITY	1,781,768	0	0	756,437	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	920,880	0	0	390,953	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	4,225	0	0	0	40.00
41.00 04100	LABORATORY	18,833	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	792,522	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	346,232	25,285	0	142,176	44.00
45.00 04500	OCCUPATIONAL THERAPY	310,957	20,901	0	132,015	45.00
46.00 04600	SPEECH PATHOLOGY	180,350	3,152	0	76,566	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,459	0	0	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	347,332	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	54,045	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	56,038,645	3,992,685	0	12,014,070	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	765	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	2,550	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	56,041,960	3,992,685	0	12,014,070	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 3:17 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		
<b>GENERAL SERVICE COST CENTERS</b>								
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	6,184,826				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	786,939	7,130,609			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	163,644	813,277	2,296,087		6.00	
7.00	00700	HOUSEKEEPING	468,310	123,697	0	4,367,150	7.00	
8.00	00800	DIETARY	862,779	1,274,866	0	898,912	9,991,595	8.00
9.00	00900	NURSING ADMINISTRATION	2,872	49,368	0	34,809	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	175,736	0	0	0	0	10.00
11.00	01100	PHARMACY	4,771	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	86,838	59,827	0	42,184	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	PATIENT ACTIVITIES	260,585	370,131	0	260,980	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	2,585,075	4,334,241	2,112,338	3,056,086	9,191,997	30.00
31.00	03100	NURSING FACILITY	314,867	0	124,011	0	539,643	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	162,734	0	59,738	0	259,955	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	524	0	0	0	0	40.00
41.00	04100	LABORATORY	2,336	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	98,313	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	63,724	53,915	0	38,016	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	57,544	44,567	0	31,424	0	45.00
46.00	04600	SPEECH PATHOLOGY	32,262	6,720	0	4,739	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,771	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	43,087	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	6,704	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	6,184,415	7,130,609	2,296,087	4,367,150	9,991,595	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	95	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	316	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	6,184,826	7,130,609	2,296,087	4,367,150	9,991,595	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 3:17 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	110,201					9.00
10.00	01000	0	1,592,380				10.00
11.00	01100	0	0	43,230			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	888,869	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	101,382	1,464,946	39,770	0	817,735	30.00
31.00	03100	5,952	86,004	2,335	0	48,008	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	2,867	41,430	1,125	0	23,126	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		110,201	1,592,380	43,230	0	888,869	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	110,201	1,592,380	43,230	0	888,869	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2023 3:17 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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	2,992,323			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	2,752,857	47,295,239	0	47,295,239 30.00
31.00 03100	NURSING FACILITY	0	161,614	3,820,639	0	3,820,639 31.00
32.00 03200	ICF/IID	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	77,852	1,940,660	0	1,940,660 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	4,749	0	4,749 40.00
41.00 04100	LABORATORY	0	0	21,169	0	21,169 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	890,835	0	890,835 43.00
44.00 04400	PHYSICAL THERAPY	0	0	669,348	0	669,348 44.00
45.00 04500	OCCUPATIONAL THERAPY	0	0	597,408	0	597,408 45.00
46.00 04600	SPEECH PATHOLOGY	0	0	303,789	0	303,789 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	43,230	0	43,230 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	390,419	0	390,419 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	60,749	0	60,749 51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	2,992,323	56,038,234	0	56,038,234 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	860	0	860 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	2,866	0	2,866 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	2,992,323	56,041,960	0	56,041,960 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 3:17 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	280,246	0	280,246	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	368,329	0	368,329	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	381,410	0	381,410	6.00
7.00 00700	HOUSEKEEPING	0	58,011	0	58,011	7.00
8.00 00800	DIETARY	0	597,886	0	597,886	8.00
9.00 00900	NURSING ADMINISTRATION	0	23,152	0	23,152	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	28,058	0	28,058	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	PATIENT ACTIVITIES	0	173,584	0	173,584	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	2,032,671	0	2,032,671	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF/IID	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	25,285	0	25,285	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	20,901	0	20,901	45.00
46.00 04600	SPEECH PATHOLOGY	0	3,152	0	3,152	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	3,992,685	0	3,992,685	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	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	3,992,685	0	3,992,685	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315361		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 3:17 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	280,246				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	35,658	403,987			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	7,415	46,076	434,901		6.00
7.00	00700	HOUSEKEEPING	21,220	7,008	0	86,239	7.00
8.00	00800	DIETARY	39,094	72,228	0	17,751	726,959
9.00	00900	NURSING ADMINISTRATION	130	2,797	0	687	0
10.00	01000	CENTRAL SERVICES & SUPPLY	7,963	0	0	0	0
11.00	01100	PHARMACY	216	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
13.00	01300	SOCIAL SERVICE	3,935	3,390	0	833	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	PATIENT ACTIVITIES	11,808	20,970	0	5,154	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	117,135	245,557	400,097	60,348	668,782
31.00	03100	NURSING FACILITY	14,267	0	23,489	0	39,263
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	7,374	0	11,315	0	18,914
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	24	0	0	0	0
41.00	04100	LABORATORY	106	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	4,455	0	0	0	0
44.00	04400	PHYSICAL THERAPY	2,887	3,055	0	751	0
45.00	04500	OCCUPATIONAL THERAPY	2,607	2,525	0	621	0
46.00	04600	SPEECH PATHOLOGY	1,462	381	0	94	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	216	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	1,952	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	304	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	280,228	403,987	434,901	86,239	726,959
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	4	0	0	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	NON-REIMBURSABLE GERO-PSYCH GRANT	14	0	0	0	0
98.00		Cross Foot Adjustments			0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	280,246	403,987	434,901	86,239	726,959

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 3:17 pm
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	26,766					9.00
10.00	01000	0	7,963				10.00
11.00	01100	0	0	216			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	36,216	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	24,624	7,326	198	0	33,318	30.00
31.00	03100	1,446	430	12	0	1,956	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	696	207	6	0	942	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		26,766	7,963	216	0	36,216	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	26,766	7,963	216	0	36,216	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2023 3:17 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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	211,516			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	194,589	3,784,645	0	3,784,645
31.00 03100	NURSING FACILITY	0	11,424	92,287	0	92,287
32.00 03200	ICF/IID	0	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	5,503	44,957	0	44,957
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	24	0	24
41.00 04100	LABORATORY	0	0	106	0	106
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	4,455	0	4,455
44.00 04400	PHYSICAL THERAPY	0	0	31,978	0	31,978
45.00 04500	OCCUPATIONAL THERAPY	0	0	26,654	0	26,654
46.00 04600	SPEECH PATHOLOGY	0	0	5,089	0	5,089
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	216	0	216
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	1,952	0	1,952
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	304	0	304
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	211,516	3,992,667	0	3,992,667
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	4	0	4
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	14	0	14
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	0	211,516	3,992,685	0	3,992,685



COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/30/2023 3:17 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				
<b>GENERAL SERVICE COST CENTERS</b>							
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	28,298,860			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	11,826	0	1,516,825	-6,184,826	49,857,134	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	15,543	0	1,295,196	0	6,343,670	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	16,095	0	88,105	0	1,319,166	6.00
7.00 00700	HOUSEKEEPING	2,448	0	2,418,462	0	3,775,143	7.00
8.00 00800	DIETARY	25,230	0	3,456,153	0	6,955,038	8.00
9.00 00900	NURSING ADMINISTRATION	977	0	0	0	23,152	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,416,644	10.00
11.00 01100	PHARMACY	0	0	0	0	38,459	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	1,184	0	449,839	0	700,020	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	1,303,816	0	2,100,627	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	SKILLED NURSING FACILITY	85,776	0	14,241,616	0	20,838,812	30.00
31.00 03100	NURSING FACILITY	0	0	1,781,768	0	2,538,205	31.00
32.00 03200	ICF/IID	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	920,880	0	1,311,833	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	RADIOLOGY	0	0	0	0	4,225	40.00
41.00 04100	LABORATORY	0	0	0	0	18,833	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	792,522	43.00
44.00 04400	PHYSICAL THERAPY	1,067	0	334,893	0	513,693	44.00
45.00 04500	OCCUPATIONAL THERAPY	882	0	310,957	882	463,873	45.00
46.00 04600	SPEECH PATHOLOGY	133	0	180,350	0	260,068	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	38,459	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	347,332	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	54,045	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	28,298,860	-6,184,826	49,853,819	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	765	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	2,550	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)	3,992,685	0	12,014,070		6,184,826	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	23.697429	0.000000	0.424543		0.124051	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		280,246	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.005621	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/30/2023 3:17 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	96,205			6.00
7.00	00700	HOUSEKEEPING	2,448	0	122,574		7.00
8.00	00800	DIETARY	25,230	0	25,230	96,205	8.00
9.00	00900	NURSING ADMINISTRATION	977	0	977	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	85,776	88,506	85,776	88,506	30.00
31.00	03100	NURSING FACILITY	0	5,196	0	5,196	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	2,503	0	2,503	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	96,205	122,574	96,205	96,205
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	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)	7,130,609	2,296,087	4,367,150	9,991,595	110,201
103.00		Unit cost multiplier (Wkst. B, Part I)	50.529766	23.866608	35.628681	103.857336	1.145481
104.00		Cost to be allocated (per Wkst. B, Part II)	403,987	434,901	86,239	726,959	26,766
105.00		Unit cost multiplier (Wkst. B, Part II)	2.862781	4.520565	0.703567	7.556354	0.278218

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1

Date/Time Prepared:  
5/30/2023 3:17 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	96,205					10.00
11.00	01100	0	96,205				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	96,205		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	88,506	88,506	0	88,506	0	30.00
31.00	03100	5,196	5,196	0	5,196	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	2,503	2,503	0	2,503	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		96,205	96,205	0	96,205	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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		1,592,380	43,230	0	888,869	0	102.00
103.00		16.551946	0.449353	0.000000	9.239322	0.000000	103.00
104.00		7,963	216	0	36,216	0	104.00
105.00		0.082771	0.002245	0.000000	0.376446	0.000000	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet B-1  
Date/Time Prepared:  
5/30/2023 3:17 pm

Cost Center Description		OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT DAYS)	
		15.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	96,205
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	SKILLED NURSING FACILITY	88,506
31.00	03100	NURSING FACILITY	5,196
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	2,503
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
<b>OTHER REIMBURSABLE COST CENTERS</b>			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
73.00	07300	CMHC	0
<b>SPECIAL PURPOSE COST CENTERS</b>			
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)	96,205
<b>NONREIMBURSABLE COST CENTERS</b>			
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)	2,992,323
103.00		Unit cost multiplier (Wkst. B, Part I)	31.103612
104.00		Cost to be allocated (per Wkst. B, Part II)	211,516
105.00		Unit cost multiplier (Wkst. B, Part II)	2.198597

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet C Date/Time Prepared: 5/30/2023 3:17 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	4,749	4,225	1.124024	40.00
41.00	04100	LABORATORY	21,169	18,833	1.124038	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	890,835	792,522	1.124051	43.00
44.00	04400	PHYSICAL THERAPY	669,348	346,232	1.933236	44.00
45.00	04500	OCCUPATIONAL THERAPY	597,408	310,957	1.921192	45.00
46.00	04600	SPEECH PATHOLOGY	303,789	180,350	1.684441	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,230	38,459	1.124054	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	390,419	347,332	1.124051	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	60,749	54,045	1.124045	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	2,981,696	2,092,955		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 3:17 pm			
		Title XVIII (1)	Skilled Nursing Facility	PPS			
		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)		
Ratio of Cost to Charges (Fr. Wkst. C Column 3)							
1.00		2.00	3.00	4.00	5.00		
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>							
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	1.124024	375	0	422	0	40.00
41.00	04100 LABORATORY	1.124038	5,543	0	6,231	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.124051	23,373	0	26,272	0	43.00
44.00	04400 PHYSICAL THERAPY	1.933236	142,230	0	274,964	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	1.921192	130,675	0	251,052	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.684441	28,900	0	48,680	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.124054	8,304	0	9,334	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.124051	116,547	0	131,005	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	1.124045	918	0	1,032	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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)		456,865	0	748,992	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 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Prepared: 5/30/2023 3:17 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)	1.124051	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	4,749	0	0.000000	422	0 40.00
41.00	04100	LABORATORY	21,169	0	0.000000	6,231	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	890,835	0	0.000000	26,272	0 43.00
44.00	04400	PHYSICAL THERAPY	669,348	0	0.000000	274,964	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	597,408	0	0.000000	251,052	0 45.00
46.00	04600	SPEECH PATHOLOGY	303,789	0	0.000000	48,680	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,230	0	0.000000	9,334	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	390,419	0	0.000000	131,005	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	60,749	0	0.000000	1,032	0 51.00
100.00		Total (Sum of lines 40 - 52)	2,981,696	0		748,992	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315361	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Parts I-III Date/Time Prepared: 5/30/2023 3:17 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		96,205	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		3,236	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		47,295,239	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		35,197,300	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.343718	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		35,197,300	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		365.86	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)		47,295,239	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		491.61	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,590,850	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)		1,590,850	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)		3,784,645	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		39.34	21.00
22.00	Program capital related cost (Line 3 times line 21)		127,304	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,463,546	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)		1,463,546	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		96,205	1.00
2.00	Program inpatient days (see instructions)		3,236	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)		0.033637	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 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/30/2023 3:17 pm
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		2,615,885	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)		2,615,885	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		0	5.00
6.00	Allowable bad debts (From your records)		328,316	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		207,894	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		207,894	8.00
9.00	Recovery of bad debts - for statistical records only		135,131	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		0	11.00
12.00	Interim payments (See instructions)		2,422,700	12.00
13.00	Tentative adjustment		2,261,041	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)		1,703	14.75
14.99	Sequestration amount (see instructions)		26,528	14.99
15.00	Balance due provider/program (see Instructions)		133,428	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
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 01/01/2022  
To 12/31/2022

Worksheet E-1

Date/Time Prepared:  
5/30/2023 3:17 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		2,261,041		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,261,041		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		133,428		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,394,469		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 01/01/2022  
To 12/31/2022

Worksheet G

Date/Time Prepared:  
5/30/2023 3:17 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	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	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	0	0	0	0	11.00
<b>FIXED ASSETS</b>						
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	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	0	0	0	0	28.00
<b>OTHER ASSETS</b>						
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	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	1	0	0	0	33.00
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	1	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
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	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	0	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	0	0	0	0	50.00
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	0	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
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	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	1	0	0	0	59.00
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	1	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-1

Date/Time Prepared:  
5/30/2023 3:17 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 01/01/2022  
To 12/31/2022

Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
5/30/2023 3:17 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	34,248,142		34,248,142	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)	34,248,142		34,248,142	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)	34,248,142	0	34,248,142	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			33,296,025	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)			62,185,634	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315361

Period:  
From 01/01/2022  
To 12/31/2022

Worksheet G-3

Date/Time Prepared:  
5/30/2023 3:17 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	34,248,142	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)	34,248,142	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	62,185,634	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-27,937,492	5.00
<b>Other income:</b>			
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	27,937,493	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)	27,937,493	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: 12/31/22

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 01/01/2022 and ending on 12/31/2022, 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, LUNA

Date Signed: 5/30/23

Phone Number: (973) 585-2169

Email Address: lcorrado@passaiccountynj.org



**Medicaid Cost Report  
New Jersey Department of Human Services  
Nursing Facility Rate Setting and Reimbursement**

**FILING INSTRUCTIONS**

In accordance with N.J.A.C. 8:85-3.2, effective for cost reporting periods ending on or after December 31, 2010, the cost report form shall be the Medicare cost report and supplemental Medicaid schedules. All providers are required to submit their Medicaid cost reports based on a December 31 fiscal year end. If this is different than your elected Medicare year end you will be required to complete the Medicare cost reporting forms (CMS 2540 or 2552) for the calendar year Medicaid report. If the facility contains a SCNF and a NF unit one report should be completed with a separate routine cost center included on Schedule A for each unit. The submitted cost report packet must include the required items indicated below to be considered a complete filing. **Electronic copies of the documents are preferred**, but paper copies may be submitted if that is all that is available. **Cost reports may be submitted electronically or by mail to the following address and are due May 31 following the cost reporting year.**

**Mailing Address**

Attn: NJ Nursing Facility Cost Report  
Myers and Stauffer LC  
11440 Tomahawk Creek Parkway  
Leawood, Kansas 66211

**E-Mail Address**

[njnfcrc@mslc.com](mailto:njnfcrc@mslc.com)

**NOTE: Please submit only ONE copy of each applicable item.**

Requested items to be submitted with your filing:	(Included)		
	Yes	No	N/A
1. Copy of electronic cost report (ECR file) of the appropriate 12/31 Medicare cost reporting form.	<b>X</b>		
2. Copy of ECR File as Submitted to Medicare if different than #1.			<b>X</b>
3. Electronic copy of completed Medicaid Supplemental Cost Reporting Form (Certification should be printed and signed).	<b>X</b>		
4. Working Trial Balance (WTB) Used to Prepare the Cost Report .	<b>X</b>		
5. Completed Cost Report Checklist.	<b>X</b>		

**STATE OF NEW JERSEY**  
**Department of Human Services**  
 Nursing Facility Rate Setting and Reimbursement Cost Report  
**Schedule A - General Input**

Version: 3.00

Facility Name: **Preakness Healthcare Center**  
 Period Beginning: **January 1, 2022**  
 Period Ending: **December 31, 2022**  
 D.H.S. Number: **16518**  
 Molina Number: **4497309**  
 Facility Telephone: **973-904-5000**  
 FAX Number:  
 Email Address: **lcorrado@passaiccountynj.org**

Number of Months: 12

*Please type in the green cells ONLY.*

Website: www.passaiccountynj.org

**General Administrative Information**

(Check all applicable blocks with an "X")  
 Enter Worksheet A, Line # in applicable blocks

Worksheet A

A. Type of Facility		Worksheet A
(A)	(B)	Line #
(A)	(B)	(C)
1.	Hospital	
2.	<b>X</b> Nursing Facility	
3.	Residential Unit	
4.	Medical Day Care	
5.	<b>X</b> Special Care:	
	TYPE: <b>BMGT</b>	
	DHS # <b>1651B</b>	
	MOLINA # <b>4497317</b>	
6.	<b>X</b> Special Care:	
	TYPE: <b>VENT</b>	
	DHS # <b>1651V</b>	
	MOLINA # <b>253596</b>	
7.	Special Care:	
	TYPE:	
	DHS #	
	MOLINA #	
8.	Other-Specify:	
	TYPE:	
	DHS #	
	MOLINA #	

**B. Type of Ownership**

Proprietary

Voluntary

Governmental

Other \* **SCNF**- Specify:

Building    Land

Owned by Operator

Leased from Related Organization

Leased from Unrelated Organization

Name of Licensee Owning Facility:

**PASSAIC COUNTY**

Name of Organization Operating Facility:

**PASSAIC COUNTY**

**C. Cost Report Preparer**

Company: **PINO CONSULTING GROUP INC**  
 Contact Name: **JOSEPH M. PINO**  
 Address: **110 COMMONS WAY, BLDG A**  
**TOMS RIVER, NJ 08755**  
 Phone Number: **(609) 448-7135**  
 E-mail Address: **[JMP@PINOCONSULTING.COM](mailto:JMP@PINOCONSULTING.COM)**

# STATE OF NEW JERSEY

## Department of Human Services

Nursing Facility Rate Setting and Reimbursement Cost Report

### Schedule D - SCNF1 Services

FACILITY NAME: Preakness Healthcare Center

SCNF TYPE: BMGT

D. H. S. NUMBER: 1651B

MOLINA NUMBER: 4497317

COST REPORT F.Y.E.: Dec 31, 2022

		<b>Total</b>			
		<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
				Recoveries for Medicaid Patients	Net Ancillary Expenses
<b>SCNF Ancillary Services</b>		Salaries	Fees		

1.00 Respiratory Therapists	RESP				-
-----------------------------	------	--	--	--	---

**Rehabilitative Services\***

2.00 Physical Therapy		334,893	11,339		346,232
3.00 Occupational Therapy		310,957			310,957
4.00 Speech/Language Pathology		180,350			180,350
5.00 Cognitive or Remedial **		-			-
6.00 Total Rehabilitative Services		826,200	11,339	-	837,539

		<b>(E)</b>	<b>(F)</b>	<b>(G)</b>	<b>(H)</b>
		Charges Associated with SCNF Medicaid Residents			Medicaid SCNF Net Ancillary Expenses
			All Other Charges	Total Charges	

1.00 Respiratory Therapists				-	-
-----------------------------	--	--	--	---	---

**Rehabilitative Services\***

2.00 Physical Therapy		18,606	327,626	346,232	18,606
3.00 Occupational Therapy		16,711	294,246	310,957	16,711
4.00 Speech/Language Pathology		9,692	170,658	180,350	9,692
5.00 Cognitive or Remedial **				-	-
6.00 Total Rehabilitative Services		45,009	792,530	837,539	45,009

\* As defined by N.J.A.C. 8:85 - 2.4

\*\* Including Neuropsychological Treatment

**STATE OF NEW JERSEY**  
**Department of Human Services**

Nursing Facility Rate Setting and Reimbursement Cost Report

**Schedule D - SCNF2 Services**

FACILITY NAME: Preakness Healthcare Center

SCNF TYPE: VENT

D. H. S. NUMBER: 1651V

MOLINA NUMBER: 0253596

COST REPORT F.Y.E.: Dec 31, 2022

		<b>Total</b>			
		<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
				Recoveries for Medicaid Patients	Net Ancillary Expenses
<b>SCNF Ancillary Services</b>		Salaries	Fees		

1.00 Respiratory Therapists	RESP		792,522		792,522
-----------------------------	------	--	---------	--	---------

**Rehabilitative Services\***

2.00 Physical Therapy		334,893	11,339		346,232
3.00 Occupational Therapy		310,957			310,957
4.00 Speech/Language Pathology		180,350			180,350
5.00 Cognitive or Remedial **					-
6.00 Total Rehabilitative Services		826,200	11,339	-	837,539

		<b>(E)</b>	<b>(F)</b>	<b>(G)</b>	<b>(H)</b>
		Charges Associated with SCNF Medicaid Residents			Medicaid SCNF Net Ancillary Expenses
			All Other Charges	Total Charges	
1.00 Respiratory Therapists		731,096	61,426	792,522	731,096

**Rehabilitative Services\***

2.00 Physical Therapy		8,310	337,922	346,232	8,310
3.00 Occupational Therapy		7,463	303,494	310,957	7,463
4.00 Speech/Language Pathology		4,329	176,021	180,350	4,329
5.00 Cognitive or Remedial **				-	-
6.00 Total Rehabilitative Services		20,102	817,437	837,539	20,102

\* As defined by N.J.A.C. 8:85 - 2.4

\*\* Including Neuropsychological Treatment

**STATE OF NEW JERSEY**  
**Department of Human Services**

Nursing Facility Rate Setting and Reimbursement Cost Report

**Schedule D - SCNF3 Services**

FACILITY NAME: Preakness Healthcare Center

SCNF TYPE: 0

D. H. S. NUMBER: 00000

MOLINA NUMBER: 0000000

COST REPORT F.Y.E.: Dec 31, 2022

		<b>Total</b>			
		<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
				Recoveries for Medicaid Patients	Net Ancillary Expenses
<b>SCNF Ancillary Services</b>		Salaries	Fees		

1.00 Respiratory Therapists	RESP				-
-----------------------------	------	--	--	--	---

**Rehabilitative Services\***

2.00 Physical Therapy					-
3.00 Occupational Therapy					-
4.00 Speech/Language Pathology					-
5.00 Cognitive or Remedial **					-
6.00 Total Rehabilitative Services		-	-	-	-

**(E) (F) (G) (H)**

Charges Associated with SCNF Medicaid Residents	All Other Charges	Total Charges	Medicaid SCNF Net Ancillary Expenses
--	-------------------	---------------	--

1.00 Respiratory Therapists				-	-
-----------------------------	--	--	--	---	---

**Rehabilitative Services\***

2.00 Physical Therapy			-	-	-
3.00 Occupational Therapy			-	-	-
4.00 Speech/Language Pathology			-	-	-
5.00 Cognitive or Remedial **			-	-	-
6.00 Total Rehabilitative Services		-	-	-	-

\* As defined by N.J.A.C. 8:85 - 2.4

\*\* Including Neuropsychological Treatment

**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: 12/31/22

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 01/01/2022 and ending on 12/31/2022, 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) 585-2169

Email Address: lcorrado@passaiccountynj.org

**State of New Jersey**  
**Department of Human Services**  
Nursing Facility Rate Setting and Reimbursement Cost Report  
**Nursing Facility Cost Report (2540-10)**  
**Schedule G - Ancillary Charge Reconciliation by Payer Type**

FACILITY NAME: Preakness Healthcare Center  
D. H. S. NUMBER: 16518  
MOLINA NUMBER: 4497309  
COST REPORT F.Y.E.: December 31, 2022

**Form Instructions**

1. Please fill in the shaded areas in Columns C - H, & J with the applicable charge information from your records.
2. If there are variances in Column I and an "Error" note is present, a detailed explanation must be provided in the applicable worksheet section.

		* See Note # 1 Below										
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	
Cost Center Line Number	Ancillary Cost Center Description	Nursing Facility (NF) Medicaid Charges	Specialized Care Nursing Facility (SCNF) Medicaid Charges	NF Medicare Charges	SCNF Medicare Charges	NF Other Charges	SCNF Other Charges	Total Charges (Sum Col. C through Col. H)	Total Charges from Cost Report (CR Wrksh C)	Variance (COL. I - COL. J)	Provider Explanation of Variance	
1.00	40.00	RADIOLOGY		4,225				4,225	4,225	-		
2.00	41.00	LABORATORY		18,833				18,833	18,833	-		
3.00	42.00	INTRAVENOUS THERAPY						-	-	-		
4.00	43.00	OXYGEN (INHALATION) THERAPY	731,096	23,373			38,053	792,522	792,522	-		
5.00	44.00	PHYSICAL THERAPY	26,916	319,316				346,232	346,232	-		
6.00	45.00	OCCUPATIONAL THERAPY	24,174	286,783				310,957	310,957	-		
7.00	46.00	SPEECH PATHOLOGY	14,021	166,329				180,350	180,350	-		
8.00	47.00	ELECTROCARDIOLOGY						-	-	-		
9.00	48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		38,459				38,459	38,459	-		
10.00	49.00	DRUGS CHARGED TO PATIENTS		347,332				347,332	347,332	-		
11.00	51.00	SUPPORT SURFACES		54,045				54,045	54,045	-		
12.00		(OTHER PLEASE SPECIFY)						-	-	-		
13.00		(OTHER PLEASE SPECIFY)						-	-	-		
14.00		(OTHER PLEASE SPECIFY)						-	-	-		
15.00		(OTHER PLEASE SPECIFY)						-	-	-		
16.00		(OTHER PLEASE SPECIFY)						-	-	-		
17.00	62.00	FQHC						-	-	-		
18.00	71.00	AMBULANCE						-	-	-		
19.00		(OTHER PLEASE SPECIFY)						-	-	-		
20.00		(OTHER PLEASE SPECIFY)						-	-	-		
21.00		(OTHER PLEASE SPECIFY)						-	-	-		
TOTAL								\$ 2,092,955	\$ 2,092,955	\$ -		

Note # 1: The charge information entered by the provider should reconcile to the Medicare cost report worksheet C values listed in the analysis above. If there are variances please provide a detailed explanation.

**State of New Jersey**  
**Department of Human Services**  
 Nursing Facility Rate Setting and Reimbursement Cost Report  
**Hospital-Based Nursing Facility Cost Report (2552-10)**  
**Schedule G - Ancillary Charge Reconciliation by Payer Type**

FACILITY NAME: Preakness Healthcare Center  
 D. H. S. NUMBER: 16518  
 MOLINA NUMBER: 4497309  
 COST REPORT F.Y.E.: December 31, 2022

**\*\*\*PLEASE COMPLETE THE SCHEDULE G FORM RELATED TO A FREE-STANDING NURSING FACILITY COST REPORT (2540). THIS FORM SHOULD BE LEFT BLANK.\*\*\***

- Form Instructions
1. Please fill in the shaded areas in Columns C - I, & K with the applicable charge information from your records.
  2. If there are variances in Column I and an "Error" note is present, a detailed explanation must be provided in the applicable worksheet section.

(A) Cost Center Line Number	(B) Ancillary Cost Center Description	(C) Nursing Facility (NF) Medicaid Charges	(D) Specialized Care Nursing Facility (SCNF) Medicaid Charges	(E) NF Medicare Charges	(F) SCNF Medicare Charges	(G) NF Other Charges	(H) SCNF Other Charges	(I) Hospital Charges	(J) Total Charges (Sum Col. C through Col. I)	(K) Total Charges from Cost Report (CR Wrksht C part I)	*See Note # 1 Below		(M) Provider Explanation of Variance	
											(L) Variance (COL. J - COL. K)	(L)		
1.00	50.00	OPERATING ROOM												
2.00	54.00	RADIOLOGY-DIAGNOSTIC												
3.00	57.00	CT SCAN												
4.00	58.00	MRI												
5.00	59.00	CARDIAC CATHETERIZATION												
6.00	60.00	LABORATORY												
7.00	60.01	BLOOD LABORATORY												
8.00	65.00	RESPIRATORY THERAPY												
9.00	66.00	PHYSICAL THERAPY												
10.00	67.00	OCCUPATIONAL THERAPY												
11.00	68.00	SPEECH PATHOLOGY												
12.00	69.00	ELECTROCARDIOLOGY												
13.00	71.00	MEDICAL SUPPLIES CHARGED TO PATIENT												
14.00	72.00	IMPL. DEV. CHARGED TO PATIENTS												
15.00	73.00	DRUGS CHARGED TO PATIENTS												
16.00		(OTHER PLEASE SPECIFY)												
17.00		(OTHER PLEASE SPECIFY)												
18.00		(OTHER PLEASE SPECIFY)												
19.00		(OTHER PLEASE SPECIFY)												
20.00		(OTHER PLEASE SPECIFY)												
21.00	88.00	RURAL HEALTH CLINIC												
22.00	89.00	FEDERALLY QUALIFIED HEALTH CENTER												
23.00	90.00	CLINIC												
24.00	90.01	MENTAL HEALTH												
25.00	90.02	ALZHEIMER CLINIC												
26.00	90.03	DENTAL CLINIC												
27.00	90.05	ACUTE PARTIAL HOSPITAL												
28.00	90.06	ALCOHOL CLINIC												
29.00	91.00	EMERGENCY												
30.00	99.00	CMHC												
31.00	99.10	CORF												
32.00		(OTHER PLEASE SPECIFY)												
33.00		(OTHER PLEASE SPECIFY)												
34.00		(OTHER PLEASE SPECIFY)												
35.00	109.00	PANCREAS ACQUISITION												
36.00	110.00	INTESTINAL ACQUISITION												
37.00	111.00	ISLET ACQUISITION												
38.00		(OTHER PLEASE SPECIFY)												
39.00		(OTHER PLEASE SPECIFY)												
40.00		(OTHER PLEASE SPECIFY)												
TOTAL									\$	-	\$	-	\$	-

Note #1: The charge information entered by the provider should reconcile to the Medicare cost report worksheet C part I values listed in the analysis above. If there are variances please provide a detailed explanation in the applicable worksheet section.



**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 2022 Fixed Employee Fringe Benefit Rate with Carry-Forward Adjustment (Final 2020 Rate and Provisional 2022 Rate)

Computation of Preakness Healthcare Center Calendar Year 2022 Fixed Indirect Cost with Carry-Forward Adjustment (Final 2020 Costs and Provisional 2022 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 2022		
	PER COUNTY FINANCIAL STATEMENTS	PER NF COST REPORT	DIFFERENCE
<b><u>SALARIES AND WAGES</u></b>			
PAID FROM CURRENT FUND	\$ 25,981,298.43	\$ 25,981,298.43	\$ -
PAID FROM PRIOR YEAR RESERVES FUND	(130,516.19)	(130,516.19)	-
PAID FROM GRANT FUND (GERO-PSYCH GRANT)	198,330.00	198,330.00	-
<b>TOTAL SALARIES AND WAGES</b>	<b>\$ 26,049,112.24</b>	<b>\$ 26,049,112.24</b>	<b>\$ -</b>
<b><u>OTHER EXPENSES</u></b>			
PAID FROM CURRENT FUND	6,143,740.72	6,143,740.72	\$ -
PAID FROM PRIOR YEAR RESERVES FUND	1,100,621.82	1,100,621.82	\$ -
PAID FROM GRANT FUND (GERO-PSYCH GRANT)	2,550.00	2,550.00	\$ -
<b>TOTAL OTHER EXPENSES</b>	<b>\$ 7,246,912.54</b>	<b>\$ 7,246,912.54</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS, EXCLUDING OTHER COST REPORT ADJUSTMENTS</b>	<b>\$ 33,296,024.78</b>	<b>\$ 33,296,024.78</b>	<b>\$ -</b>
<b><u>OTHER COST REPORT ADJUSTMENTS</u></b>			
COUNTY-WIDE CENTRAL SERVICE COSTS:		\$ 6,954,881.00	
COUNTY-WIDE EMPLOYEE FRINGE BENEFITS COSTS		12,014,070.00	
CAPITAL INTEREST EXPENSE		1,045,749.32	
CAPITAL ASSET DEPRECIATION		2,751,764.95	
CREDIT ADJ. FOR MENTAL HEALTH-INDIGENT CARE REV.		-	
PHYSICIAN RCE DISALLOWANCE (W/S A-8-2)		(20,529.00)	
ROUNDING		(1.05)	
<b>TOTAL OTHER COST REPORT ADJUSTMENTS</b>		<b>\$ 22,745,935.22</b>	
<b>TOTAL COSTS REPORTED</b>		<b>\$ 56,041,960.00</b>	
PER CMS-2540, SCHEDULE A, COLUMN 7		<b>\$ 56,041,960.00</b>	
DIFFERENCE		<b>\$ -</b>	

**PREAKNESS HEALTHCARE CENTER  
TRIAL BALANCE OF EXPENSES  
CALENDAR YEAR 2022**

EXPENSE ACCOUNT DESCRIPTION	ACCOUNT NUMBER	NET EXPENDED IN CALENDAR YEAR 2022				ADJUSTMENTS	RECLASSIFIED	REF	ADJUSTED TOTAL	MEDICARE COST REPORT COST CENTER	ADJUSTED TOTAL
		CURRENT FUND	RESERVE FUND	GRANT FUND	TOTAL PAID						
<b>SALARIES &amp; WAGES:</b>											
BASE PAY	Y-01-27-172-001-101	22,621,972.50	8,312.03	198,330.00	22,828,614.53			22,828,614.53	SEE ATTACHED WORKSHEET		
OVERTIME	Y-01-27-172-001-105	3,086,743.96	(138,828.22)		2,947,915.74			2,947,915.74	SEE ATTACHED WORKSHEET		
UNIFORM ALLOWANCE	Y-01-27-172-001-1UA	272,581.97	-		272,581.97			272,581.97	SEE ATTACHED WORKSHEET		
GERO-PSYCH GRANT FUND-SALARIES	G-01-41-713-016-101	-	-	-	-			-	NON-REIMBURSEABLE GERO-PSYCH GRANT		
<b>TOTAL SALARIES &amp; WAGES</b>		<b>25,981,298.43</b>	<b>(130,516.19)</b>	<b>198,330.00</b>	<b>26,049,112.24</b>			<b>26,049,112.24</b>		<b>26,049,112.24</b>	
<b>OTHER EXPENSES:</b>											
ADVERTISING	Y-01-27-172-001-201	18,500.23	1,419.73		19,919.96			19,919.96	ADMINISTRATIVE & GENERAL	19,919.96	
BUILDING MAINTENANCE	Y-01-27-172-001-207	70,239.09	121.90		70,360.99			70,360.99	PLANT OPERATION, MAINT. & REPAIRS	70,360.99	
CONFERENCES	Y-01-27-172-001-211	954.00	-		954.00			954.00	ADMINISTRATIVE & GENERAL	954.00	
CONTRACTED SERVICES:	Y-01-27-172-001-213	1,525,256.29	278,113.18		1,803,369.47	(1,772,330.06)	(A)	31,039.41	ADMINISTRATIVE & GENERAL	31,039.41	
ACCOUNTING	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
BILLING SERVICES	Y-01-27-172-001-213	-	-		-	42,643.48	(A)	42,643.48	ADMINISTRATIVE & GENERAL	42,643.48	
C.N.A. REIMBURSEMENT	Y-01-27-172-001-213	-	-		-	1,701.00	(A)	1,701.00	ADMINISTRATIVE & GENERAL	1,701.00	
CABLE TV	Y-01-27-172-001-213	-	-		-	44,306.20	(A)	44,306.20	PATIENT ACTIVITIES	44,306.20	
CLOTHING	Y-01-27-172-001-213	-	-		-	18,455.60	(A)	18,455.60	ADMINISTRATIVE & GENERAL	18,455.60	
COPIER	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
DIAGNOSTIC TESTING (X-Ray)	Y-01-27-172-001-213	-	-		-	4,224.90	(A)	4,224.90	RADIOLOGY	4,224.90	
DON CONTRACTED SERVICE	Y-01-27-172-001-213	-	-		-	-	(A)	-	SKILLED NURSING FACILITY	-	
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	-	-		-	46,306.12	(A)	46,306.12	PLANT OPERATION, MAINT. & REPAIRS	46,306.12	
LAB	Y-01-27-172-001-213	-	-		-	18,833.13	(A)	18,833.13	LABORATORY	18,833.13	
LAB WORK FOR VENTILATOR PATIENTS	Y-01-27-172-001-213	-	-		-	-	(A)	-	LABORATORY	-	
MEDICAL GAS (OXYGEN)	Y-01-27-172-001-213	-	-		-	52,685.34	(A)	52,685.34	CENTRAL SERVICES & SUPPLY	52,685.34	
NURSE STAFFING AGENCY	Y-01-27-172-001-213	-	-		-	768,106.35	(A)	768,106.35	SKILLED NURSING FACILITY	768,106.35	
SUPPLIES AND EQUIPMENT	Y-01-27-172-001-213	-	-		-	23,957.19	(A)	23,957.19	CENTRAL SERVICES & SUPPLY	23,957.19	
PEST CONTROL	Y-01-27-172-001-213	-	-		-	2,059.00	(A)	2,059.00	PLANT OPERATION, MAINT. & REPAIRS	2,059.00	
REFUND TO RESIDENT	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
REHABILITATION AGENCY STAFF	Y-01-27-172-001-213	-	-		-	11,338.75	(A)	11,338.75	PHYSICAL THERAPY	11,338.75	
REIMBURSEMENT FOR FAMILY MEMBER	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
RESPIRATORY SERVICES	Y-01-27-172-001-213	-	-		-	636,522.14	(A)	636,522.14	OXYGEN (INHALATION) THERAPY	636,522.14	
SALARY AND WAGE REIMBURSEMENT	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
VENTILATOR PHYS (MEDICAL DIRECTOR)	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
ARBITRATION FEE	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
CHAPLAIN SERVICES	Y-01-27-172-001-213	-	-		-	31,147.39	(A)	31,147.39	SOCIAL SERVICE	31,147.39	
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	-	-		-	11,831.66	(A)	11,831.66	PLANT OPERATION, MAINT. & REPAIRS	11,831.66	
IT SERVICE & EMR SYSTEM	Y-01-27-172-001-213	-	-		-	44,895.04	(A)	44,895.04	ADMINISTRATIVE & GENERAL	44,895.04	
MEDICARE A STAY	Y-01-27-172-001-213	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
MEDICARE ELIGIBILITY VERIFICATION	Y-01-27-172-001-213	-	-		-	5,597.44	(A)	5,597.44	ADMINISTRATIVE & GENERAL	5,597.44	
OVERNIGHT DELIVERY	Y-01-27-172-001-213	-	-		-	1,034.85	(A)	1,034.85	ADMINISTRATIVE & GENERAL	1,034.85	
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	-	-		-	-	(A)	-	ADMINISTRATIVE & GENERAL	-	
TIME & ATTENDANCE	Y-01-27-172-001-213	-	-		-	6,684.48	(A)	6,684.48	ADMINISTRATIVE & GENERAL	6,684.48	
WINDOW WASHING	Y-01-27-172-001-213	-	-		-	-	(A)	-	PLANT OPERATION, MAINT. & REPAIRS	-	
COPY MACHINE SUPPLIES	Y-01-27-172-001-215	6,548.04	10,351.84		16,899.88			16,899.88	ADMINISTRATIVE & GENERAL	16,899.88	
EDUCATION/TRAINING	Y-01-27-172-001-217	15,904.15	13,486.86		29,391.01			29,391.01	ADMINISTRATIVE & GENERAL	29,391.01	
EQUIPMENT MAINTENANCE	Y-01-27-172-001-219	151,098.42	23,981.48		175,079.90			175,079.90	PLANT OPERATION, MAINT. & REPAIRS	175,079.90	
EQUIPMENT RENTAL (POSTAGE METER)	Y-01-27-172-001-221	971.18	3,320.52		4,291.70			4,291.70	CAP REL COSTS - BLDGS & FIXTURES	4,291.70	
EXPENDABLE EQUIPMENT (NON-DEPRECIABLE)	Y-01-27-172-001-223	69,019.27	13,948.98		82,968.25			82,968.25	CAP REL COSTS - BLDGS & FIXTURES	82,968.25	
JANITORIAL SUPPLIES	Y-01-27-172-001-225	228,351.24	43,577.72		271,928.96			271,928.96	HOUSEKEEPING	271,928.96	
PRINTING	Y-01-27-172-001-231	99.99	-		99.99			99.99	ADMINISTRATIVE & GENERAL	99.99	
PROFESSIONAL/CONSULTANTS:	Y-01-27-172-001-233	493,112.77	104,906.95		598,019.72	(598,019.72)	(B)	-	ADMINISTRATIVE & GENERAL	-	
MEDICAL RECORDS CONSULTANT (DRGS)	Y-01-27-172-001-233	-	-		-	5,698.32	(B)	5,698.32	ADMINISTRATIVE & GENERAL	5,698.32	
LEGAL SERVICES	Y-01-27-172-001-233	-	-		-	-	(B)	-	ADMINISTRATIVE & GENERAL	-	
PSYCHIATRY SERVICES (ELRAFI & KASHOQA)	Y-01-27-172-001-233	-	-		-	32,158.50	(B)	32,158.50	ADMINISTRATIVE & GENERAL	32,158.50	
PSYCHIATRY SERVICES-FEES CHARGED TO GERO-PSYCH	Y-01-27-172-001-233	-	-		-	-	(B)	-	ADMINISTRATIVE & GENERAL	-	
CHAPLAIN	Y-01-27-172-001-233	-	-		-	-	(B)	-	SOCIAL SERVICE	-	
PSYCHOLOGIST (HASSON)	Y-01-27-172-001-233	-	-		-	17,820.00	(B)	17,820.00	ADMINISTRATIVE & GENERAL	17,820.00	
Pulmonary doctor	Y-01-27-172-001-233	-	-		-	156,000.00	(B)	156,000.00	OXYGEN (INHALATION) THERAPY	156,000.00	
BILLING SERVICES	Y-01-27-172-001-233	-	-		-	300,000.00	(B)	300,000.00	ADMINISTRATIVE & GENERAL	300,000.00	
COST REPORT CONSULTANT	Y-01-27-172-001-233	-	-		-	22,750.00	(B)	22,750.00	ADMINISTRATIVE & GENERAL	22,750.00	
PHARMACY CONSULTANT	Y-01-27-172-001-233	-	-		-	44,719.64	(B)	44,719.64	ADMINISTRATIVE & GENERAL	44,719.64	
ACCOUNTING SERVICES	Y-01-27-172-001-233	-	-		-	-	(B)	-	ADMINISTRATIVE & GENERAL	-	
SIGN LANGUAGE/INTERPRETATION	Y-01-27-172-001-233	-	-		-	13,287.16	(B)	13,287.16	ADMINISTRATIVE & GENERAL	13,287.16	
SECURITY SERVICES	Y-01-27-172-001-233	-	-		-	5,586.10	(B)	5,586.10	ADMINISTRATIVE & GENERAL	5,586.10	

**PREAKNESS HEALTHCARE CENTER  
TRIAL BALANCE OF EXPENSES  
CALENDAR YEAR 2022**

EXPENSE ACCOUNT DESCRIPTION	ACCOUNT NUMBER	NET EXPENDED IN CALENDAR YEAR 2022				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				-		( B )	-	PLANT OPERATION, MAINT. & REPAIRS	-	
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	27,351.11	6,691.81		34,042.92			34,042.92	ADMINISTRATIVE & GENERAL	34,042.92	
SUBSCRIPTION/DUES	Y-01-27-172-001-239	31,026.64	400.00		31,426.64			31,426.64	ADMINISTRATIVE & GENERAL	31,426.64	
TRAVEL	Y-01-27-172-001-245	-	-		-			-	ADMINISTRATIVE & GENERAL	-	
VEHICLE MAINTENANCE	Y-01-27-172-001-249	3.00	268.43		271.43			271.43	ADMINISTRATIVE & GENERAL	271.43	
FOOD	Y-01-27-172-001-F04	1,476,416.10	138,006.17		1,614,422.27			1,614,422.27	DIETARY	1,614,422.27	
KITCHEN SUPPLIES	Y-01-27-172-001-K01	256,527.49	25,739.08		282,266.57			282,266.57	DIETARY	282,266.57	
LAUNDRY	Y-01-27-172-001-L05	770,317.10	41,930.01		812,247.11			812,247.11	LAUNDRY & LINEN SERVICE	812,247.11	
MEDICAL/HOSPITAL/DRUG:	Y-01-27-172-001-M01	1,507,261.42	311,034.80		1,818,296.22		(1,818,296.22) ( C )	-		-	
DENTAL SUPPLIES	Y-01-27-172-001-M01	-	-		-		59.37 ( C )	59.37	CENTRAL SERVICES & SUPPLY	59.37	
ENTERALS	Y-01-27-172-001-M01	-	-		-		( C )	-	CENTRAL SERVICES & SUPPLY	-	
MEDICAL SUPPLIES	Y-01-27-172-001-M01	-	-		-		1,375,295.48 ( C )	1,375,295.48	CENTRAL SERVICES & SUPPLY	1,375,295.48	
MEDICARE A (MEDICAL DOCTOR BILL)	Y-01-27-172-001-M01	-	-		-		( C )	-	CENTRAL SERVICES & SUPPLY	-	
MINOR EQUIPMENT (MEDICAL)	Y-01-27-172-001-M01	-	-		-		931.45 ( C )	931.45	CENTRAL SERVICES & SUPPLY	931.45	
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	-	-		-	(38,458.79)	385,790.72 ( C )	347,331.93	DRUGS CHARGED TO PATIENTS	347,331.93	
PHARMACY (OTC SUPPLIES-PHARMACY)	Y-01-27-172-001-M01	-	-		-	38,458.79		38,458.79	PHARMACY	38,458.79	
SPECIALTY BEDS	Y-01-27-172-001-M01	-	-		-		54,045.00 ( C )	54,045.00	SUPPORT SURFACES	54,045.00	
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	-	-		-		( C )	-	RADIOLOGY	-	
NON-MEDICAL SUPPLIES	Y-01-27-172-001-M01	-	-		-		2,174.20 ( C )	2,174.20	CENTRAL SERVICES & SUPPLY	2,174.20	
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	-	-		-		( C )	-	CENTRAL SERVICES & SUPPLY	-	
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	(536,481.69)	73,506.11		(462,975.58)			(462,975.58)	DIETARY	(462,975.58)	
MEDICAL TRANSPORTATION	Y-01-27-172-001-M03	6,432.00	8,490.00		14,922.00			14,922.00	ADMINISTRATIVE & GENERAL	14,922.00	
PATIENT ACTIVITIES:	Y-01-27-172-001-P01	24,832.88	1,326.25		26,159.13		(26,159.13) ( D )	-		-	
BEAUTY PARLOR SERVICE	Y-01-27-172-001-P01	-	-		-		( D )	-	BARBER & BEAUTY SHOP	-	
BEAUTY SUPPLIES	Y-01-27-172-001-P01	-	-		-		764.74 ( D )	764.74	BARBER & BEAUTY SHOP	764.74	
ALL OTHER PATIENT ACTIVITIES	Y-01-27-172-001-P01	-	-		-		25,394.39 ( D )	25,394.39	PATIENT ACTIVITIES	25,394.39	
GERO-PSYCH GRANT FUND-OTHER EXPENSES:	G-01-41-713-016-200	-	-		-			-		-	
PROFESSIONAL/CONSULTANTS	G-01-41-713-016-233	-	-	2,550.00	2,550.00			2,550.00	NON-REIMBURSEABLE GERO-PSYCH GRANT	2,550.00	
MEDICAL/HOSPITAL/DRUG	G-01-41-713-016-M01	-	-		-			-	NON-REIMBURSEABLE GERO-PSYCH GRANT	-	
<b>TOTAL OTHER EXPENSES</b>		<b>6,143,740.72</b>	<b>1,100,621.82</b>	<b>2,550.00</b>	<b>7,246,912.54</b>	<b>-</b>	<b>0.00</b>	<b>7,246,912.54</b>		<b>7,246,912.54</b>	
<b>GRAND TOTAL EXPENSES</b>		<b>32,125,039.15</b>	<b>970,105.63</b>	<b>200,880.00</b>	<b>33,296,024.78</b>	<b>-</b>	<b>0.00</b>	<b>33,296,024.78</b>		<b>33,296,024.78</b>	
VERIFICATION TO FINANCIAL STATEMENTS		32,125,039.15	970,105.63	200,880.00	33,296,024.78			33,296,024.78		33,296,024.78	
DIFFERENCE		-	-	-	-		0.00	-		-	

**OTHER EXPENSES RECAP:**

CAP REL COSTS - BLDGS & FIXTURES	87,259.95
ADMINISTRATIVE & GENERAL	741,998.85
PLANT OPERATION, MAINT. & REPAIRS	305,637.67
LAUNDRY & LINEN SERVICE	812,247.11
HOUSEKEEPING	271,928.96
DIETARY	1,433,713.26
CENTRAL SERVICES & SUPPLY	1,455,103.03
PHARMACY	38,458.79
SOCIAL SERVICE	31,147.39
PATIENT ACTIVITIES	69,700.59
SKILLED NURSING FACILITY	768,106.35
RADIOLOGY	4,224.90
LABORATORY	18,833.13
OXYGEN (INHALATION) THERAPY	792,522.14
PHYSICAL THERAPY	11,338.75
MEDICAL SUPPLIES CHARGED TO PATIENTS	
DRUGS CHARGED TO PATIENTS	347,331.93
SUPPORT SURFACES	54,045.00
BARBER & BEAUTY SHOP	764.74
NON-REIMBURSEABLE GERO-PSYCH GRANT	2,550.00
<b>TOTAL</b>	<b>7,246,912.54</b>

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
2-01-27-170-002-M01	MEDICAL/HOSPITAL/DRUG	625,180.00	0.00	0.00	625,180.00	0.00	100
		392,426.75	232,753.25	0.00	0.00	232,753.25	
		392,426.75		0.00	625,180.00		
Extd: 002	Total	3,660,900.00	0.00	0.00	3,660,900.00	316,000.88	91
		2,471,559.16	873,339.96	0.00	0.00	1,189,340.84	
		2,471,559.16		0.00	3,344,899.12		
Department: 170	Total	4,003,262.00	0.00	0.00	4,003,262.00	370,528.50	91
		2,753,689.10	879,044.40	0.00	0.00	1,249,572.90	
		2,753,689.10		0.00	3,632,733.50		
2-01-27-172-001-000	PREAKNESS HOSPITAL						
2-01-27-172-001-100	PREAKNESS HOSPITAL S&W						
2-01-27-172-001-101	BASE PAY	27,779,000.00	0.00	3,078,001.00-	24,700,999.00	2,079,026.50	92
		22,830,302.50	0.00	208,330.00	0.00	2,079,026.50	
		22,830,302.50		208,330.00	22,621,972.50		
2-01-27-172-001-105	OVERTIME	2,400,000.00	0.00	0.00	2,400,000.00	686,743.96-	129
		3,086,743.96	0.00	0.00	0.00	686,743.96-	
		3,086,743.96		0.00	3,086,743.96		
2-01-27-172-001-1UA	UNIFORM ALLOWANCE	321,000.00	0.00	0.00	321,000.00	48,418.03	85
		272,581.97	0.00	0.00	0.00	48,418.03	
		272,581.97		0.00	272,581.97		
Control: 100	Total	30,500,000.00	0.00	3,078,001.00-	27,421,999.00	1,440,700.57	95
		26,189,628.43	0.00	208,330.00	0.00	1,440,700.57	
		26,189,628.43		208,330.00	25,981,298.43		
2-01-27-172-001-200	PREAKNESS HOSPITAL O/E						
2-01-27-172-001-201	ADVERTISING	50,000.00	0.00	0.00	50,000.00	27,734.90	45
		18,500.23	3,764.87	0.00	0.00	31,499.77	
		18,500.23		0.00	22,265.10		
2-01-27-172-001-207	BUILDING MAINTENANCE	60,000.00	0.00	0.00	60,000.00	13,719.72-	123
		70,239.09	3,480.63	0.00	0.00	10,239.09-	
		70,239.09		0.00	73,719.72		
2-01-27-172-001-211	CONFERENCES	6,000.00	0.00	0.00	6,000.00	2,343.00	61
		954.00	2,703.00	0.00	0.00	5,046.00	
		954.00		0.00	3,657.00		
2-01-27-172-001-213	CONTRACTED SERVICES	3,200,000.00	0.00	200,000.00	3,400,000.00	1,228,634.57	64
		1,525,256.29	646,109.14	0.00	0.00	1,874,743.71	
		1,525,256.29		0.00	2,171,365.43		

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
2-01-27-172-001-215	COPY MACHINE SUPPLIES	16,000.00	0.00	0.00	16,000.00	0.00	100
		6,548.04	9,451.96	0.00	0.00	9,451.96	
		6,548.04		0.00	16,000.00		
2-01-27-172-001-217	EDUCATION/TRAINING	79,000.00	0.00	0.00	79,000.00	54,739.27	31
		15,904.15	8,356.58	0.00	0.00	63,095.85	
		15,904.15		0.00	24,260.73		
2-01-27-172-001-219	EQUIPMENT MAINTENANCE	225,000.00	0.00	0.00	225,000.00	26,317.28	88
		151,098.42	47,584.30	0.00	0.00	73,901.58	
		151,098.42		0.00	198,682.72		
2-01-27-172-001-221	EQUIPMENT RENTAL	25,000.00	0.00	0.00	25,000.00	23,972.02	4
		971.18	56.80	0.00	0.00	24,028.82	
		971.18		0.00	1,027.98		
2-01-27-172-001-223	EXPENDABLE EQUIPMENT	130,000.00	0.00	0.00	130,000.00	17,001.15-	113
		69,019.27	77,981.88	0.00	0.00	60,980.73	
		69,019.27		0.00	147,001.15		
2-01-27-172-001-225	JANITORIAL SUPPLIES	200,000.00	0.00	0.00	200,000.00	56,743.51-	128
		228,351.24	28,392.27	0.00	0.00	28,351.24-	
		228,351.24		0.00	256,743.51		
2-01-27-172-001-231	PRINTING	13,000.00	0.00	0.00	13,000.00	6,106.01	53
		99.99	6,794.00	0.00	0.00	12,900.01	
		99.99		0.00	6,893.99		
2-01-27-172-001-233	PROFESSIONAL/CONSULTANTS	408,000.00	0.00	600,000.00	1,008,000.00	382,557.35	62
		495,662.77	132,329.88	2,550.00	0.00	514,887.23	
		495,662.77		2,550.00	625,442.65		
2-01-27-172-001-237	STATIONERY/OFFICE SUPPLIES	35,000.00	0.00	0.00	35,000.00	12,167.11-	135
		27,351.11	19,816.00	0.00	0.00	7,648.89	
		27,351.11		0.00	47,167.11		
2-01-27-172-001-239	SUBSCRIPTION/DUES	35,000.00	0.00	0.00	35,000.00	3,573.36	90
		31,026.64	400.00	0.00	0.00	3,973.36	
		31,026.64		0.00	31,426.64		
2-01-27-172-001-245	TRAVEL	5,000.00	0.00	0.00	5,000.00	5,000.00	0
		0.00	0.00	0.00	0.00	5,000.00	
		0.00		0.00	0.00		
2-01-27-172-001-249	VEHICLE MAINTENANCE	3,000.00	0.00	0.00	3,000.00	2,997.00	0
		3.00	0.00	0.00	0.00	2,997.00	
		3.00		0.00	3.00		

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
2-01-27-172-001-F04	FOOD	1,550,000.00	0.00	0.00	1,550,000.00	202,751.28-	113
		1,525,968.05	276,335.18	49,551.95	0.00	73,583.90	
		1,525,968.05		49,551.95	1,752,751.28		
2-01-27-172-001-K01	KITCHEN SUPPLIES	115,000.00	0.00	0.00	115,000.00	200,434.88-	274
		256,575.49	58,907.39	48.00	0.00	141,527.49-	
		256,575.49		48.00	315,434.88		
2-01-27-172-001-L05	LAUNDRY	625,000.00	0.00	0.00	625,000.00	234,345.70-	138
		770,317.10	89,028.60	0.00	0.00	145,317.10-	
		770,317.10		0.00	859,345.70		
2-01-27-172-001-M01	MEDICAL/HOSPITAL/DRUG	1,350,000.00	0.00	0.00	1,350,000.00	300,800.46-	122
		1,507,261.42	143,539.04	0.00	0.00	157,261.42-	
		1,507,261.42		0.00	1,650,800.46		
2-01-27-172-001-M02	MEALS ON WHEELS	0.00	0.00	0.00	0.00	373,517.00	0
		807,537.31	162,964.69	1,344,019.00	0.00	536,481.69	
		807,537.31		1,344,019.00	373,517.00-		
2-01-27-172-001-M03	MEDICAL TRANSPORTATION	16,000.00	0.00	0.00	16,000.00	1,000.00-	106
		6,432.00	10,568.00	0.00	0.00	9,568.00	
		6,432.00		0.00	17,000.00		
2-01-27-172-001-P01	PATIENT ACTIVITIES	54,000.00	0.00	0.00	54,000.00	21,138.15	61
		24,832.88	8,028.97	0.00	0.00	29,167.12	
		24,832.88		0.00	32,861.85		
Control: 200	Total	8,200,000.00	0.00	800,000.00	9,000,000.00	1,119,666.10	88
		7,539,909.67	1,736,593.18	1,396,168.95	0.00	2,856,259.28	
		7,539,909.67		1,396,168.95	7,880,333.90		
Extd: 001	PREAKNESS HOSPITAL Total	38,700,000.00	0.00	2,278,001.00-	36,421,999.00	2,560,366.67	93
		33,729,538.10	1,736,593.18	1,604,498.95	0.00	4,296,959.85	
		33,729,538.10		1,604,498.95	33,861,632.33		
Department: 172	Total	38,700,000.00	0.00	2,278,001.00-	36,421,999.00	2,560,366.67	93
		33,729,538.10	1,736,593.18	1,604,498.95	0.00	4,296,959.85	
		33,729,538.10		1,604,498.95	33,861,632.33		
2-01-27-176-001-000	OFFICE ON AGING						
2-01-27-176-001-100	OFFICE ON AGING S&W						
2-01-27-176-001-101	BASE PAY	136,100.00	0.00	0.00	136,100.00	0.00	100
		189,589.97	0.00	53,489.97	0.00	0.00	
		189,589.97		53,489.97	136,100.00		
2-01-27-176-001-1WE	WEATHERIZATION SW	0.00	0.00	0.00	0.00	0.00	0
		304,568.84	0.00	304,568.84	0.00	0.00	
		304,568.84		304,568.84	0.00		



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
1-01-27-170-001-241	TELEPHONE	956.43	0.00	0.00	956.43	703.80	26
		252.63	0.00	0.00	0.00	703.80	
		252.63		0.00	252.63		
1-01-27-170-001-245	TRAVEL	2,000.00	0.00	0.00	2,000.00	1,984.71	1
		15.29	0.00	0.00	0.00	1,984.71	
		15.29		0.00	15.29		
1-01-27-170-001-PE1	PROGRAM EXPENSE	3,000.00	0.00	0.00	3,000.00	2,722.01	9
		277.99	0.00	0.00	0.00	2,722.01	
		277.99		0.00	277.99		
Control: 200	Total	8,192.03	0.00	0.00	8,192.03	7,096.18	13
		1,095.85	0.00	0.00	0.00	7,096.18	
		1,095.85		0.00	1,095.85		
Extd: 001	DEPARTMENT OF YOUTH SERVICES Total	21,396.21	0.00	0.00	21,396.21	20,300.36	5
		1,095.85	0.00	0.00	0.00	20,300.36	
		1,095.85		0.00	1,095.85		
1-01-27-170-002-205	BEDDING/BLANKETS	22,505.98	0.00	0.00	22,505.98	0.00	100
		22,505.98	0.00	0.00	0.00	0.00	
		22,505.98		0.00	22,505.98		
1-01-27-170-002-213	CONTRACT SERVICES	214,375.87	0.00	170,000.00-	44,375.87	1,850.87	96
		42,525.00	0.00	0.00	0.00	1,850.87	
		42,525.00		0.00	42,525.00		
1-01-27-170-002-217	EDUCATION/TRAINING	154,794.29	0.00	150,000.00-	4,794.29	4,794.29	0
		0.00	0.00	0.00	0.00	4,794.29	
		0.00		0.00	0.00		
1-01-27-170-002-M01	MEDICAL/HOSPITAL/DRUG	117,373.06	0.00	110,000.00-	7,373.06	7,373.06	0
		0.00	0.00	0.00	0.00	7,373.06	
		0.00		0.00	0.00		
Extd: 002	Total	509,049.20	0.00	430,000.00-	79,049.20	14,018.22	82
		65,030.98	0.00	0.00	0.00	14,018.22	
		65,030.98		0.00	65,030.98		
Department: 170	Total	530,445.41	0.00	430,000.00-	100,445.41	34,318.58	66
		66,126.83	0.00	0.00	0.00	34,318.58	
		66,126.83		0.00	66,126.83		
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	1,036,424.90	0.00	790,000.00-	246,424.90	238,112.87	3
		8,312.03	0.00	0.00	0.00	238,112.87	
		8,312.03		0.00	8,312.03		

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
1-01-27-172-001-105	OVERTIME	449,560.45-	0.00	0.00	449,560.45-	310,732.23-	31
		138,828.22-	0.00	0.00	0.00	310,732.23-	
		138,828.22-		0.00	138,828.22-		
1-01-27-172-001-1UA	UNIFORM ALLOWANCE	72,619.36	0.00	0.00	72,619.36	72,619.36	0
		0.00	0.00	0.00	0.00	72,619.36	
		0.00		0.00	0.00		
Control: 100	Total	659,483.81	0.00	790,000.00-	130,516.19-	0.00	100
		130,516.19-	0.00	0.00	0.00	0.00	
		130,516.19-		0.00	130,516.19-		
1-01-27-172-001-200	PREAKNESS HOSPITAL O/E						
1-01-27-172-001-201	ADVERTISING	62,886.15	0.00	0.00	62,886.15	61,466.42	2
		1,419.73	0.00	0.00	0.00	61,466.42	
		1,419.73		0.00	1,419.73		
1-01-27-172-001-207	BUILDING MAINTENANCE	31,030.95-	0.00	0.00	31,030.95-	31,152.85-	0-
		121.90	0.00	0.00	0.00	31,152.85-	
		121.90		0.00	121.90		
1-01-27-172-001-211	CONFERENCES	3,907.00	0.00	0.00	3,907.00	3,907.00	0
		0.00	0.00	0.00	0.00	3,907.00	
		0.00		0.00	0.00		
1-01-27-172-001-213	CONTRACTED SERVICES	1,721,638.50	0.00	0.00	1,721,638.50	1,443,525.32	16
		278,113.18	0.00	0.00	0.00	1,443,525.32	
		278,113.18		0.00	278,113.18		
1-01-27-172-001-215	COPY MACHINE SUPPLIES	6,537.71-	0.00	0.00	6,537.71-	16,889.55-	158-
		10,351.84	0.00	0.00	0.00	16,889.55-	
		10,351.84		0.00	10,351.84		
1-01-27-172-001-217	EDUCATION/TRAINING	14,804.72	0.00	0.00	14,804.72	1,317.86	91
		13,486.86	0.00	0.00	0.00	1,317.86	
		13,486.86		0.00	13,486.86		
1-01-27-172-001-219	EQUIPMENT MAINTENANCE	92,647.98	0.00	0.00	92,647.98	68,666.50	26
		23,981.48	0.00	0.00	0.00	68,666.50	
		23,981.48		0.00	23,981.48		
1-01-27-172-001-221	EQUIPMENT RENTAL	9,550.76	0.00	0.00	9,550.76	6,230.24	35
		3,320.52	0.00	0.00	0.00	6,230.24	
		3,320.52		0.00	3,320.52		
1-01-27-172-001-223	EXPENDABLE EQUIPMENT	64,140.68	0.00	0.00	64,140.68	50,191.70	22
		13,948.98	0.00	0.00	0.00	50,191.70	
		13,948.98		0.00	13,948.98		

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
1-01-27-172-001-225	JANITORIAL SUPPLIES	25,131.96-	0.00	0.00	25,131.96-	68,709.68-	173-
		43,577.72	0.00	0.00	0.00	68,709.68-	
		43,577.72		0.00	43,577.72		
1-01-27-172-001-231	PRINTING	10,140.00	0.00	0.00	10,140.00	10,140.00	0
		0.00	0.00	0.00	0.00	10,140.00	
		0.00		0.00	0.00		
1-01-27-172-001-233	PROFESSIONAL/CONSULTANTS	506,134.31	0.00	0.00	506,134.31	401,227.36	21
		104,906.95	0.00	0.00	0.00	401,227.36	
		104,906.95		0.00	104,906.95		
1-01-27-172-001-237	STATIONERY/OFFICE SUPPLIES	12,620.82	0.00	0.00	12,620.82	5,929.01	53
		6,691.81	0.00	0.00	0.00	5,929.01	
		6,691.81		0.00	6,691.81		
1-01-27-172-001-239	SUBSCRIPTION/DUES	18,571.18	0.00	0.00	18,571.18	17,991.18	3
		400.00	180.00	0.00	0.00	18,171.18	
		400.00		0.00	580.00		
1-01-27-172-001-245	TRAVEL	3,788.00	0.00	0.00	3,788.00	3,788.00	0
		0.00	0.00	0.00	0.00	3,788.00	
		0.00		0.00	0.00		
1-01-27-172-001-249	VEHICLE MAINTENANCE	2,683.77	0.00	0.00	2,683.77	2,415.34	10
		268.43	0.00	0.00	0.00	2,415.34	
		268.43		0.00	268.43		
1-01-27-172-001-F04	FOOD	153,961.29	0.00	0.00	153,961.29	15,955.12	90
		138,006.17	0.00	0.00	0.00	15,955.12	
		138,006.17		0.00	138,006.17		
1-01-27-172-001-K01	KITCHEN SUPPLIES	65,604.72	0.00	0.00	65,604.72	39,865.64	39
		25,739.08	0.00	0.00	0.00	39,865.64	
		25,739.08		0.00	25,739.08		
1-01-27-172-001-L05	LAUNDRY	166,225.80	0.00	0.00	166,225.80	124,295.79	25
		41,930.01	0.00	0.00	0.00	124,295.79	
		41,930.01		0.00	41,930.01		
1-01-27-172-001-M01	MEDICAL/HOSPITAL/DRUG	161,825.02	0.00	0.00	161,825.02	149,209.78-	192
		311,034.80	0.00	0.00	0.00	149,209.78-	
		311,034.80		0.00	311,034.80		
1-01-27-172-001-M02	MEALS ON WHEELS	776,425.56	0.00	0.00	776,425.56	702,919.45	9
		88,405.67	0.00	14,899.56	0.00	702,919.45	
		88,405.67		14,899.56	73,506.11		

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-M03	MEDICAL TRANSPORTATION	8,192.50	0.00	0.00	8,192.50	297.50-	104
		8,490.00	0.00	0.00	0.00	297.50-	
		8,490.00		0.00	8,490.00		
1-01-27-172-001-P01	PATIENT ACTIVITIES	43,297.73	0.00	0.00	43,297.73	41,971.48	3
		1,326.25	0.00	0.00	0.00	41,971.48	
		1,326.25		0.00	1,326.25		
Control: 200	Total	3,836,345.87	0.00	0.00	3,836,345.87	2,735,544.05	29
		1,115,521.38	180.00	14,899.56	0.00	2,735,724.05	
		1,115,521.38		14,899.56	1,100,801.82		
Extd: 001	PREAKNESS HOSPITAL Total	4,495,829.68	0.00	790,000.00-	3,705,829.68	2,735,544.05	26
		985,005.19	180.00	14,899.56	0.00	2,735,724.05	
		985,005.19		14,899.56	970,285.63		
Department: 172	Total	4,495,829.68	0.00	790,000.00-	3,705,829.68	2,735,544.05	26
		985,005.19	180.00	14,899.56	0.00	2,735,724.05	
		985,005.19		14,899.56	970,285.63		
1-01-27-176-001-000	OFFICE ON AGING						
1-01-27-176-001-100	OFFICE ON AGING S&W						
1-01-27-176-001-1WE	WEATHERIZATION SW	10.58	0.00	0.00	10.58	0.00	100
		10.58	0.00	0.00	0.00	0.00	
		10.58		0.00	10.58		
Control: 100	Total	10.58	0.00	0.00	10.58	0.00	100
		10.58	0.00	0.00	0.00	0.00	
		10.58		0.00	10.58		
1-01-27-176-001-200	OFFICE ON AGING O/E						
1-01-27-176-001-217	EDUCATION/TRAINING	1,015.54-	0.00	0.00	1,015.54-	1,015.54-	0
		0.00	0.00	0.00	0.00	1,015.54-	
		0.00		0.00	0.00		
1-01-27-176-001-237	STATIONERY/OFFICE SUPPLIES	11,131.52	0.00	0.00	11,131.52	10,894.52	2
		237.00	0.00	0.00	0.00	10,894.52	
		237.00		0.00	237.00		
1-01-27-176-001-245	TRAVEL	802.00	0.00	0.00	802.00	802.00	0
		0.00	0.00	0.00	0.00	802.00	
		0.00		0.00	0.00		
Control: 200	Total	10,917.98	0.00	0.00	10,917.98	10,680.98	2
		237.00	0.00	0.00	0.00	10,680.98	
		237.00		0.00	237.00		
Extd: 001	OFFICE ON AGING Total	10,928.56	0.00	0.00	10,928.56	10,680.98	2
		247.58	0.00	0.00	0.00	10,680.98	
		247.58		0.00	247.58		

Account No Grantor Agency Federal/State Id CFDA Number	Ending Date	Description Orig Grant	Curr Budgeted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD Unexpended	%Used	
G-01-41-713-022-000		Preakness Gero-Psych Program							
G-01-41-713-022-101		SALARY & WAGE							
		263,210.00	263,210.00	0.00	0.00	263,210.00	64,880.00	75	
			198,330.00	0.00	0.00	0.00	64,880.00		
			198,330.00		0.00	198,330.00			
Control: 000	Total	601,420.00	263,210.00	0.00	0.00	263,210.00	64,880.00	75	
			198,330.00	0.00	0.00	0.00	64,880.00		
			198,330.00		0.00	198,330.00			
G-01-41-713-022-200		Gero-Psych O/E							
G-01-41-713-022-233		PROFESSIONAL/CONSULTANTS							
		75,000.00	75,000.00	0.00	0.00	75,000.00	72,450.00	3	
			2,550.00	0.00	0.00	0.00	72,450.00		
			2,550.00		0.00	2,550.00			
Control: 200	Total	75,000.00	75,000.00	0.00	0.00	75,000.00	72,450.00	3	
			2,550.00	0.00	0.00	0.00	72,450.00		
			2,550.00		0.00	2,550.00			
Extd: 022	Total	Preakness Gero-Psych Program	338,210.00	338,210.00	0.00	0.00	338,210.00	137,330.00	59
				200,880.00	0.00	0.00	0.00	137,330.00	
			200,880.00		0.00	200,880.00			
Department: 713	Total		676,420.00	338,210.00	0.00	0.00	338,210.00	137,330.00	59
				200,880.00	0.00	0.00	0.00	137,330.00	
			200,880.00		0.00	200,880.00			
G-01-41-714-022-000		CARES Act Provider Relief Fund							
G-01-41-714-022-LR1		LOST REVENUES							
		0.00	0.00	1,457,554.03	0.00	1,457,554.03	1,457,554.03	0	
			0.00	0.00	0.00	0.00	1,457,554.03		
			0.00		0.00	0.00			
Control: 000	Total	167,623.67	0.00	1,457,554.03	0.00	1,457,554.03	1,457,554.03	0	
			0.00	0.00	0.00	0.00	1,457,554.03		
			0.00		0.00	0.00			
Extd: 022	Total	CARES Act Provider Relief Fund	0.00	1,457,554.03	0.00	1,457,554.03	1,457,554.03	0	
				0.00	0.00	0.00	1,457,554.03		
			0.00		0.00	0.00			
Department: 714	Total		167,623.67	1,457,554.03	0.00	1,457,554.03	1,457,554.03	0	
				0.00	0.00	0.00	1,457,554.03		
			0.00		0.00	0.00			
G-01-41-721-020-000		WIOA ADULT 20/21							
G-01-41-721-020-213		CONTRACT SERVICES							
		0.00	734,745.08	0.00	0.00	734,745.08	13,451.93	98	
			721,293.15	0.00	0.00	0.00	13,451.93		
			721,293.15		0.00	721,293.15			
Control: 000	Total	0.00	734,745.08	0.00	0.00	734,745.08	13,451.93	98	
			721,293.15	0.00	0.00	0.00	13,451.93		
			721,293.15		0.00	721,293.15			

**PHCC  
Patient Days**

**2022**

**LTC**

**PW**

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<b>Medicaid Fee-For-service</b>	22,305	545
<b>Medicaid Managed Care</b>	54,376	4,625
<b>Medicare</b>	2,818	-
<b>Medicare and Medicaid</b>	459	-
<b>Medicare-Managed Care</b>		
<b>Private Pay</b>	5,671	26
<b>Private Insurance</b>	106	-
<b>Hospice-Private</b>	115	-
<b>Medicaid - Private Pay</b>		
<b>Respite</b>	11	-
<b>MCR HMO</b>	467	-
<b>HOSPICE MEDICAID</b>	2,178	-
<b>TOTAL</b>	<b>88,506</b>	<b>5,196</b>

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<b>Vent</b>	<b>Totals</b>
100	<b>22,950</b>
	-
2,209	<b>61,210</b>
	-
194	<b>3,012</b>
	-
-	<b>459</b>
	-
	-
	-
-	<b>5,697</b>
	-
-	<b>106</b>
	-
-	<b>115</b>
	-
	-
-	<b>11</b>
	-
-	<b>467</b>
	-
-	<b>2,178</b>
	-
<b>2,503</b>	<b>96,205</b>

PHCC  
 Admissions & Discharges  
 2022

	TOTALS Admitted	TOTALS Discharged
Medicaid Fee-For-service	21	50
	-	-
Medicaid Managed Care	108	161
	-	-
Medicare	130	62
	-	-
Medicare and Medicaid	30	9
	-	-
Medicare-Managed Care	-	-
	-	-
Private Pay	22	26
	-	-
Private Insurance	3	2
	-	-
Hospice-Private	3	5
	-	-
Medicaid - Private Pay	-	-
	-	-
Respite	1	1
	-	-
MCR HMO	22	19
	-	-
HOSPICE MEDICAID	9	30
	-	-
<b>TOTAL</b>	<b>349</b>	<b>365</b>



**PHCC**  
**Total Revenues**  
**2022 - Cash Basis**

<b>Current Fund - Source</b>	<b>Total Revenue</b>
Medicaid	9,235,040.54
Medicaid Managed Care	15,849,982.63
Medicare	3,304,493.42
Private Pay / Insurance	1,699,508.37
Preakness Fees-Cost Care Acct	
Patient Fees & Other Payments	44,069.86
Various Patient Refunds	(90,905.40)
From Sweep Account	-
Merchant Service Fees	(1,330.27)
<b>Subtotal</b>	<b><u>30,040,859.15</u></b>
Received From COVID-19 Fund	3,869,072.68
<b>Total - Current Fund Revenue</b>	<b><u>33,909,931.83</u></b>
Add: Gero-Psych Grant	338,210.00
<b>Grand Total Revenue</b>	<b><u>34,248,141.83</u></b>

PHCC  
 Analysis of Salaries, FTE's and Hours  
 January 1 to December 31, 2022

	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	1,246,509.37	(525,522.28)	(A)(B)(D)(F)	720,987.09			720,987.09	6.79			6.79	14127.83	ADMINISTRATIVE & GENERAL
Admissions	-	217,506.31	(A)	217,506.31			217,506.31	2.99			2.99	6220.63	ADMINISTRATIVE & GENERAL
Finance/Business Office	103,338.31			103,338.31			103,338.31	1.72			1.72	3577.18	ADMINISTRATIVE & GENERAL
DON/ADON		320,260.19	(G)	320,260.19			320,260.19	2.13			2.13	4424.47	SKILLED NURSING FACILITY
NURSING STAFFING COORD.		-	(G)	-			-	0.00			0.00	0.00	SKILLED NURSING FACILITY
Nursing Secretaries/Assistants		263,980.07	(G)	263,980.07			263,980.07	4.88			4.88	10141.78	SKILLED NURSING FACILITY
All Other Nursing	16,670,993.35	(16,670,993.35)	(G)	-			-						
Cert. Nurse Attend. (Nurse Aide/Attend)		9,287,374.02	(G)	9,287,374.02	1,233,363.27	583,247.09	7,470,763.66	207.50	27.56	13.03	166.91	431592.13	SKILLED NURSING FACILITY
Licensed Pract. Nurses		2,079,683.36	(G)	2,079,683.36	112,718.84	47,000.84	1,919,963.68	33.79	1.83	0.76	31.19	70281.83	SKILLED NURSING FACILITY
Graduate Nurses		2,917,407.04	(G)	2,917,407.04	292,032.44	221,431.19	2,403,943.40	37.75	3.78	2.87	31.10	78514.90	SKILLED NURSING FACILITY
Nurses-Supervisors		1,517,565.07	(G)	1,517,565.07			1,517,565.07	15.51	1.55	1.18	12.78	32268.50	SKILLED NURSING FACILITY
Dietary	3,456,153.00	-	(G)	3,456,153.00			3,456,153.00	73.48			73.48	152830.39	DIETARY
Engineering-Maintenance	-	-		-			-	0.00			0.00	0.00	PLANT OPERATION, MAINT. & REPAIRS
Nurse-Practitioner (Gerontology)		171,973.29	(G)	171,973.29			171,973.29	1.22			1.22	2533.84	SKILLED NURSING FACILITY
Housekeeping	2,418,462.36			2,418,462.36			2,418,462.36	52.62			52.62	109457.72	HOUSEKEEPING
Inservice-Staff Development	527,317.52	(199,589.32)	(C)	327,728.20			327,728.20	3.62			3.62	7521.49	SKILLED NURSING FACILITY
Laundry	88,104.87			88,104.87			88,104.87	2.06			2.06	4291.07	LAUNDRY & LINEN SERVICE
Mental Health Coord.	-	-	(B)	-			-	0.00			0.00	0.00	ADMINISTRATIVE & GENERAL
Infection Control	-	199,589.32	(C)	199,589.32			199,589.32	1.77			1.77	3679.25	SKILLED NURSING FACILITY
Recreation	1,305,215.54	(97,306.71)	(E)	1,207,908.83	297,024.78		910,884.05	23.72	5.83		17.89	49337.05	PATIENT ACTIVITIES
Security	1,295,196.09			1,295,196.09			1,295,196.09	28.59			28.59	59470.13	PLANT OPERATION, MAINT. & REPAIRS
Social Service	449,839.30			449,839.30	72,514.10		377,325.20	5.67	0.91		4.75	11787.77	SOCIAL SERVICE
Volunteer Coordinator	-	95,906.89	(F)	95,906.89			95,906.89	1.00			1.00	2086.33	PATIENT ACTIVITIES
Central Supply	165,577.41			165,577.41			165,577.41	2.51			2.51	5229.81	ADMINISTRATIVE & GENERAL
Quality Assurance		112,750.31	(G)	112,750.31			112,750.31	1.00			1.00	2078.60	SKILLED NURSING FACILITY
Hairdresser	-	-		-			-	0.00			0.00	0.00	BARBER & BEAUTY SHOP
Driver	-	97,306.71	(E)	97,306.71			97,306.71	1.40			1.40	2907.64	ADMINISTRATIVE & GENERAL
Rehabilitation:													
Rehab-Occup Thrpst	310,956.72			310,956.72			310,956.72	3.14			3.14	6521.94	OCCUPATIONAL THERAPY
Rehab-Physical Thrpst	334,893.29			334,893.29			334,893.29	3.22			3.22	6704.84	PHYSICAL THERAPY
Rehab-Speech Path	180,350.34			180,350.34			180,350.34	1.33			1.33	2759.65	SPEECH PATHOLOGY
Medical Director	-	212,109.08	(D)	212,109.08			212,109.08	1.05			1.05	2190.72	ADMINISTRATIVE & GENERAL
<b>Totals</b>	<b>28,552,907.47</b>	<b>0.00</b>		<b>28,552,907.47</b>	<b>2,007,653.43</b>	<b>851,679.13</b>	<b>25,693,574.91</b>	<b>520.45</b>	<b>41.46</b>	<b>17.84</b>	<b>461.15</b>	<b>1,082,537.49</b>	
<b>Total SW Per County Financial Statements (CY 2022)</b>	<b>26,049,112.24</b>			<b>26,049,112.24</b>	<b>2,007,653.43</b>	<b>851,679.13</b>	<b>23,189,779.68</b>						
<b>Reconciling Adj</b>	<b>-2,503,795.23</b>			<b>-2,503,795.23</b>			<b>-2,503,795.23</b>						SKILLED NURSING FACILITY

RECAP:												
1,515,425.09	1,399.82		1,516,824.91	-	-	1,516,824.91	16.47	-	-	16.47	34,253.81	ADMINISTRATIVE & GENERAL
1,295,196.09	-		1,295,196.09	-	-	1,295,196.09	28.59	-	-	28.59	59,470.13	PLANT OPERATION, MAINT. & REPAIRS
88,104.87	-		88,104.87	-	-	88,104.87	2.06	-	-	2.06	4,291.07	LAUNDRY & LINEN SERVICE
2,418,462.36	-		2,418,462.36	-	-	2,418,462.36	52.62	-	-	52.62	109,457.72	HOUSEKEEPING
3,456,153.00	-		3,456,153.00	-	-	3,456,153.00	73.48	-	-	73.48	152,830.39	DIETARY
449,839.30	-		449,839.30	72,514.10	-	377,325.20	5.67	0.91	-	4.75	11,787.77	SOCIAL SERVICE
1,305,215.54	(1,399.82)		1,303,815.72	297,024.78	-	1,006,790.94	24.72	5.83	-	18.89	51,423.38	PATIENT ACTIVITIES
14,694,515.64	0.00		14,694,515.64	1,638,114.55	851,679.13	12,204,721.96	309.15	34.72	17.84	256.60	643,036.79	SKILLED NURSING FACILITY
310,956.72	-		310,956.72	-	-	310,956.72	3.14	-	-	3.14	6,521.94	BARBER & BEAUTY SHOP
334,893.29	-		334,893.29	-	-	334,893.29	3.22	-	-	3.22	6,704.84	OCCUPATIONAL THERAPY
180,350.34	-		180,350.34	-	-	180,350.34	1.33	-	-	1.33	2,759.65	PHYSICAL THERAPY
<b>26,049,112.24</b>	<b>0.00</b>		<b>26,049,112.24</b>	<b>2,007,653.43</b>	<b>851,679.13</b>	<b>23,189,779.68</b>	<b>520.45</b>	<b>41.46</b>	<b>17.84</b>	<b>461.15</b>	<b>1,082,537.49</b>	<b>TOTALS</b>

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

CY 2022

Title	Total Salary Expense	Nursing Facility	Pathways	Ventilator	Allocation Basis	Total Hours	Ventilator Hours
Certified Nurse Attendant	9,287,374	7,470,764	1,233,363	583,247	Directly Assigned Salaries	431,592.13	27,102.40
Licensed Practical Nurse	2,079,693	1,919,973	112,719	47,001	Directly Assigned Salaries	70,281.83	1,580.80
Asst Director of Nursing (RN)	320,260	295,734	17,362	8,364	Patient Days	4,424.47	115.54
Nursing Staffing Coordinator (RN)	-	-	-	-	Patient Days	-	-
Registered Nurse (RN)	2,917,407	2,403,944	292,032	221,431	Directly Assigned Salaries	78,514.90	5,969.60
Registered Nurse Supervisors (RN)	1,517,565	1,401,348	82,270	39,631	Patient Days	32,268.50	2,454.40
Nurse-Practitioner (RN)	171,973	158,803	9,323	4,491	Patient Days	2,533.84	66.17
Inservices-Staff Development (RN)	327,728	302,630	17,767	8,559	Patient Days	7,521.49	196.42
Infection Control (RN)	199,589	184,304	10,820	5,212	Patient Days	3,679.25	96.08
Quality Assurance (RN)	112,750	104,115	6,112	2,944	Patient Days	2,078.60	54.28
Clinic Aide (RN)	-	-	-	-	Patient Days	-	-
<b>Totals</b>	<b>16,934,339</b>	<b>14,241,616</b>	<b>1,781,768</b>	<b>920,880</b>		<b>632,895.01</b>	<b>37,635.70</b>

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	96,205	88,506	5,196	2,503
Patient Days Percentages	100.37%	92.34%	5.42%	2.61%

Recap for Worksheet S-3, Part V	Total Salary Expense	Total Hours
Total Certified Nurse Attendant (CNA)	9,287,374	431,592.13
Total Licensed Practical Nurse (LPN)	2,079,693	70,281.83
Total Registered Nurses (RN)	5,567,272	131,021.05
<b>Totals</b>	<b>16,934,339</b>	<b>632,895.01</b>

Preakness Healthcare Center  
CY 2022  
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	38,959.67	3,962.00	42,921.67	36,318.37	Property Accounting Ledger, Page #34
Account #300 - Construction	29,954.98	3,745.26	1,165.78	4,911.04	25,043.94	Property Accounting Ledger, Page #1
Account #500 - Machinery & Equipment	4,234,203.00	3,107,967.98	245,464.20	3,353,432.18	828,386.55	Property Accounting Ledger, Page #10 + 165-182
Account #600 - Licensed Vehicles	326,150.02	195,804.82	38,509.63	234,314.45	91,835.57	Property Accounting Ledger, Page #244
<b>Total Dept. #172 - Preakness</b>	<b>4,669,548.04</b>	<b>3,346,477.73</b>	<b>289,101.61</b>	<b>3,635,579.34</b>	<b>981,584.43</b>	
<b>Total Dept. #112 - Buildings and Grounds</b>	<b>99,916,021.34</b>	<b>37,579,603.69</b>	<b>2,462,663.34</b>	<b>40,042,267.03</b>	<b>59,873,754.31</b>	See Worksheet from Capital Asset Inventory
<b>Grand Totals</b>	<b>104,585,569.38</b>	<b>40,926,081.42</b>	<b>2,751,764.95</b>	<b>43,677,846.37</b>	<b>60,855,338.74</b>	

COUNTY OF PASSAIC  
CAPITAL ASSET INVENTORY  
CY 2022  
PREAKNESS HEALTHCARE CENTER

asset_cat	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
200 - LAND IMPROVEMENTS	1	2/22/2012	20	79,240.04	42,921.67	3,962.00	CI-INSTALL HAND RAILING
<b>200 - LAND IMPROVEMENTS Total</b>				<b>79,240.04</b>	<b>42,921.67</b>	<b>3,962.00</b>	
300 - CONSTRUCTION	1	2/6/2013	25	10,013.00	3,971.82	400.52	REPLACEMENT DOORS - OLD MAIN ENTRANCE
300 - CONSTRUCTION	1	7/20/2021	20	8,350.00	591.46	417.50	SHINGLE REPAIRS FOR SOLAR AND CHIMNEY LEAK
300 - CONSTRUCTION	1	3/16/2022	25	11,591.98	347.76	347.76	REHABILITATE THE SUB-FLOOR IN THE KITCHEN
<b>300 - CONSTRUCTION Total</b>				<b>29,954.98</b>	<b>4,911.04</b>	<b>1,165.78</b>	
500 - MACHINERY & EQUIPMENT	1	1/1/2013	15	4,500.00	3,000.00	300.00	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2011	5	4,752.48	4,752.48	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	12,100.00	12,100.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	11/24/2009	10	7,917.00	7,917.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	8/30/2011	10	7,591.66	7,591.66	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	10/27/2009	20	6,078.00	4,001.35	303.90	AVIARIE BIRD
500 - MACHINERY & EQUIPMENT	1	8/30/2011	10	7,591.66	7,591.66	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2011	5	4,752.48	4,752.48	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	11,975.00	11,975.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	8/30/2011	10	5,108.76	5,108.76	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	11/10/2009	10	7,082.00	7,082.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,288.33	4,288.33	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	11/24/2009	10	7,082.00	7,082.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	11/24/2009	10	7,082.00	7,082.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	8/30/2011	10	5,108.76	5,108.76	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	4,200.00	4,200.00	-	CHAIR EXAM
500 - MACHINERY & EQUIPMENT	1	6/23/2009	5	15,095.00	15,095.00	-	XRAY PANORAMIC W/BASE
500 - MACHINERY & EQUIPMENT	1	6/23/2009	15	6,701.00	6,030.90	446.74	CHAIR DENTAL EXAM
500 - MACHINERY & EQUIPMENT	1	6/23/2009	15	3,395.00	3,055.50	226.34	WASHER UTENCILS
500 - MACHINERY & EQUIPMENT	1	6/23/2009	8	15,070.00	15,070.00	-	PROCESSOR XRAY EXAM DIGITAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	14,515.71	14,515.71	-	STATION VISION INSTRUMENT
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,451.48	4,451.48	-	MACHINE XRAY
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	STATION DENTAL INSTRUMENT
500 - MACHINERY & EQUIPMENT	1	6/23/2009	10	10,688.00	10,688.00	-	ISLAND MEDICAL INSTRUMENT
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	3,800.00	3,800.00	-	MACHINE XRAY
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,288.33	4,288.33	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	12,100.00	12,100.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,645.03	4,645.03	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1	11/24/2009	10	7,082.00	7,082.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	11/24/2009	10	7,082.00	7,082.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	11/10/2009	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,575.70	3,575.70	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	10/27/2009	20	6,078.00	4,001.35	303.90	AVIARIE BIRD
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,645.03	4,645.03	-	SCALE PLATFORM

COUNTY OF PASSAIC  
CAPITAL ASSET INVENTORY  
CY 2022  
PREAKNESS HEALTHCARE CENTER

asset_cat	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	2/25/2009	5	11,682.00	11,682.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,288.33	4,288.33	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	11/24/2009	10	7,082.00	7,082.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	11/10/2009	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	11/24/2009	10	7,082.00	7,082.00	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	3,600.00	3,600.00	-	FILE SERVER NETWORK
500 - MACHINERY & EQUIPMENT	1	9/14/2010	5	10,891.00	10,891.00	-	FILE SERVER NETWORK
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	3,600.00	3,600.00	-	FILE SERVER NETWORK
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	3,600.00	3,600.00	-	FILE SERVER NETWORK
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	2,200.00	-	-	FILE SERVER NETWORK
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	2,200.00	-	-	FILE SERVER NETWORK
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	2,200.00	-	-	FILE SERVER NETWORK
500 - MACHINERY & EQUIPMENT	1	8/11/2009	10	6,000.00	6,000.00	-	CHAIR EXAM
500 - MACHINERY & EQUIPMENT	1	2/25/2009	5	11,682.00	11,682.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	8,600.00	8,600.00	-	DISPENSER COMPUTERIZED
500 - MACHINERY & EQUIPMENT	1	11/10/2009	10	6,000.00	6,000.00	-	CHAIR EXAM
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	12,551.93	12,551.93	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	4,706.97	4,706.97	-	MACHINE, POSTAGE
500 - MACHINERY & EQUIPMENT	1	1/1/1920	20	-	-	-	TABLE, CONFERENCE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	10,086.52	10,086.52	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	17,153.33	16,009.78	1,143.56	SERVING LINE, S/S, W/TRAY SLIDE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,410.00	3,410.00	-	REFRIGERATOR, 1 DOOR
500 - MACHINERY & EQUIPMENT	1	1/1/1990	15	2,904.96	-	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	3,287.72	3,068.54	219.19	SINK, S/S, 1 BASIN
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,621.26	3,621.26	-	REFRIGERATOR, 1 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,152.00	5,152.00	-	REFRIGERATOR, 2 DOOR
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,800.00	3,800.00	-	MACHINE MULTI
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	7,000.00	7,000.00	-	BARS PARALLEL ELECTRIC
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,806.28	5,806.28	-	TABLE STANDING
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,806.28	5,806.28	-	TABLE STANDING
500 - MACHINERY & EQUIPMENT	1	1/1/2009	12	3,483.77	3,483.77	-	MATT BED HI-LO
500 - MACHINERY & EQUIPMENT	1	1/1/2009	12	3,483.77	3,483.77	-	MATT BED HI-LO
500 - MACHINERY & EQUIPMENT	1	1/1/2009	12	3,483.77	3,483.77	-	MATT BED HI-LO
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	4,354.71	4,354.71	-	TABLE TILT THERAPY
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,419.20	5,419.20	-	MACHINE FLUID THERAPY
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	4,400.00	4,400.00	-	MACHINE UNIVERSAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	4,300.00	4,300.00	-	EXERCYCLE
500 - MACHINERY & EQUIPMENT	1	5/12/2009	10	4,375.00	4,375.00	-	STIMULATION ELECTRICAL
500 - MACHINERY & EQUIPMENT	1	5/12/2009	10	4,375.00	4,375.00	-	STIMULATION ELECTRICAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	7	4,838.57	4,838.57	-	LASER SYSTEM
500 - MACHINERY & EQUIPMENT	1	2/25/2009	5	11,682.00	11,682.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,858.89	-	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,645.03	4,645.03	-	SCALE PLATFORM

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asset_cat	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	1/1/1998	10	18,561.97	18,561.97	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80	550.45	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/1998	10	18,561.97	18,561.97	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80	550.45	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,858.89	-	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	11,975.00	11,975.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80	550.45	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	1/1/1998	10	18,561.97	18,561.97	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	1/1/2001	10	2,870.77	-	-	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2001	5	3,729.29	3,729.29	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1	11/10/2009	10	6,000.00	6,000.00	-	CHAIR EXAM
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	12,100.00	12,100.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80	550.45	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,645.03	4,645.03	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,288.33	4,288.33	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80	550.45	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80	550.45	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	11/10/2009	20	6,078.00	4,001.35	303.90	AVIARIE BIRD
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,645.03	4,645.03	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1	1/1/2012	10	19,500.00	19,500.00	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	11,975.00	11,975.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,288.33	4,288.33	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,913.00	4,421.70	327.54	SINK, S/S, 1 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,429.00	3,429.00	-	REFRIGERATOR, 4 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,858.89	-	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	3,250.17	2,925.16	216.68	TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	3,250.17	2,925.16	216.68	TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,574.22	4,116.80	304.94	TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	8,480.00	7,632.00	565.34	TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	6,199.00	5,579.10	413.26	TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	5	9,800.00	9,800.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,685.00	3,685.00	-	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	12,000.00	10,800.00	800.00	FREEZER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	12,000.00	10,800.00	800.00	FREEZER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80	550.45	LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	4,574.22	4,269.28	304.95	MACHINE, FLOOR BURNISHER

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500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	4,574.22	4,269.28	304.95	MACHINE, FLOOR BURNISHER
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	2,858.89	-	-	SCRUBBER/BURNISHER, FLOOR
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	12,551.93	12,551.93	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	57,725.00	38,723.85	2,886.25	SYSTEM FILING ROLLER
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	2,858.89	-	-	SCRUBBER/BURNISHER, FLOOR
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	5,717.78	5,336.60	381.19	MACHINE, FLOOR
500 - MACHINERY & EQUIPMENT	1	7/13/2010	10	5,177.00	5,177.00	-	DRYER CLOTHES DOUBLE
500 - MACHINERY & EQUIPMENT	1	7/13/2010	10	5,177.00	5,177.00	-	DRYER CLOTHES DOUBLE
500 - MACHINERY & EQUIPMENT	1	7/13/2010	10	5,177.00	5,177.00	-	DRYER CLOTHES DOUBLE
500 - MACHINERY & EQUIPMENT	1	7/13/2010	15	11,502.00	9,585.00	766.80	WASHER INDUSTRIAL
500 - MACHINERY & EQUIPMENT	1	7/13/2010	15	11,502.00	9,585.00	766.80	WASHER INDUSTRIAL
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	28,886.00	19,377.69	1,444.30	SYSTEM FILING ROLLER
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	33,311.00	22,346.13	1,665.55	SYSTEM FILING ROLLER
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	23,203.00	15,565.35	1,160.15	SYSTEM FILING ROLLER
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	55,064.00	36,938.77	2,753.20	SYSTEM FILING ROLLER
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	69,527.00	46,641.03	3,476.35	SYSTEM FILING ROLLER
500 - MACHINERY & EQUIPMENT	1	3/10/2009	10	9,995.00	9,995.00	-	WASHER WHEELCHAIR MOBILE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,337.00	5,337.00	-	REFRIGERATOR, 2 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,337.00	5,337.00	-	REFRIGERATOR, 2 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	211,625.00	211,625.00	-	CAROUSEL TRAY FOOD PREP
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,858.89	-	-	WARMER PLATE TRANSPORTER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,858.89	-	-	WARMER PLATE TRANSPORTER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,049.48	3,049.48	-	TOASTER CONVEYOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,858.89	-	-	TABLE, PREPARATION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,431.28	3,988.16	295.42	TABLE, PREPARATION
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,049.48	3,049.48	-	FREEZER, 2 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	16,101.00	16,101.00	-	KETTLE, SOUP FLOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	65,903.00	65,903.00	-	SYSTEM, DISHWASHING
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	43,754.00	43,754.00	-	CAROUSEL UTENCIL CLEANING
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	17,153.33	17,153.33	-	HOOD, EXHAUST, S/S
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	17,153.33	17,153.33	-	HOOD, EXHAUST, S/S
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	17,153.33	17,153.33	-	HOOD, EXHAUST, S/S
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	17,153.33	17,153.33	-	HOOD, EXHAUST, S/S
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	8,004.89	8,004.89	-	STEAMER, PRESSURELESS, DOUBLE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	8,004.89	8,004.89	-	STEAMER, PRESSURELESS, DOUBLE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	17,291.00	15,561.90	1,152.74	KETTLE, STEAM, FLOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,230.00	5,230.00	-	RANGE, GRIDDLE TOP
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,383.63	3,945.26	292.24	SINK, S/S, 2 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	14,907.00	14,907.00	-	FRYER, 3 WELL 50LB EACH
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION



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asset_cat	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,114.50	4,114.50	-	OVEN, CONVECTION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,230.00	5,230.00	-	RANGE, GRIDDLE TOP
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	17,291.00	15,561.90	1,152.74	KETTLE, STEAM, FLOOR
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,350.00	3,350.00	-	GRIDDLE 5 BURNER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	12,042.00	12,042.00	-	MIXER, FOOD, FLOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,383.63	3,945.26	292.24	SINK, S/S, 2 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,858.89	-	-	REFRIGERATOR, 2 DOOR
500 - MACHINERY & EQUIPMENT	1	1/1/2010	15	2,821.73	-	-	CABINET, PROOFING
500 - MACHINERY & EQUIPMENT	1	1/1/2010	15	2,821.73	-	-	CABINET, PROOFING
500 - MACHINERY & EQUIPMENT	1	1/1/2010	15	2,821.73	-	-	CABINET, PROOFING
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,014.00	5,014.00	-	SLICER, MEAT
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00	933.34	COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00	933.34	COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00	933.34	COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00	933.34	COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00	933.34	COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00	933.34	COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,832.00	3,832.00	-	REFRIGERATOR, 1 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,693.00	4,693.00	-	SLICER, MEAT
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,477.00	5,477.00	-	CHOPPER/CUTTER, FOOD
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,907.15	3,907.15	-	REFRIGERATOR, 2 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,907.15	3,907.15	-	REFRIGERATOR, 4 DOOR
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	3,049.48	2,744.54	203.30	SINK, S/S, 2 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	5,058.00	4,552.20	337.20	SINK, S/S, 1 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,906.54	-	-	TABLE, PREPARATION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	2,906.54	-	-	TABLE, PREPARATION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	9,530.00	8,577.00	635.34	COOLER SANDWICH STATION
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	3,621.26	3,259.14	241.42	TABLE, PREPARATION
500 - MACHINERY & EQUIPMENT	1	1/1/2009	10	3,430.67	3,430.67	-	MACHINE TRAY COVERING
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	3,621.26	3,259.14	241.42	SINK, S/S, 3 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	22,322.00	22,322.00	-	SYSTEM, DISHWASHING
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,791.00	3,791.00	-	MIXER, FOOD, COUNTER TOP
500 - MACHINERY & EQUIPMENT	1	1/1/2002	15	11,254.27	11,254.27	-	MOWER, RIDING FRONT DECK
500 - MACHINERY & EQUIPMENT	1	3/24/2009	10	3,521.00	3,521.00	-	CEILING LIGHT-EXAM ROOM
500 - MACHINERY & EQUIPMENT	1	8/11/2009	10	3,455.00	3,455.00	-	SCALE-SLING BED
500 - MACHINERY & EQUIPMENT	1	4/28/2009	15	3,219.00	2,932.87	214.60	PALLET TRUCK-MOTORIZED 2200 LB CAP
500 - MACHINERY & EQUIPMENT	1	3/24/2009	5	3,055.00	3,055.00	-	COMPUTER, DESKTOP
500 - MACHINERY & EQUIPMENT	1	3/24/2009	5	3,795.00	3,795.00	-	COMPUTER, DESKTOP
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	19,546.00	13,112.11	977.30	STORAGE SYSTEM-RESIDENT SEASONAL
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	10,305.00	6,912.94	515.25	STORAGE SYSTEM-LINEN STORAGE
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	10,144.00	6,804.93	507.20	STORAGE SYSTEM-CLEAN LINEN
500 - MACHINERY & EQUIPMENT	1	5/12/2009	10	8,775.00	8,775.00	-	PARALLEL BARS-MOTORIZED
500 - MACHINERY & EQUIPMENT	1	6/23/2009	10	3,042.00	3,042.00	-	DELIVERY UNIT DENTAL
500 - MACHINERY & EQUIPMENT	1	6/23/2009	10	4,295.00	4,295.00	-	ULTRACLAVE STERILIZER DENTAL
500 - MACHINERY & EQUIPMENT	1	6/23/2009	10	3,395.00	3,395.00	-	INSTRUMENT WASHER-TABLETOP DENTAL
500 - MACHINERY & EQUIPMENT	1	3/23/2010	15	4,780.00	4,063.00	318.66	SPREADER-SALT 3/4 YD

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asset_cat	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
500 - MACHINERY & EQUIPMENT	1	3/9/2010	20	7,158.00	4,593.05	357.90	TOWER TREE-INDOOR OLYMPIA PINE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	68,419.00	68,419.00	-	VENTILLATORS/UDS SYSTEM
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,907.00	4,416.30	327.14	TABLE-CUSTOM
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,001.00	3,600.90	266.74	TABLE-CUSTOM WORK
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	19,501.00	19,501.00	-	CONTAINER-THERMAL HOT FOOD STORAGE 4
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	4,693.00	4,693.00	-	FOOD SLICER-S/STEEL 6 SPEED
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,745.00	4,270.50	316.34	SHELF-CUSTOM BAIN MARIE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	32,146.00	28,931.40	2,143.06	BLAST CHILLER/COMPRESSOR/COIL
500 - MACHINERY & EQUIPMENT	1	6/26/2009	5	11,224.00	11,224.00	-	PULP EXTRACTOR-WASTE DISPOSER SYSTEM
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	3,107.00	2,796.30	207.14	POWER WASHER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,739.00	3,739.00	-	FOOD PROCESSOR-S/STEEL 6 QT CAP
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	5,014.00	5,014.00	-	FOOD SLICER-S/STEEL 6 SPEED
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	3,791.00	3,791.00	-	FOOD MIXER-PLANETARY 20 QT CAP
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	5,428.00	4,885.20	361.86	TRACK SHELVING KIT
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	8,249.00	7,424.10	549.94	COUNTER-CUSTOM
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	6,290.00	6,290.00	-	REFRIGERATOR-AIR CURTAIN MOBILE
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	5,383.00	4,844.70	358.86	TRACK SHELVING KIT
500 - MACHINERY & EQUIPMENT	1	1/1/2002	5	28,000.00	28,000.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	1/1/2003	5	14,000.00	14,000.00	-	PHOTOCOPIER
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	14,344.00	14,344.00	-	OVEN GAS COMBI-STEAMER
500 - MACHINERY & EQUIPMENT	1	6/23/2009	10	6,701.00	6,701.00	-	CHAIR GYNOCLOGY
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,645.03	4,645.03	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1	4/12/2013	15	3,271.40	2,126.40	218.09	COMBI OVEN BOILER
500 - MACHINERY & EQUIPMENT	1	9/9/2013	10	374,300.00	349,346.67	37,430.00	NURSE CALL SYSTEM
500 - MACHINERY & EQUIPMENT	1	12/23/2013	10	4,995.00	4,495.50	499.50	SARA 3000 SIT TO STAND LIFT W/SCALE
500 - MACHINERY & EQUIPMENT	1	3/3/2014	5	8,736.00	8,736.00	-	COPIER
500 - MACHINERY & EQUIPMENT	1	3/3/2014	5	8,736.00	8,736.00	-	COPIER
500 - MACHINERY & EQUIPMENT	1	3/3/2014	5	8,736.00	8,736.00	-	COPIER
500 - MACHINERY & EQUIPMENT	1	3/3/2014	5	3,193.00	3,193.00	-	COPIER
500 - MACHINERY & EQUIPMENT	1	3/3/2014	5	3,193.00	3,193.00	-	COPIER
500 - MACHINERY & EQUIPMENT	1	9/13/2016	10	15,993.29	10,129.09	1,599.33	CAMERAS
500 - MACHINERY & EQUIPMENT	1	12/25/2016	5	3,880.00	3,880.00	-	HP 6 TB 3.5" INTEL HARD DRIVE
500 - MACHINERY & EQUIPMENT	1	6/26/2016	10	6,775.00	4,403.75	677.50	ARJO MAXI-MOVE LIFT W/ SCALE
500 - MACHINERY & EQUIPMENT	1	7/19/2016	10	8,358.30	5,363.24	835.83	28" LG HEALTHCARE HDTV
500 - MACHINERY & EQUIPMENT	1	7/19/2016	10	11,340.00	7,276.50	1,134.00	ZENITH 9000 76"/80" GRID
500 - MACHINERY & EQUIPMENT	1	11/2/2016	10	8,732.50	5,385.04	873.25	32" LG HEALTHCARE HDTV
500 - MACHINERY & EQUIPMENT	1	11/15/2016	5	10,101.00	10,101.00	-	VLA SQL PER DEVICE CAL 2016
500 - MACHINERY & EQUIPMENT	1	5/10/2016	5	17,160.00	17,160.00	-	LIVE SCAN SYSTEM DESKTOP
500 - MACHINERY & EQUIPMENT	1	5/10/2016	5	74,060.00	74,060.00	-	TENPRINT/PALMPRINT CAPTURE
500 - MACHINERY & EQUIPMENT	1	12/16/2016	10	15,785.00	9,471.00	1,578.50	CAMERA 2.8 TO 12MM FOCAL
500 - MACHINERY & EQUIPMENT	1	10/10/2018	10	7,033.16	2,989.10	703.32	SLICER
500 - MACHINERY & EQUIPMENT	1	10/3/2018	10	12,493.00	5,309.53	1,249.30	COPIER (NURSING SUPERVISORS)
500 - MACHINERY & EQUIPMENT	1	10/10/2018	10	12,493.00	5,309.53	1,249.30	COPIER (NURSING ADMINISTRATOR'S OFFICE)
500 - MACHINERY & EQUIPMENT	1	10/10/2018	10	12,493.00	5,309.53	1,249.30	COPIER (KITCHEN)
500 - MACHINERY & EQUIPMENT	1	2/21/2018	10	7,520.00	3,634.67	752.00	BARIATRIC SHOWER TROLLEY
500 - MACHINERY & EQUIPMENT	1	2/21/2018	10	7,520.00	3,634.67	752.00	BARIATRIC SHOWER TROLLEY

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asset_cat	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
500 - MACHINERY & EQUIPMENT	1	11/20/2020	5	5,500.00	2,291.67	1,100.00	COPIER
500 - MACHINERY & EQUIPMENT	1	11/20/2020	5	5,500.00	2,291.67	1,100.00	COPIER
500 - MACHINERY & EQUIPMENT	1	11/20/2020	5	5,500.00	2,291.67	1,100.00	COPIER
500 - MACHINERY & EQUIPMENT	1	11/20/2020	5	3,082.00	1,284.17	616.40	COPIER
500 - MACHINERY & EQUIPMENT	1	4/14/2022	10	5,012.37	375.93	375.93	SECURITY CAMERA SYSTEM
500 - MACHINERY & EQUIPMENT	1	12/23/2022	10	20,868.30	-	-	SECURITY CAMERA SERVER
500 - MACHINERY & EQUIPMENT	1	9/12/2017	5	4,971.22	4,971.22	662.83	REFRIGERATOR #1RF-HD
500 - MACHINERY & EQUIPMENT	1	10/15/2017	10	248,445.51	130,433.89	24,844.55	VIDEO MONITORING/SECURITY SYSTEM
500 - MACHINERY & EQUIPMENT	1	10/15/2017	10	59,736.23	31,361.51	5,973.62	VIDEO MONITORING/SECURITY SYSTEM
500 - MACHINERY & EQUIPMENT	1	12/6/2017	10	8,679.56	4,412.11	867.95	WALK BEHIND SCRUBBER
500 - MACHINERY & EQUIPMENT	1	12/13/2017	10	9,225.00	4,689.38	922.50	COPIER
500 - MACHINERY & EQUIPMENT	1	10/17/2011	20	10,628.00	5,933.97	531.40	NETTING BIRD CONTROL
500 - MACHINERY & EQUIPMENT	1	10/12/2018	5	258,778.00	219,961.30	51,755.60	CISCO NETWORK SWITCHES
500 - MACHINERY & EQUIPMENT	1	5/31/2018	20	16,450.00	3,769.79	822.50	VARIOUS DOORS
500 - MACHINERY & EQUIPMENT	1	6/29/2018	20	10,589.00	2,382.53	529.45	HANDICAP ACCESS HARDWARE (3 RESIDENT LAUNDRY
500 - MACHINERY & EQUIPMENT	1	6/11/2019	10	108,410.54	38,847.10	10,841.05	FORWARD LOOKING INFRARED RADAR
500 - MACHINERY & EQUIPMENT	1	9/10/2019	10	5,007.51	1,669.17	500.75	CAMERA BRACKETS
500 - MACHINERY & EQUIPMENT	1	11/18/2019	5	20,750.00	12,795.83	4,150.00	2 U ENTERPRISE SERVER
500 - MACHINERY & EQUIPMENT	1	3/12/2019	5	3,950.00	3,028.33	790.00	HP BUSINESS DESKTOP PRODESK
500 - MACHINERY & EQUIPMENT	1	4/9/2019	5	7,856.00	5,892.00	1,571.20	COPIER (BUSINESS OFFICE)
500 - MACHINERY & EQUIPMENT	1	5/17/2019	5	7,857.00	5,630.85	1,571.40	COPIER (ADMISSIONS OFFICE)
500 - MACHINERY & EQUIPMENT	1	12/4/2019	10	5,733.33	1,767.77	573.33	SCIFIT STEPONE WITH PREMIUM SEAT
500 - MACHINERY & EQUIPMENT	1	4/23/2019	10	14,994.04	5,497.81	1,499.41	PATIENT LIFT W/SCALE
500 - MACHINERY & EQUIPMENT	1	5/14/2019	10	10,403.10	3,814.47	1,040.31	FLOOR MACHINE
500 - MACHINERY & EQUIPMENT	1	8/13/2019	5	7,856.00	5,368.27	1,571.20	COPIER (NURSING 1-300)
500 - MACHINERY & EQUIPMENT	1	8/13/2019	5	7,856.00	5,368.27	1,571.20	COPIER (NURSING 1-400)
500 - MACHINERY & EQUIPMENT	1	8/13/2019	5	7,856.00	5,368.27	1,571.20	COPIER (NURSING 2-300)
500 - MACHINERY & EQUIPMENT	1	8/13/2019	5	7,856.00	5,368.27	1,571.20	COPIER (NURSING 2-400)
500 - MACHINERY & EQUIPMENT	1	8/13/2019	5	7,856.00	5,368.27	1,571.20	COPIER (NURSING 3-400)
500 - MACHINERY & EQUIPMENT	1	8/13/2019	5	5,904.00	4,034.40	1,180.80	HP PB 450G6 W10 PRO64
500 - MACHINERY & EQUIPMENT	1	12/31/2020	10	273,643.00	54,728.60	27,364.30	PREAKNESS VALLEY GOLF COURSE SAFETY NETTING
<b>500 - MACHINERY &amp; EQUIPMENT Total</b>				<b>4,234,202.74</b>	<b>3,353,432.18</b>	<b>245,464.20</b>	
600 - LICENSED VEHICLES	1	8/13/1997	8	18,073.00	18,073.00	-	VAN
600 - LICENSED VEHICLES	1	10/15/2015	8	29,822.00	27,026.19	3,727.75	VEHICLE
600 - LICENSED VEHICLES	1	9/27/2016	8	43,885.00	34,285.16	5,485.63	FORD-250 2016 SRW
600 - LICENSED VEHICLES	1	12/29/2016	8	195,882.50	146,911.87	24,485.31	ONE 2016 INTERNATIONAL TRUCK
600 - LICENSED VEHICLES	1	5/14/2021	8	38,487.52	8,018.23	4,810.94	FORD TRUCK, 2021, CUSTOM
<b>600 - LICENSED VEHICLES Total</b>				<b>326,150.02</b>	<b>234,314.45</b>	<b>38,509.63</b>	
<b>Grand Total</b>				<b>4,669,547.78</b>	<b>3,635,579.34</b>	<b>289,101.61</b>	

COUNTY OF PASSAIC  
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BUILDINGS AND GROUNDS - PREAKNESS HEALTHCARE CENTER

asset_nm	status	dept_c	bdg_desc	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
100106	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42692	15	5,820.00	2,360.33	388.00	FURNISH AND INSTALL ONE NEW PUMP
2013-0023	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	34074	0	2,757,170.10	-	-	303-305 OLDHAM ROAD, WAYNE NJ 07470
2013-0128	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	40908	10	27,700.00	27,700.00	-	CI-PREAKNESS #4 STRUCTURAL STEEL
2013-0129	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	41274	10	70,017.00	70,017.00	7,001.70	CI-PREAKNESS #4 STRUCTURAL STEEL
2013-0130	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	40861	10	164,691.00	164,691.00	-	CI-PREAKNESS #4 LOW VOLTAGE
2013-0131	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	41373	10	7,347.00	7,163.33	734.70	CI-KITCHEN RENOVATIONS
2013-0132	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	41163	10	15,989.00	15,989.00	1,065.93	CI-PREAKNESS #4 WING 'E' HVAC
2013-0133	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	40932	10	185,000.00	185,000.00	1,541.67	CI-PREAKNESS #4 HVAC
2013-0134	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	40908	10	216,868.00	216,868.00	-	CI-PREAKNESS #4 ELECTRICAL
2013-0135	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	41041	10	76,709.00	76,709.00	2,556.97	CI-PREAKNESS #4 ELECTRICAL
2013-0136	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	40908	10	132,312.00	132,312.00	-	CI-PREAKNESS #4 MECHANICAL
2013-0137	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	40995	10	160,965.00	160,965.00	4,024.12	CI-PREAKNESS #4 MECHANICAL
2013-0138	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	40908	0	525,999.00	-	-	CIP-PREAKNESS #4 ALL OTHER WORK
2013-0139	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	41274	0	525,000.00	-	-	CIP-PREAKNESS #4 ALL OTHER WORK
2013-0218	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	41274	10	269,630.00	269,630.00	26,963.00	CI-REPLACE ROOF
2013-0252	ACTIVE	112	HOSPITAL UNIT 3	1	39813	10	191,820.00	191,820.00	-	CI-PREAKNESS HOSPITAL UNIT 3-1991-2008 IMPROVEMENTS
2013-1452	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,343.98	3,040.80	217.20	FLAG POLE
2013-1453	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,343.98	3,040.80	217.20	FLAG POLE
2013-1454	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,343.98	3,040.80	217.20	FLAG POLE
2013-1455	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,550.98	2,485.70	177.55	RAIN SHELTER PES
2013-1456	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,550.98	2,485.70	177.55	RAIN SHELTER PES
2013-1457	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	2,582.53	-	-	STORAGE SHED WOOD FRAME
2013-1458	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1459	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1460	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1461	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1462	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1463	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1464	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1465	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1466	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1467	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1468	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1469	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1470	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1471	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1472	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1473	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1474	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1475	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1476	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1477	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1478	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1479	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1480	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1481	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1482	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1483	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1484	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1485	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1486	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1487	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL
2013-1488	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL
2013-1489	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL

COUNTY OF PASSAIC  
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BUILDINGS AND GROUNDS - PREAKNESS HEALTHCARE CENTER

asset_nm	status	dept_c	bdg_desc	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
2013-1490	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL
2013-1491	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL
2013-1492	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL
2013-1493	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL
2013-1494	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96	260.64	STREET LIGHT DOUBLE FIXTURE METAL
2013-1495	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	15	336,112.88	313,705.36	22,407.53	BACKUP GENERATOR 700 KW
2013-1496	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	45,920.63	32,144.42	2,296.03	WELDED STEEL FUEL STORAGE TANK
2013-1497	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	686,000.00	480,200.00	34,300.00	GROUP OF ASPHALT PAVING
2013-1498	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	45,000.00	31,500.00	2,250.00	GROUP OF CONCRETE PAVING
2013-1499	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	5,000.00	3,500.00	250.00	GROUP OF CHAIN LINK FENCING
2015285	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	41982	20	9,464.40	3,825.20	473.22	MISCELLANEOUS
2015286	ACTIVE	112	HOSPITAL UNIT 3	1	42044	20	4,251.00	1,682.69	212.55	MISCELLANEOUS
2015291	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42179	20	22,363.09	8,386.15	1,118.15	REPAIR AERCO-LARS HOT WATER
2015292	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42179	20	45,451.00	17,044.13	2,272.55	RECOVER REFRIGERANT
2015293	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42179	20	83,830.00	31,436.25	4,191.50	REPLACE 2 MCQUAY COMPRESSORS
2016071	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42608	20	18,589.00	5,886.52	929.45	PREAKNESS HOTWATER PVI
2016072	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42521	20	5,400.00	1,777.50	270.00	HOT WATER BYPASS ISOLATION
2016073	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42558	20	12,589.00	4,091.43	629.45	AC# 2 TOP COOLING COIL REPLACEMENT
2016074	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42559	10	5,693.59	3,700.84	569.36	INSTALLED PULLEY &BELTS.
2016075	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42506	20	3,422.66	1,126.61	171.13	REPAIR CHILL EATER COIL TO AHU#2
2016077	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42626	20	6,470.00	2,048.83	323.50	HOT WATER HEATER BOILER REPAIR AND COMBUSTION
2016087	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42559	10	10,593.73	6,885.92	1,059.38	MISCELLANEOUS SERVICE & REPAIR
2016094	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42654	10	9,225.00	5,765.63	922.50	MISCELLANEOUS
2016095	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42660	20	6,900.00	2,127.50	345.00	BOILER REPAIR
2016098	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42720	10	8,532.00	5,119.20	853.20	ALUMINUM AND GLASS
2016127	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	42660	10	3,620.00	2,232.33	362.00	PREAKNESS HOSPITAL 3-0 X7-0 LEMIEUX 1515 15 LITE
2018085	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43168	20	11,181.00	2,702.08	559.05	INSTALL NEW RETROFIT CONTROL PANEL
2018097	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43340	20	5,493.00	1,190.15	274.65	INSTALL LEAD WEDGES, BACK ROD & CAULK
2018104	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43116	20	19,972.00	4,909.78	998.60	INSTALLATION OF THREE NEW NAE'S
2018105	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43461	10	6,124.00	2,449.60	612.40	8FT.6IN. ALUMINUM PLATFORM BODY. ALUMINUM FUEL FILL, SPREADER
2018106	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43406	20	4,157.60	866.17	207.88	GAS REGULATOR,FLAME SENSOR, DIFFERENTIAL PRESSURE REGULATOR, AND SPARK IGNITOR
2019018	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43533	20	28,697.00	5,500.26	1,434.85	INSTALL COMPRESSOR UNIT # 5
2019030	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43523	10	9,135.30	3,501.87	913.53	RENOVATE STATES/PAVERS
2019037	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43559	10	11,935.73	4,475.89	1,193.57	INTALL & SUPPLY TANDUS CRAYON MODULUE TILE
2019053	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43615	10	3,349.26	1,200.16	334.93	REPLACE ANNUNCIATOR PANEL
2019054	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43530	10	7,320.00	2,806.00	732.00	INSTALL SHINGLES
2019190	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43830	0	1.00	-	-	ESIP PROGRAM - PREAKNESS HEALTHCARE
2020027	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43533	10	12,471.05	4,780.57	1,247.11	TON SPLIT SYSTEM
2020040	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43985	10	5,262.89	1,359.58	526.29	MANNINGTON NATURE'S PATHS
2020048	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43949	10	3,950.00	1,053.33	395.00	FURNISH AND INSTALL NEW ELEVATOR MOTOR
2020049	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	43949	10	3,770.00	1,005.33	377.00	FURNISH AND INSTALL NEW PUMP SLEEVE
2021899	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	44532	20	17,128.80	927.81	856.44	BOILER 2 INSTALLATION - PREAKNESS HCC
2021900	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	44532	20	22,032.19	1,193.41	1,101.61	BOILER 1 INSTALLATION - PREAKNESS HCC
2021901	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	44274	20	4,131.69	361.52	206.58	BOILER 3 INSTALLATION - PREAKNESS HCC
2022016	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	44637	20	5,540.00	207.75	207.75	BOILER #5 INSTALLATION - (PHCC)
2022017	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	44742	20	4,095.00	102.38	102.38	BOILER #2 REPLACEMENT OF DEFECTIVE BLOWER - (PHCC)
2022020	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	44614	25	13,503.49	450.12	450.12	SPRINKLER REPAIR 500/REPLACE BACKFLOW VALVES (PHCC)
2022036	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	44565	30	8,265.00	275.50	275.50	HEAT PUMP REPAIRS AND INSTALLATION (PHCC)
COP018001	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	31412	40	43,833.00	37,258.12	1,095.83	PREAKNESS HOSPITAL UNIT 2-HOMELESS SHELTER
COP018002	ACTIVE	112	HOSPITAL UNIT 3	1	33055	40	9,371,544.00	9,207,913.86	234,288.60	PREAKNESS HOSPITAL UNIT 3
COP018003	ACTIVE	112	HOSPITAL UNIT 4	1	40269	40	83,414,599.82	28,152,427.50	2,085,365.00	PREAKNESS HOSPITAL UNIT 4
			<b>TOTALS</b>				<b>99,916,021.34</b>	<b>40,042,267.03</b>	<b>2,462,663.34</b>	

5/30/2023

**PASSAIC COUNTY, NEW JERSEY  
PREAKNESS HEALTHCARE CENTER  
COMPUTATION OF 2022 FIXED EMPLOYEE FRINGE BENEFITS RATE  
BASED ON 2020 ACTUAL EMPLOYEE FRINGE BENEFITS RATE  
AND 2022 BUDGETED EMPLOYEE FRINGE BENEFITS RATE**

		<b>PREAKNESS HEALTHCARE CENTER</b>
<b><u>2020 ACTUAL EMPLOYEE FRINGE BENEFITS COSTS:</u></b>		
2020 ACTUAL SALARIES & WAGES PER PREAKNESS COST REPORT	(A)	\$28,159,010
2020 ACTUAL EMPLOYEE FRINGE BEN. RATE PER CSCAP ( <b>NOTE 1</b> )	(B)	59.71%
2020 ACTUAL EMPLOYEE FRINGE BENEFITS COSTS (Ln A x B)	(C)	<u>\$16,813,745</u>
 <b><u>ROLLFORWARD COMPUTATION:</u></b>		
2020 FRINGE BENEFITS REPORTED ON PREAKNESS COST REPORT	(D)	\$16,297,779
LESS (OVER)/UNDER RECOVERY ROLL-FORWARD	(E)	<u>(\$3,329,051)</u>
ADJUSTED 2020 FRINGE BENEFITS COST REIMBURSEMENT (Ln D - E)	(F)	<u>\$19,626,830</u>
2020 ACTUAL EMPLOYEE FRINGE BENEFITS COSTS (Ln C)	(G)	\$16,813,745
LESS ADJ. 2020 FRINGE BEN. COST REIMBURSEMENT (Ln F)	(H)	<u>\$19,626,830</u>
2020 (OVER)/UNDER RECOVERY ROLL-FORWARD (Ln G - H)	(I)	<u>(\$2,813,085)</u>
 <b><u>2022 FIXED RATE COMPUTATION:</u></b>		
2022 ACTUAL SALARIES & WAGES OF PREAKNESS HEALTHCARE CENTER PER FINANCIAL STATEMENTS	(J)	\$26,049,112
2022 BUDGETED EMPLOYEE FRINGE BEN. RATE PER PLAN ( <b>NOTE 2</b> )	(K)	<u>56.92%</u>
2022 PROJECTED EMPLOYEE FRINGE BENEFITS COST (Ln J x K)	(L)	\$14,827,155
ADD 2020 (OVER)/UNDER RECOVERY ROLL-FORWARD (Ln I)	(M)	<u>(\$2,813,085)</u>
<b>2022 FIXED EMPL FRINGE BEN COST WITH ROLL-FORWARD (Ln L + M)</b>	(N)	<u>\$12,014,070</u>
<b>2022 FIXED EMPLOYEE FRINGE BENEFITS COST RATE (Ln N / J)</b>	(O)	<u>46.1208%</u>

**NOTE 1:** 2020 ACTUAL EMPLOYEE FRINGE BENEFITS RATE PER PASSAIC COUNTY CENTRAL SERVICE COST ALLOCATION PLAN BASED ON CALENDAR YEAR 2020 ACTUAL COSTS.

**NOTE 2:** 2022 BUDGET EMPLOYEE FRINGE BENEFITS RATE PER PASSAIC COUNTY CENTRAL SERVICE COST ALLOCATION PLAN BASED ON CALENDAR YEAR 2022 BUDGETED COSTS.

# Pino Consulting Group, Inc.

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

November 22, 2022

**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 2022 Fixed Indirect Cost with Carry Forward Adjustment**

Dear Mr. Cahill:

The enclosed worksheet calculates the calendar year 2022 fixed indirect cost plus carry forward adjustment for Preakness Healthcare Center, in the amount of \$6,954,881. The carry forward adjustment, in the amount of (\$383,178), was determined by comparing the actual indirect costs from the central service cost allocation plan based on calendar year 2020 actual costs to the indirect costs from the central service cost allocation plan based on calendar year 2020 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 2022 budget costs and 2020 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 2022 Fixed Indirect Cost with Carry Forward Adjustment**

2020 Passaic Co. CSCAP Ref	Passaic County Central Service Costs	(1)	(2)	(3)	(4)	(5)	Medicare Cost Report Cost Center	
		2020 Actual Co. Central Service Costs (Sch. A-1, Pages 2.1.1-2.2)	2020 Budget Central Service Costs (Sch. A-1, Pages 2.1 - 2.2)	Amount (Over) Or Under Claimed in 2020	2022 Budget Central Service Costs (Sch. A-1, Pages 2.1 - 2.2)	Allowable Costs for 2022 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	422	1,613	(1,191)	422	(769)	Adm & Gen	
2.5	Liability Insurance: General Liability	409,655	493,739	(84,084)	409,998	325,914	Adm & Gen	
2.6	Liability Insurance: Automobile Liability	696	726	(30)	696	666	Cap Rel-Bldgs/Fix	
2.7	Liability Insurance: Property Insurance	114,522	121,864	(7,342)	114,588	107,246	Cap Rel-Bldgs/Fix	
4.2	Freeholders: Support Services	-	-	-	-	-	Adm & Gen	
5.2	County Administrator: Administration	359,480	309,799	49,681	358,431	408,112	Adm & Gen	
5.3	County Administrator: Supervisor of Motor Pool	7	491	(484)	7	(477)	Adm & Gen	
5.4	County Administrator: Motor Pool Cars	639	2,098	(1,459)	651	(808)	Adm & Gen	
5.5	County Administrator: Salary and Wage Adjustment	-	-	-	-	-	Adm & Gen	
6.2	Finance: General Accounting	63,208	68,987	(5,779)	68,664	62,885	Adm & Gen	
6.3	Finance: Budget Preparation	6,745	740	6,005	7,266	13,271	Adm & Gen	
6.5	Finance: Accounts Payable	36,548	43,678	(7,130)	39,496	32,366	Adm & Gen	
6.6	Finance: Payroll Management	230,544	269,882	(39,338)	254,231	214,893	Adm & Gen	
6.10	Finance: Audit Fees	11,561	12,771	(1,210)	12,198	10,988	Adm & Gen	
6.11	Finance: Employee Benefits	62	271	(209)	-	(209)	Adm & Gen	
6.12	Finance: Pension Division	42,800	48,242	(5,442)	46,185	40,743	Adm & Gen	
6.13	Finance: MIS	410,343	456,102	(45,759)	419,999	374,240	Adm & Gen	
6.14	Finance: Other Miscellaneous Expense	-	-	-	-	-	Adm & Gen	
6.15	Finance: Accounts Payable Fund	-	-	-	-	-	Adm & Gen	
6.16	Finance: Cost Allocation Plan	-	14,668	(14,668)	-	(14,668)	Adm & Gen	
6.17	Finance: Records Management	45,597	48,905	(3,308)	49,302	45,994	Adm & Gen	
6.19	Finance: Preakness Finance	221,765	255,851	(34,086)	237,882	203,796	Adm & Gen	
7.2	County Counsel: General Legal	656,960	613,496	43,464	621,963	665,427	Adm & Gen	
7.3	County Counsel: Hearing Officer	8,201	9,056	(855)	8,201	7,346	Adm & Gen	
7.4	County Counsel: Labor Counsel	-	-	-	-	-	Adm & Gen	
7.6	County Counsel: Ethics Board	1,406	1,317	89	1,406	1,495	Adm & Gen	
8.1	Clerk of the Board: Administration & Support	31,396	73,126	(41,730)	35,958	(5,772)	Adm & Gen	
8.2	Clerk of the Board: Mailroom Services	72,715	33,305	39,410	86,743	126,153	Adm & Gen	
9.1	Personnel: Employment Services	290,016	257,107	32,909	426,644	459,553	Adm & Gen	
9.2	Personnel: Payroll Management	-	-	-	-	-	Adm & Gen	
9.3	Personnel: Employee Benefits	2,384	48,156	(45,772)	7,108	(38,664)	Adm & Gen	
10.1	Purchasing: Purchasing	242,300	361,870	(119,570)	267,563	147,993	Adm & Gen	
10.2	Purchasing: Purchasing Warehouse	96,194	2,250	93,944	105,637	199,581	Adm & Gen	
11.14	Buildings and Grounds: Elevator Maintenance	39,083	75,377	(36,294)	3,413	(32,881)	Oper/Plant	
11.15	Buildings and Grounds: Preakness Maintenance	2,161,625	1,784,009	377,616	2,371,480	2,749,096	Oper/Plant	
11.16	Buildings and Grounds: Postage	1,122	54,577	(53,455)	-	(53,455)	Adm & Gen	
12.1	Roads and Bridges: Vehicle Maintenance	-	-	-	-	-	Adm & Gen	
13.1	Engineering: Architects	88,376	75,807	12,569	92,720	105,289	Oper/Plant	
14.4	Sheriff: Emergency Response to County Buildings	18,468	7,301	11,167	19,575	30,742	Adm & Gen	
14.12	Sheriff: Inmate Labor Assistance Program	-	-	-	-	-	Adm & Gen	
15.3	Utilities: Preakness	1,498,423	1,503,933	(5,510)	1,269,632	1,264,122	Oper/Plant	
15.5	Utilities: Water-Preakness	-	126,054	(126,054)	-	(126,054)	Oper/Plant	
15.6	Utilities: Gasoline	-	-	-	-	-	Adm & Gen	
15.7	Utilities: Gasoline-Preakness	-	133,445	(133,445)	-	(133,445)	Adm & Gen	
15.9	Utilities: Telephone-Preakness	-	100,897	(100,897)	-	(100,897)	Adm & Gen	
15.12	Utilities: Garbage-Preakness	-	134,931	(134,931)	-	(134,931)	Oper/Plant	
16.2	Planning: Facilities Plan	-	-	-	-	-	Oper/Plant	
	<b>Total County Central Service Costs</b>	<b>\$ 7,163,263</b>	<b>\$ 7,546,441</b>	<b>\$ (383,178)</b>	<b>\$ 7,338,059</b>	<b>\$ 6,954,881</b>		
						<b>(NOTE 2)</b>		
	<b>Summary of Costs by Cost Report Cost Center</b>							
						107,912	Cap Rel-Bldgs/Fix	
						3,022,328	Adm & Gen	
						3,824,641	Oper/Plant	
						6,954,881	Total Allowable Cost-2022 Medicare Cost Report	

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

**NOTE 2:** The 2020 (Over) or Under claimed costs (column 3) plus the 2022 budget based central service costs (column 4) should be reported on Preakness' 2022 cost report. The 2022 budget based central service costs (column 4) represent the fixed costs for 2022. The 2022 fixed costs plus the 2020 carry-forward amounts (column 3) represent the allowable central service costs for 2022 (column 5). The fixed 2022 central service costs will be adjusted to actual costs and (over) and under recovery amounts will be carried-forward to Preakness' 2024 cost report, pursuant to Federal requirements now codified at 2 CFR Part 200 (formerly OMB Circular A-87).



PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: LYANDERVEEN-S-5058426

Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages
315361-210	2	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

Program ID: REDESIGN  
 Paid Dates: 08/01/07 THRU 04/12/23  
 Report Run Date: 04/11/23  
 Provider FYE: 12/31  
 Provider Number: 315361 Preakness HEALTH CENTER

PROVIDER SUMMARY REPORT  
 SNF - INPATIENT - PART A PPS

Page: 1  
 Report #: OD44203  
 Report Type: 210

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

**STATISTIC SECTION**

DISCHARGES	72				
MEDICARE DAYS	3,236				
CLAIMS	247				

**CHARGE SECTION**

\*\*\* ACCOMMODATION CHARGES \*\*\*

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0120	ROOM-BOARD/SEMI	3,236	\$1,132,600.00				
0183	LOA/THERAP	0	\$0.00				
<b>TOTAL ACCOMMODATIONS</b>		<b>3,236</b>	<b>\$1,132,600.00</b>				

\*\*\* ANCILLARY CHARGES \*\*\*

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	0	\$116,547.00				
0270	MED-SUR SUPPLIES	0	\$8,304.00				
0300	LABORATORY or (LAB)	0	\$5,543.00				
0320	DX X-RAY	6	\$375.00				
0410	RESPIRATORY SVC	213	\$23,373.00				
0420	PHYSICAL THERP/15 MIN	1,383	\$134,640.00				
0424	PHYS THERP/EVAL/15 MIN	67	\$7,590.00				
0430	OCCUPATION THER/15 MIN	1,260	\$123,760.00				
0434	OCCUP THERP/EVAL/15 MIN	61	\$6,915.00				
0440	SPEECH PATHOL/15 MIN	238	\$23,800.00				
0444	SPEECH PATH/EVAL/15 MIN	34	\$5,100.00				
0947	COMPLX MED EQUIP-ANC	18	\$918.00				
<b>TOTAL ANCILLARY</b>		<b>3,280</b>	<b>\$456,865.00</b>				

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

Program ID: REDESIGN  
 Paid Dates: 08/01/07 THRU 04/12/23  
 Report Run Date: 04/11/23  
 Provider FYE: 12/31  
 Provider Number: 315361 Preakness HEALTH CENTER

PROVIDER SUMMARY REPORT  
 SNF - INPATIENT - PART A PPS

Page: 2  
 Report #: OD44203  
 Report Type: 210

	SERVICES FOR PERIOD 01/01/22 - 12/31/22	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
<b>TOTAL COVERED CHARGES</b>	<b>\$1,589,465.00</b>			
<b>REIMBURSEMENT SECTION</b>				
PAYMENT				
GROSS REIMBURSEMENT	\$2,615,885.49			
LESS				
CASH DEDUCTIBLE	\$0.00			
BLOOD DEDUCTIBLE	\$0.00			
COINSURANCE	\$328,316.00			
NET MSP PAYMENTS	\$0.00			
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00			
SEQUESTRATION	\$26,528.12			
POST-SEQUESTRATION DEMO REDUCTION	\$0.00			
<b>NET REIMBURSEMENT</b>	<b>\$2,261,041.37</b>			

**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	-\$21,095.90			

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	UNITS
<b>TOTAL</b>	0	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: 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 04/12/23  
Report Run Date: 04/11/23  
Provider FYE: 12/31  
Provider Number: 315361 Preakness HEALTH CENTER

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

STATISTIC SECTION

CLAIMS 158

CHARGE SECTION

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0420	PHYSICAL THERP/15 MIN	1,735	\$86,750.00				
0424	PHYS THERP/EVAL/15 MIN	58	\$6,910.00				
0430	OCCUPATION THER/15 MIN	395	\$19,750.00				
0434	OCCUP THERP/EVAL/15 MIN	17	\$2,020.00				
0440	SPEECH PATHOL/15 MIN	158	\$17,470.00				
0444	SPEECH PATH/EVAL/15 MIN	20	\$4,000.00				
<b>TOTAL COVERED CHARGES</b>		<b>2,383</b>	<b>\$136,900.00</b>				

REIMBURSEMENT SECTION

GROSS REIMBURSEMENT	\$91,583.89
LESS	
CASH DEDUCTIBLE	\$0.00
BLOOD DEDUCTIBLE	\$0.00
COINSURANCE	\$18,318.49
NET MSP PAYMENTS	\$0.00
PRE-SEQUESTRATION DEMO REDUCTION	\$0.00
SEQUESTRATION	\$912.06
POST-SEQUESTRATION DEMO REDUCTION	\$0.00
REBILLING ADJUSTMENT	\$0.00
<b>NET REIMBURSEMENT</b>	<b>\$72,353.34</b>

ADDITIONAL INFORMATION SECTION

CLAIM INTEREST PAYMENTS \$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: 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 04/12/23  
Report Run Date: 04/11/23  
Provider FYE: 12/31  
Provider Number: 315361 Preakness HEALTH CENTER

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

DEVICE CREDIT \$0.00

**Preakness Healthcare Center**  
**Total Charges**  
**Provider Number: 31-5361**  
**12/31/2022 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	4,225	375	4,225		
Laboratory	0	18,833	5,543	18,833		
Intravenous Therapy	0	0	0	0		
Respiratory Therapy	0	792,522	23,373	792,522		731,096
Physical Therapy	0	346,232	235,890	346,232	18,606	8,310
Occupational Therapy	0	310,957	152,445	310,957	16,711	7,463
Speech Therapy	0	180,350	50,370	180,350	9,692	4,329
Medical Supplies	0	38,459	8,304	38,459		
Drugs Charged to Patients	0	347,332	116,547	347,332		
Support Services	0	54,045	918	54,045		
Ambulance	0	0	0	0	0	0
<b>Grand Totals</b>	<b>0</b>	<b>2,092,955</b>	<b>593,765</b>	<b>2,092,955</b>	<b>45,009</b>	<b>751,198</b>
Total Patient Days				96,205	5,196	2,503
Medicaid Patient Days				86,338	5,170	2,309

**Preakness Healthcare Center  
Medicare Charges  
Provider Number: 31-5361  
12/31/2022 FYE**

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<u>Revenue Codes</u>	<u>Part A Per PS&amp;R</u>	<u>Part B Fee Screen Per PS&amp;R</u>	<u>Part B Cost Reim. Per PS&amp;R</u>	<u>Total Per PS&amp;R</u>	
Patient Days	3,236				
Discharges	<u>72</u>				
Radiology	320, 324, 400, 460, 730, 731, 92'	375	0	0	375
Laboratory	300, 301, 304, 310	5,543	0	0	5,543
Intravenous Therapy	260	0	0	0	0
Respiratory Therapy	410, 419	23,373	0	0	23,373
Physical Therapy	420, 421, 424, 429	142,230	93,660	0	235,890
Occupational Therapy	430, 431, 434, 439	130,675	21,770	0	152,445
Speech Therapy	440, 441, 444	28,900	21,470	0	50,370
Medical Supplies	270, 272	8,304	0	0	8,304
Pharmacy	250, 258	116,547	0	0	116,547
Vaccine	636, 771	0	0	0	0
Support Surfaces	947	918	0	0	918
Ambulance	540	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		<u>456,865</u>	<u>136,900</u>	<u>0</u>	<u>593,765</u>
MSP		0		0	
Deductible		0		0	
Sequestration		0		0	
Net Reimbursement		<u>2,333,395</u>		<u>0</u>	
Gross Reimbursement		<u>2,333,395</u>		<u>0</u>	