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

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:

Consolidated Numbers:

N/A N/A

Fiscal Period:

-01/01/2020 - 12/31/2020

Dear Angela Capo:

01/01/2002-12/31/2022

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.

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

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

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

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

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

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

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 (MCReF)

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 (MCReF) portal. The new MCReF 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 MCReF 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 MCReF 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. MCReF 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 MCReF homepage at: https://mcref.cms.gov/

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

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

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

Novitas Solutions - Part A Attn: Cashier PO Box 3385 Mechanicsburg, PA 17055-1840 Novitas Solutions - Part A Attn: Cashier 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050 (via Priority mail or commercial carrier)

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

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

Sincerely,

---- /s/ ----

Raymond Bossong PARD Manager Provider Audit & Reimbursement

Enclosure: Cost Report Checklist CRRL Attachment

Provider Cost Report Submission Checklist

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

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

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

Required

X (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.
X 3.	A submitted print image file of the cost report except when using CMS free
<u> </u>	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.
-4	We encourage the use of blue or red ink.
X 5.	An exact match of the encryption code, date and time for the ECR displayed on the
\d.	certification page to that of the ECR file encryption code, date and time.
2 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
4	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.

Additio	nal Rec	uested Documentation				
12. 13. 14.	11. A copy of the audited financial statements where applicable. 12. Grouping schedules of revenues and expenses.					
CMS 33	89 Exhil	oits Requirements				
☐ Exhi	bit 1	Provider cost report reimbursement questionnaire (13 pages). Note: Depending answers provided for exhibit 1, exhibits 2-6 may be required.				
	bit 2 bit 3	Allocation of physician compensation: hours. Hospital emergency departmental provider-based physician allowable availability service costs under hourly rate or salary arrangements-data elements.				
Exhi	bit 3A	Hospital emergency departmental provider-based physician allowable availability service costs under hourly rate or salary arrangements-				
☐ Exhi	bit 4	computation (2 pages). Hospital emergency department provider-based physician allowable unmet guarantee amounts under minimum guarantee arrangements - data elements.				
☐ Exhi	ibit 4A	Hospital emergency department provider-based physician allowable unmet guarantee amounts under minimum guarantee arrangements computation (4 pages).				
	ibit 5 ibit 6	Listing of Medicare bad debts and appropriate supporting data. Wage related cost core list (2 pages)				
If Novita	as has a	any questions regarding this submission, who may we contact?:				
Name:	<u>Jo</u>	SEPH M. LEND, CONSULTANT				
Phone:		09/448-7135				
Email:	Email: imply pinoconsulting.com					
(- Jay	hndi 5/29/2023				

Pino Consulting Group, Inc.

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)
 - 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

Pino Consulting Group, Inc.

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: <u>4497317</u>

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 <u>Supplemental Medicaid Schedules</u> 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)**

Health Financi	al Systems PREAK	NESS HEALTHCARE CENTER	In Lie	u of Form CMS-2540-10		
This report is	required by law (42 USC 1395g; 42 CFR 413	.20(b)). Failure to report can re	sult in all interim	FORM APPROVED		
payments made	since the beginning of the cost reporting	period being deemed overpayments	(42 USC 1395g).	OMB NO. 0938-0463		
				Expires: 12/31/2021		
SKILLED NURSIN	G FACILITY AND SKILLED NURSING FACILITY HE	ALTH CARE Provider CCN: 31536	1 Period:	Worksheet S		
COMPLEX COST R	EPORT CERTIFICATION AND SETTLEMENT SUMMARY			Parts I, II & III Date/Time Prepared: 5/26/2023 1:24 pm		
PART I - COST	REPORT STATUS		The second secon			
Provider	1. [X] Electronically prepared cost re		Date: 5/26/20)23 Time: 1:24 pm		
use only	2. [] Manually prepared cost report					
	[0] If this is an amended report en	ater the number of times the prov	ider resubmitted th	is cost report		
	3.01 []No Medicare Utilization. Enter	"Y" for yes or leave blank for no),			
Contractor	4.[1]Cost Report Status	6.Contractor No.				
use only	(1) As Submitted	7.[N] First Cost Report for the	nis Provider CCN			
	(2) Settled without audit	8.[N] Last Cost Report for the	is Provider CCN			
	(3) Settled with audit	9.NPR Date:				
	(4) Reopened	10.[0]If line 4, column 1 is	'4": Enter number of	f times reopened		
	(5) Amended	11.Contractor Vendor Code	4	•		
	5.Date Received:	12.[F] Medicare Utilization. E	nter "F" for full,	"L" for low, or "N"		

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 2	ELECTRONIC SIGNATURE STATEMENT	
1	Lucinda Condo, LNNA		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 Lucinda Corrado, LNNA	9.33344.3		2
3	Signatory Title CXPULL AND DIFFCOR	1919-1911		3
4	Date 5/24/23	111111111111111111111111111111111111111		4

Encryption Information

ECR: Date: 5/26/2023 Time: 1:24 pm rqpxt4VwVhzBjj2niIChQj2iEcdyAO ht6Hn02iOrq1qcrnNIEkSzpLVgj5wl

sGxm0pVExB0vP6Np

11/19			Title	XVIII		14134
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	PART III - SETTLEMENT SUMMARY	, gjavenska kartitet		ubilita ali tarang pagaman mantantan mengali. Manggaran		
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		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 ob	paye amounts represent "due to" on "due from" the applicable	program for th	a alamant of t	he shove compl	ov indicated	

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).

OMB NO. 0938-0463 Expires: 12/31/2021

	Expires.	127 0 17 202 1
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 Parts I, II & II Date/Time Preparts 5/26/2023 1:24 r	From 01/01/2022 Parts I, To 12/31/2022 Date/Time	II & III Prepared:

				5/26.	/2023 I:.	24 pm
PART I - COST I	REPORT STATUS					
Provi der	1. [X] Electronically prepared cost rep	ort		Date: 5/26/2023	Time:	1: 24 pr
use only	2. [] Manually prepared cost report	[] Manually prepared cost report				
	3. [0] If this is an amended report ent	er the number	of times the provider	resubmitted this cos	t report	
	3.01 [] No Medicare Utilization. Enter "	Y" for yes or	leave blank for no.			
Contractor	4. [1] Cost Report Status	6. Contractor	No.			
use only	(1) As Submitted	7.[N] Firs	t Cost Report for this	Provider CCN		
	(2) Settled without audit	8.[N] Last	Cost Report for this F	Provider CCN		
	(3) Settled with audit	9. NPR Date:	•			
	(4) Reopened	10.[0]If I	ne 4, column 1 is "4":	— Enter number of time	s reopen	ed
	(5) Amended	11. Contracto	r Vendor Code	4	•	
	5. Date Received:	12.[F] Medi	care Utilization. Ente	 r "F" for full, "L" fo	or low, c	or "N"
		for	no utilization.			

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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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	ELECTRONI C	
	1	2	SI GNATURE STATEMENT	
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	Si gnatory Ti tle			3
4	Date			4

			Title	XVIII		
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1. 00	2.00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
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		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.

Health Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provi der No.: 315361 Peri od: Worksheet S-2 From 01/01/2022 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2022 5/26/2023 1:24 pm 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 Zi p Code: 07470 2.00 3.00 County: PASSAIC CBSA Code: 35614 Urban/Rural: U 3.00 CBSA Code: 3.01 3.01 Component Name Provi der Date Payment System (P, CCN Certi fi ed 0, or N) XVIII XIX 4. 00 5. 00 6. 00 1.00 2.00 3. 00 SNF and SNF-Based Component Identification: 4.00 SNF PREAKNESS HEALTHCARE 315361 01/01/1998 N Р Ν 4.00 CENTER 5.00 Nursing Facility 5 00 ICF/IID 6.00 6.00 7.00 SNF-Based HHA 7.00 8.00 SNF-Based RHC 8.00 SNF-Based FQHC 9.00 9.00 10.00 SNF-Based CMHC 10.00 11.00 SNF-Based OLTC 11.00 12.00 SNF-Based HOSPICE 12.00 13.00 SNF-Based CORF 13.00 From: To 1.00 2.00 14.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 12/31/2022 14. 00 15.00 Type of Control (See Instructions) 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 N 16.00 section 483.5? Is this a composite distinct part skilled nursing facility that meets the requirements set forth in Ν 17.00 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related N 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 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 N 19.01 utilization cost report, indicate with a "Y", for yes, or "N" for no. 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 21.00 Sum of the Year's Digits 22.00 22.00 Sum of line 20 through 22 23.00 2, 846, 844 23 00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) 25.00 Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26.00 26.00 N (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report N 27.00 applies? (Y/N) 28.00 28.00 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N) 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 29.00 30.00 Nursing Facility 30.00 Ν 31.00 | ICF/IID 31.00 32.00 SNF-Based HHA Ν Ν 32.00 SNF-Based RHC 33.00 33.00 34.00 SNF-Based FQHC 34 00 35.00 SNF-Based CMHC Ν 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 Ν 37.00 regardless of the level of care given for Titles V & XIX patients? (Y/N) Are you legally-required to carry mal practice insurance? (Y/N) Ν 38 00 39.00 Is the malpractice a "claims-made" or "occurrence" policy? If the policy is 39.00 "claims-made" enter 1. If the policy is "occurrence", enter 2 Premi ums Pai d Losses Self Insurance 3.00 1.00 2.00 41.00 List malpractice premiums and paid losses: 41.00 0 0 0

Heal th	Health Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu				u of Form CMS-2	2540-10
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315361 Period:					Worksheet S-2	
COMPLE	X INDENTIFICATION DATA			From 01/01/2022	Part I	
To 12/31/2022						
					5/26/2023 1: 2	4 pm
					Y/N	
					1.00	
42.00	Are malpractice premiums and paid losse	es reported in other than	the Administrativ	e and General cost	N	42. 00
	center? Enter Y or N. If yes, check box	x, and submit supporting s	chedule listing c	ost centers and		
	amounts.		G			
43.00	Are there any home office costs as defi	ned in CMS Pub. 15-1. Cha	pter 10?		N	43. 00
	If line 43 is yes, enter the home office			ess of the home		44.00
	office on lines 45. 46 and 47.					
	1.00	2.00		3. 00		
	11.00		and address of t		Lines	
If this facility is part of a chain organization, enter the name and address of the home office on the below.					111103	
45.00			lo.			45 00
45. 00	Name:	Contractor's Name:	Con-	tractor's Number:		45. 00
46. 00	Street:	PO Box:				46. 00
47.00	Ci ty:	State:	Zi p	Code:		47.00

SECTION MISSING FROLLITY AND SCILLED NUMBERS Part Missing FROLLITY MISSING FROL	Heal th	Financial Systems	PREAKNESS HEALTHCAR	RE CENTER		In lie	eu of Form CMS	i-2540-10
Part	SKI LLE	D NURSING FACILITY AND SKILLED NURSING FACILI			No.: 315361	Period: From 01/01/2022	Worksheet S- Part II Date/Time Pr	-2 repared:
Centeral Instructions: For all calcum 1 responses where in column 1, "Y" for Yes or "IP" for No. For all the date responses the Format site Ible (midStyrycy)							Date	24 pm
1.00 Institute provider changed conversible primed arealy prior to the beginning of the cost reporting period? If column 1 is "Y", unter the date of the change in column 2 (see V/I 1.00 2.00 3.00 2.00 2.00 2.00 2.00 3.00 2.00 3.00 2.00 3.		responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites	ses enter in column	1, "Y" fo	or Yes or "N"			
2.00 Ilas, the provident ferminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of fermination and in column 3.00 2.00 3	1.00	1.00 Has the provider changed ownership immediately prior to the beginning of the cost N reporting period? If column 1 is "Y", enter the date of the change in column 2. (see						1.00
column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I for involuntary or "I for row lountary or "I for voluntary or enter date worldle in column 3. (see Instructions) I for no. see Instructions 5.00 Column 1. Were the for voluntary or "I for see Instructions or "I for see Instructions or "I for no. I f								
of directors through ownership, control, or family and other similar relationships? (Seei instructions) Y/N Type Date		column 1 is yes, enter in column 2 the date of 3, "V" for voluntary or "I" for involuntary. Is the provider involved in business transaction contracts, with individuals or entities (e.g.	of termination and tions, including ma ., chain home offic	in column nagement es, drug				
Financial Data and Reports		of directors through ownership, control, or						
Financial Data and Reports								
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. 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 "Y.N Legal Oper. 1.00						1 2.00	0.00	
those on the filed financial statements? If column 1 is "Y", submit reconciliation. Approved Educational Activities 1.00 2.00	4. 00	Accountant? (Y/N) Column 2: If yes, enter "A Compiled, or "R" for Reviewed. Submit comple available in column 3. (see instructions) If	" for Audited, "C" te copy or enter da no, see instructio	for te ns.	N			4.00
Approved Educational Activities	5. 00	those on the filed financial statements? If			N			5. 00
Approved Educational Activities 6.00 Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the N N 6.00 6.00 N N 6.00 N N N 6.00 N N N N N N N N N								
legal operator of the program? (Y/N) 7.00 Were costs claimed for Allied Heal th Programs? (Y/N) see instructions. N 8.00 8.00 School and/or Allied Heal th Program? (Y/N) see instructions. N 8.00 8.00 School and/or Allied Heal th Program? (Y/N) see instructions. Y/N 1.00								
School Mere approvals and/or renewals obtained during the cost reporting period for Nursing N School Nursing N Nursing N Nursing		legal operator of the program? (Y/N)	. ,		provider the		N	
Bad Debts 1.00	8.00 Were approvals and/or renewals obtained during the cost reporting period for Nursing N							1
10.00 Is the provider seeking reimbursement for bad debts? (Y/N) see instructions. Y 9,00								
11.00 If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions. N 11.00		Is the provider seeking reimbursement for balfline 9 is "Y", did the provider's bad deb				st reporting	ł	
Part A Part B	11. 00	If line 9 is "Y", are patient deductibles and	d/or coinsurance wa	ived? If "	Y", see instr	ructi ons.	N	11. 00
Description Y/N Date Y/N	12. 00	Have total beds available changed from prior	cost reporting per	iod? If "Y				12. 00
PS&R Data				n	Y/N	Date	Y/N	
13.00 Was the cost report prepared using the PS&R only? If el ther 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.) 14.00 Was the cost report prepared using the PS&R of total and the provider's records for allocation? If ei ther 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. 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. 16.00 If line 13 or 14 is "Y", then were adjustments made to PS&R Report information? If yes, see instructions. 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 N N N N N N N N N N N N N N N N N		PS&R Data	0		1.00	2. 00	3. 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. 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. 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. 17.00 If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments: 18.00 Was the cost report prepared only using the	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			Y	02/19/2021	Y	13. 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. 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. 17.00 If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments: 18.00 Was the cost report prepared only using the	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			N		N	14. 00
adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions. 17.00 If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments: 18.00 Was the cost report prepared only using the	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",			N		N	15. 00
adjustments made to PS&R data for Other? Describe the other adjustments: 18.00 Was the cost report prepared only using the N N 18.00		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.						
18.00 Was the cost report prepared only using the N N 18.00	17. 00	adjustments made to PS&R data for Other?			N		N	17. 00
	18. 00	Was the cost report prepared only using the			N		N	18. 00

Health Financial Systems PREAKNESS HEAL			THCARE CENT	HCARE CENTER In Lieu of Form CMS-254			
	D NURSING FACILITY AND SKILLED NURSING FACIL	TY HEALTH CARE	Provi	der No.: 315361	Peri od:	Worksheet S-2)
COMPLE	X REIMBURSEMENT QUESTIONNAIRE				From 01/01/2022 To 12/31/2022		epared:
					10 12,01,2022	5/26/2023 1: 2	
				1.00	2.	00	
	Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the titl	e/posi ti on	J0SEPH		PI NO		19. 00
	held by the cost report preparer in columns	1, 2, and 3,					
	respecti vel y.						
20.00	Enter the employer/company name of the cost	report	PI NO CONSUL	TING GROUP INC			20.00
	preparer.						
21.00	Enter the telephone number and email address	s of the cost	6094487135		JMP@PI NOCONSUL	TING. COM	21.00
	report preparer in columns 1 and 2, respecti	vel y.					
20. 00	Enter the first name, last name and the titl held by the cost report preparer in columns respectively. Enter the employer/company name of the cost preparer. Enter the telephone number and email address	1, 2, and 3, report	PINO CONSUL		PI NO		20. 00

Health Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 315361
Form 01/01/2022
To 12/31/2022
To 12/31/2022
Figure 1.0
Date/Time Prepared:

Date/Time Prepared: 5/26/2023 1:24 pm Part B Date 4.00 PS&R Data 13.00 Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to 02/19/2021 13.00 prepare this cost report in cols. 2 and 4. (see Instructions.) 14.00 Was the cost report prepared using the PS&R 14.00 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 15.00 If line 13 or 14 is "Y", were adjustments 15.00 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. 16.00 | If line 13 or 14 is "Y", then were 16.00 adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.

17.00 If line 13 or 14 is "Y", then were 17.00 adjustments made to PS&R data for Other? Describe the other adjustments: 18.00 Was the cost report prepared only using the provider's records? If "Y" see Instructions. 18.00 3.00 Cost Report Preparer Contact Information 19.00 Enter the first name, last name and the title/position CONSULTANT 19.00 held by the cost report preparer in columns 1, 2, and 3, respecti vel y. Enter the employer/company name of the cost report 20.00 20.00 preparer.

21.00

21.00

Enter the telephone number and email address of the cost

report preparer in columns 1 and 2, respectively.

In Lieu of Form CMS-2540-10 PREAKNESS HEALTHCARE CENTER Provi der No.: 315361

Health Financial Systems PREAKNESS HEALT SKILLED NURSING FACILITY HEALTH CARE COMPLEX STATISTICAL DATA

Peri od: Worksheet S-3 From 01/01/2022 Part I To 12/31/2022 Date/Time Prepared: 5/26/2023 1:24 pm

						5/26/2023 1: 24	
				I np	atient Days/Vis	si ts	
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4. 00	5. 00	
1.00	SKILLED NURSING FACILITY	406	148, 190	0	3, 236	86, 338	1. 00
2.00	NURSING FACILITY	0	0	0		0	2.00
3. 00 4. 00	I CF/IID HOME HEALTH AGENCY COST	0	0	0	0	0	3. 00 4. 00
5. 00	Other Long Term Care	0	0	0	U	o l	5. 00
6. 00	SNF-Based CMHC						6. 00
7.00	HOSPI CE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	406		0	3, 236	86, 338	8. 00
		Inpatient [Days/Vi si ts		Di scharges		
	Component	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	2. 00
3.00	I CF/II D	0	0			0	3. 00
4. 00 5. 00	HOME HEALTH AGENCY COST Other Long Term Care	0	0				4. 00 5. 00
6. 00	SNF-Based CMHC	0	0				6. 00
7. 00	HOSPI CE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	6, 631	96, 205	0	90	241	8. 00
		Di sch	arges	Aver	age Length of	Stay	
	Component	Other	Total	Title V	Title XVIII	Title XIX	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1.00	SKILLED NURSING FACILITY	34		0.00		358. 25	1.00
2. 00 3. 00	NURSING FACILITY	0	0			0. 00 0. 00	2. 00 3. 00
4. 00	HOME HEALTH AGENCY COST					0.00	4. 00
5. 00	Other Long Term Care	0	О				5. 00
6.00	SNF-Based CMHC						6.00
7.00	HOSPI CE	0	0	0.00		0.00	7. 00
8. 00	Total (Sum of lines 1-7)	34		0.00		358. 25	8. 00
		Average Length of Stay		Admi S	si ons		
	Component	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		182		29	1. 00
2.00	NURSING FACILITY	0.00			0	0	2.00
3. 00 4. 00	I CF/IID HOME HEALTH AGENCY COST	0. 00			O	0	3. 00 4. 00
5. 00	Other Long Term Care	0.00				0	5. 00
6. 00	SNF-Based CMHC	0.00				Ĭ	6. 00
7.00	HOSPI CE	0. 00		0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	263. 58		182	138	29	8. 00
		Admissions	Full Time				
	Component	Total	Employees on	Nonpai d			
		21. 00	Payrol I 22.00	Workers 23.00			
1.00	SKILLED NURSING FACILITY	349					1. 00
2.00	NURSING FACILITY	0	l .				2. 00
3.00	ICF/IID	0					3.00
4.00	HOME HEALTH AGENCY COST		0.00				4. 00
5.00	Other Long Term Care	0					5. 00
6. 00 7. 00	SNF-Based CMHC HOSPICE	0	0. 00 0. 00				6. 00 7. 00
8. 00	Total (Sum of lines 1-7)	349					8. 00
		, , ,	,			'	

Provi der No.: 315361

				T	0 12/31/2022	Date/Time Pre 5/26/2023 1: 2	
	·	Amount	Reclass. of	Adj usted	Pai d Hours	Average Hourly	
		Reported	Salaries from	Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col. 4)	
					3		
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART II - DIRECT SALARIES						
	SALARI ES						
1. 00	Total salaries (See Instructions)	26, 049, 112	0	26, 049, 112			
2.00	Physician salaries-Part A	0	0	0	0. 00		
3.00	Physician salaries-Part B	0	0	0	0. 00		
4.00	Home office personnel	0	0	0	0. 00	l e	
5.00	Sum of lines 2 through 4	0	0	0	0. 00		
6.00	Revised wages (line 1 minus line 5)	26, 049, 112	0	26, 049, 112			
7.00	Other Long Term Care	0	0	0	0. 00		
8.00	HOME HEALTH AGENCY COST	0	0	0	0. 00		
9.00	CMHC	0	0	0	0. 00		
10.00	HOSPI CE	0	0	0	0. 00		
11. 00	Other excluded areas	0	0	0	0. 00	l e	11. 00
12.00	Subtotal Excluded salary (Sum of lines 7	0	0	0	0. 00	0.00	12.00
	through 11)						
13.00	Total Adjusted Salaries (line 6 minus line	26, 049, 112	0	26, 049, 112	1, 082, 537. 49	24. 06	13. 00
	12)						
	OTHER WAGES & RELATED COSTS	_	_	_			
14. 00	Contract Labor: Patient Related & Mgmt	0	0	0	0.00		14. 00
15. 00	Contract Labor: Physician services-Part A	0	0	0	0.00		15. 00
16. 00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16. 00
47.00	WAGE-RELATED COSTS	10 011 070		40.044.070			4
17. 00	Wage-related costs core (See Part IV)	12, 014, 070	0	12, 014, 070			17. 00
18. 00	Wage-related costs other (See Part IV)	1	0	1			18. 00
19. 00	Wage related costs (excluded units)	0	0	0			19. 00
20.00	Physician Part A - WRC	0	0	0			20.00
21. 00	Physician Part B - WRC	0	0	0			21. 00
22. 00	Total Adjusted Wage Related cost (see	12, 014, 071	0	12, 014, 071			22. 00
	instructions)		l				

SNF WAGE INDEX INFORMATION

Provi der No.: 315361 Peri

Peri od: Worksheet S-3 From 01/01/2022 Part III To 12/31/2022 Date/Time Prepared:

5/26/2023 1:24 pm Amount Reclass. of Adj usted Paid Hours Average Hourly Salaries from Salaries (col. Related to Wage (col. 3 ÷ Reported col . 4) Worksheet A-6 $1 \pm col. 2$ Salary in col 5.00 1.00 2.00 3.00 4.00 PART III - OVERHEAD COST - DIRECT SALARIES 1.00 Employee Benefits 0.00 0.00 1.00 2.00 Administrative & General 1, 516, 825 o 1, 516, 825 34, 253. 81 44. 28 2.00 3.00 Plant Operation, Maintenance & Repairs 1, 295, 196 0 1, 295, 196 59, 470. 13 21.78 3.00 4.00 Laundry & Linen Service 88, 105 88, 105 4, 291. 07 20.53 4.00 5.00 Housekeepi ng 2, 418, 462 2, 418, 462 109, 457. 72 22.09 5.00 0 152, 830. 39 Di etary 3, 456, 153 22.61 6.00 6.00 3, 456, 153 Nursing Administration 0 0.00 7.00 0 0.00 7.00 8.00 Central Services and Supply 0 0 0.00 0.00 8.00 9.00 0 0 0.00 0.00 9. 00 Pharmacy Medical Records & Medical Records Library 0.00 10.00 0 0 n 0.00 10.00 Social Service 11.00 449, 839 449, 839 11, 787. 77 38. 16 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 25. 35 13.00 14.00 Total (sum lines 1 thru 13) 10, 528, 396 10, 528, 396 423, 514. 27 24. 86 14. 00

Health Financial Systems	PREAKNESS HEALTHCARE CENTER	In Lieu of Form CMS-2540-10
SNF WAGE RELATED COSTS	Provi der No.: 315361	Peri od: Worksheet S-3
		From 01/01/2022 Part IV

	To 12/31/202	22 Date/Time Prep 5/26/2023 1:24	
		Amount	4 piii
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3. 00
4.00	Prior Year Pension Service Cost	0	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8. 00
9.00	Prescription Drug Plan	0	9. 00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	0	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		
	TAXES	_	
	FICA-Employers Portion Only	0	
18.00	Medicare Taxes - Employers Portion Only	0	18. 00
19.00	Unempl oyment Insurance	0	19. 00
20.00	State or Federal Unemployment Taxes	0	20. 00
	OTHER		
	Executive Deferred Compensation	0	
	Day Care Cost and Allowances	0	22. 00
	Tuition Reimbursement	1	23. 00
24. 00	Total Wage Related cost (Sum of lines 1 - 23)	1	24. 00
		Amount	
		Reported	
		1.00	
25 62	Part B - Other than Core Related Cost	10.014.070	25 00
25. 00	GENERAL FRINGE BENEFITS	12, 014, 070	25.00

Provi der No.: 315361

				1	Го 12/31/2022	Date/Time Prep 5/26/2023 1: 24	
	Occupational Category	Amount	Fri nge	Adj usted	Pai d Hours	Average Hourly	, piii
	g,	Reported	Benefits	Salaries (col		Wage (col. 3 ÷	
				1 + col . 2)	Salary in col.	col . 4)	
				1	3		
		1.00	2. 00	3.00	4. 00	5. 00	
	Direct Salaries						
	Nursing Occupations						
1.00	Registered Nurses (RNs)	5, 567, 272		0 5, 567, 27			1. 00
2.00	Licensed Practical Nurses (LPNs)	2, 079, 693		0 2, 079, 69			2. 00
3.00	Certified Nursing Assistant/Nursing	9, 287, 374		0 9, 287, 37	4 431, 592. 13	21. 52	3. 00
4 00	Assi stants/Ai des	44 004 000		4/ 004 00	(00 005 04	0,7,	4 00
4.00	Total Nursing (sum of lines 1 through 3)	16, 934, 339		0 16, 934, 33			4. 00
5.00	Physical Therapists	0			0.00		5. 00
6.00	Physical Therapy Assistants	0			0.00		6. 00 7. 00
7.00	Physical Therapy Aides	0			0.00		
8.00	Occupational Therapists	0			0.00		8. 00
9.00	Occupational Therapy Assistants	0			0.00		9. 00 10. 00
10. 00 11. 00	Occupational Therapy Aides	0			0.00		11.00
12. 00	Speech Therapists Respiratory Therapists			ol .	0.00		
13. 00	Other Medical Staff			-1	0.00		
13.00	Contract Labor	<u> </u>		UJ .	0.00	0.00	13.00
	Nursing Occupations						
14. 00	Registered Nurses (RNs)	O			0.00	0.00	14. 00
15. 00	Licensed Practical Nurses (LPNs)	o			0.00		
16. 00	Certified Nursing Assistant/Nursing	O			0.00	0.00	16. 00
	Assi stants/Ai des						
17.00	Total Nursing (sum of lines 14 through 16)	0			0.00	0.00	17. 00
18.00	Physical Therapists	0			0.00	0.00	18. 00
19.00	Physical Therapy Assistants	0			0.00	0.00	19. 00
20.00	Physical Therapy Aides	0			0.00	0.00	20.00
21.00	Occupational Therapists	0			0.00	0.00	21. 00
22. 00	Occupational Therapy Assistants	0			0.00		
23. 00	Occupational Therapy Aides	0			0.00		
24. 00	Speech Therapists	0			0.00		
25. 00	Respi ratory Therapi sts	0			0.00		25. 00
26. 00	Other Medical Staff	0			0.00	0.00	26. 00

Peri od: Worksheet S-7 From 01/01/2022 To 12/31/2022 Date/Time Prepared:

100 100 2.00 100 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.00 1.00 2.0		0 12/31/2022	5/26/2023 1: 24	
1.00			Days	
2.00			2. 00	
200				
4.00				
Section Sect	1			
6-00 7-00 8-00 8-00 8-00 8-00 8-00 8-00 8				
7.00 MIK 7.00 MIK 8.00 MIK 8.00 MIK 8.00 MIK 9.00 MIK 11.00				
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13.00 RVC 13.00 RVG 14.00 RVG 14.00 RVG 14.00 RVG 14.00 RVG 14.00 RVG 14.00 RVG 15.00 RVG 15.00 RVG RVG 15.00 RVG RVG 15.00 RVG	1			
14.00 RWB				
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75. 00 PA2 75. 00				
	75. 00	PA2		75. 00

Health Financial Systems	PREAKNESS HEALTHCAR	E CENTER		In Lie	u of Form CMS	-2540-10	
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provi der	No.: 315361	Peri od:	Worksheet S-	7	
				From 01/01/2022 To 12/31/2022	Date/Time Pr 5/26/2023 1:		
				Group	Days		
				1. 00	2. 00		
76. 00				PA1		76. 00	
99. 00				AAA		99. 00	
100. 00 TOTAL						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 Staffi ng						101. 00	
102.00 Recruitment						102.00	
103.00 Retention of employees						103.00	
104. 00 Trai ni ng						104.00	
105. 00 OTHER (SPECIFY)	: 11 2)					105. 00	
106.00 Total SNF revenue (Worksheet G-2, Part I, I	rne i, corumn 3)		I			106. 00	

		PREAKNESS HEALTH				u of Form CMS-2	2540-10
RECLAS	SSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provi der		eriod: rom 01/01/2022	Worksheet A	
				Ť			
	Cost Conton Description	Calarias	Othor	Total (col 1	Dool acci fi cati	5/26/2023 1: 2 Reclassi fi ed	4 pm
	Cost Center Description	Sal ari es	Other	+ col . 2)	Reclassi ficati ons	Trial Balance	
				1 (01. 2)	Increase/Decre		
					ase (Fr Wkst	col . 4)	
					A-6)		
		1.00	2. 00	3. 00	4. 00	5. 00	
1 00	GENERAL SERVICE COST CENTERS		07.240	07.0/0		07.2/0	1 00
1. 00 2. 00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT		87, 260	87, 260 0		87, 260 0	1. 00 2. 00
3. 00	00300 EMPLOYEE BENEFITS		0	0	0	0	3.00
4. 00	00400 ADMINISTRATIVE & GENERAL	1, 516, 825	741, 999	2, 258, 824	0	2, 258, 824	4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	1, 295, 196	305, 638			1, 600, 834	5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	88, 105	812, 247			900, 352	6. 00
7.00	00700 HOUSEKEEPI NG	2, 418, 462	271, 929		0	2, 690, 391	7. 00
8.00	00800 DI ETARY	3, 456, 153	1, 433, 713	4, 889, 866	0	4, 889, 866	8. 00
9.00	00900 NURSING ADMINISTRATION	0	0	0	0	0	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	1, 455, 103			1, 416, 644	10.00
11. 00	01100 PHARMACY	0	38, 459	38, 459	0	38, 459	11. 00
12. 00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12. 00
13.00	01300 SOCIAL SERVICE	449, 839	31, 147	480, 986	0	480, 986	13.00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	1 202 01/	(0.701	0	0	0	14.00
15. 00	01500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	1, 303, 816	69, 701	1, 373, 517	0	1, 373, 517	15. 00
30. 00	03000 SKILLED NURSING FACILITY	14, 694, 516	768, 106	15, 462, 622	0	15, 462, 622	30.00
31. 00	03100 NURSING FACILITY	14, 094, 510	700, 100	15, 402, 022	0	15, 402, 022	31.00
32. 00	03200 CF/11D		0	0	0	0	32. 00
33. 00	03300 OTHER LONG TERM CARE		0	0	0	ő	33. 00
00.00	ANCI LLARY SERVICE COST CENTERS	<u> </u>	<u> </u>			<u> </u>	00.00
40.00	04000 RADI OLOGY	0	4, 225	4, 225	0	4, 225	40. 00
41.00	04100 LABORATORY	0	18, 833	18, 833	0	18, 833	41. 00
42.00	04200 I NTRAVENOUS THERAPY	0	0	0	0	0	42. 00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	792, 522			792, 522	43. 00
44.00	04400 PHYSI CAL THERAPY	334, 893	11, 339			346, 232	44.00
45. 00	04500 OCCUPATIONAL THERAPY	310, 957	0	310, 957		310, 957	45. 00
46. 00 47. 00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	180, 350	0	180, 350	0	180, 350 0	46. 00 47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	38, 459		48.00
49. 00	04900 DRUGS CHARGED TO PATTENTS		347, 332	347, 332		347, 332	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY		047, 332	0 0	0	0	50.00
51. 00	05100 SUPPORT SURFACES	o o	54, 045	54, 045	0	54, 045	51. 00
	OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
60.00	06000 CLI NI C	0	0	0	0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61. 00
62. 00	06200 FQHC						62. 00
	OTHER REIMBURSABLE COST CENTERS		_	_	_		
70. 00	07000 HOME HEALTH AGENCY COST	0	0	0	_	0	70. 00
	07100 AMBULANCE	0	0	0	_	0	71.00
/3.00	07300 CMHC	0	0	0	0	0	73. 00
80. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES		0		0	0	80. 00
81. 00	08100 INTEREST EXPENSE		0	0	0	0	81.00
82. 00	08200 UTI LI ZATI ON REVI EW - SNF	0	0	0	0	Ö	82. 00
83. 00	08300 HOSPI CE	o	0	l o	o O	Ö	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	26, 049, 112	7, 243, 598	33, 292, 710	0	33, 292, 710	89. 00
	NONREI MBURSABLE COST CENTERS						
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	0	765	765	0	765	
92. 00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	
93. 00	09300 NONPALD WORKERS	0	0	0	0	0	93. 00
94. 00	09400 PATIENTS LAUNDRY	0	0	0 550	0	0	94.00
95. 00 100. 00	O9500 NON-REIMBURSABLE GERO-PSYCH GRANT TOTAL	26, 049, 112	2, 550 7, 246, 913			2, 550 33, 296, 025	
100.00) IOIAL	20,047,112	1,240,713	1 33, 270, 023	١	33, 270, 023	1100.00

 Heal th Financial
 Systems
 PREAKNESS

 RECLASSIFICATION
 AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
 Provi der No.: 315361

				То	12/31/2022	Date/Time Pro 5/26/2023 1::	
	Cost Center Description	Adjustments to	Net Expenses			3/20/2023 1	24 piii
	·	,	For Allocation				
		Wkst A-8)	(col. 5 +-				
		/ 00	col . 6)	_			
	GENERAL SERVICE COST CENTERS	6.00	7. 00				
1. 00	00100 CAP REL COSTS - BLDGS & FLXTURES	3, 905, 425	3, 992, 685				1.00
2. 00	00200 CAP REL COSTS - MOVABLE EQUI PMENT	0, 700, 120	0, 7,2, 000	1			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			5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	0	900, 352	1			6. 00
7. 00	00700 HOUSEKEEPI NG	0	2, 690, 391	1			7. 00
8.00	00800 DI ETARY	0	4, 889, 866	1			8. 00
9. 00 10. 00	OO9OO NURSI NG ADMI NI STRATI ON O10OO CENTRAL SERVI CES & SUPPLY	0	0	1			9. 00 10. 00
11. 00	01100 PHARMACY	0	1, 416, 644 38, 459	1			11.00
12. 00	01200 MEDICAL RECORDS & LIBRARY	0	0, 437				12. 00
13. 00	01300 SOCIAL SERVICE	0	480, 986				13. 00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	1			14. 00
15.00	01500 PATIENT ACTIVITIES	0	1, 373, 517	,			15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000 SKILLED NURSING FACILITY	0		1			30.00
31. 00	03100 NURSING FACILITY	0	0				31.00
32. 00 33. 00	03300 OTHER LONG TERM CARE	0	0	1			32. 00 33. 00
33.00	ANCI LLARY SERVI CE COST CENTERS		0	/			33.00
40. 00	04000 RADI OLOGY	0	4, 225	i			40. 00
41.00	04100 LABORATORY	0	18, 833	3			41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0				42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	792, 522	1			43. 00
44. 00	04400 PHYSI CAL THERAPY	0	346, 232	1			44.00
45. 00	04500 OCCUPATI ONAL THERAPY	0	310, 957	1			45. 00
46. 00 47. 00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0	180, 350 0	1			46. 00 47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38, 459	1			48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	347, 332				49. 00
50. 00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	1			50.00
51. 00	05100 SUPPORT SURFACES	0	54, 045				51. 00
	OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLI NI C	0	1	•			60.00
61.00	06100 RURAL HEALTH CLINIC	0	0)			61.00
62. 00	O6200 FOHC OTHER REIMBURSABLE COST CENTERS						62. 00
70. 00	07000 HOME HEALTH AGENCY COST	0	0				70. 00
71. 00	07100 AMBULANCE	0	l	•			71. 00
73.00	07300 CMHC	0	0				73. 00
	SPECIAL PURPOSE COST CENTERS						
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES	0		1			80.00
	08100 I NTEREST EXPENSE	0	0				81.00
82.00	08200 UTILIZATION REVIEW - SNF 08300 HOSPICE	0	0				82. 00 83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	22, 745, 935		1			89. 00
57.00	NONREI MBURSABLE COST CENTERS		, 23,000,040	1			7
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0				90.00
	09100 BARBER AND BEAUTY SHOP	0	765	1			91. 00
92.00	09200 PHYSI CI ANS PRI VATE OFFI CES	0	0				92.00
	09300 NONPAI D WORKERS	0	0	1			93. 00
	09400 PATI ENTS LAUNDRY 09500 NON-REI MBURSABLE GERO-PSYCH GRANT	0	0 2, 550	1			94. 00 95. 00
100.00		22, 745, 935	l ·				100.00
100.00	1.01112	1 22, 170, 700	1 55, 571, 700	T.			1100.00

Health Financial Systems PREAKNESS HEALTHCARE CENTER				In Lieu of Form CMS-2540-10			
RECLASSI FI CATI ONS		Provi der		Peri od: From 01/01/2022	Worksheet A-6		
				To 12/31/2022	Date/Time Pre 5/26/2023 1: 2		
	Increases						
	Cost Center		Li ne #	Sal ary	Non Salary		
	2.00		3. 00	4. 00	5. 00		
(1) A - DEFAULT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		48.0	0 0	38, 459	1. 00	
TOTALS							
100. 00	Total Reclassificati	ons (Sum		0	38, 459	100. 00	
	of columns 4 and 5 m						
	equal sum of columns 9)	ο and					

⁽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.

Health Financial Systems	PREAKNESS HEALTHCAR	E CENTER		In Lieu of Form CMS-2540-10		
RECLASSI FI CATI ONS		Provi der	No.: 315361	Peri od:	Worksheet A-6	
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/26/2023 1:2	
	Decreases					
	Cost Cente	r	Li ne #	Sal ary	Non Salary	
	6. 00		7. 00	8. 00	9. 00	
(1) A - DEFAULT						
1. 00	CENTRAL SERVICES &	SUPPLY	10.	00	38, 459	1.00
TOTALS						
100. 00				0	38, 459	100. 00

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

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10 | Peri od: | Worksheet A-7 | From 01/01/2022 | To 12/31/2022 | Date/Ti me Prepared: Provi der No.: 315361

				10	5 12/31/2022	2 Date/lime Prep 5/26/2023 1:24	
			Acqui si ti ons			3/20/2023 1. 2	4 piii
	Description	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
	P. C.	Bal ances				Retirements	
		1.00	2.00	3. 00	4. 00	5. 00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	C	0	1. 00
2.00	Land Improvements	0	0	0	C	0	2. 00
3.00	Buildings and Fixtures	104, 585, 569	0	0	C	0	3. 00
4.00	Building Improvements	0	0	0	C	0	4. 00
5.00	Fixed Equipment	0	0	0	C	0	5. 00
6.00	Movable Equipment	0	0	0	C	0	6. 00
7.00	Subtotal (sum of lines 1-6)	104, 585, 569	0	0	C	0	7. 00
8.00	Reconciling Items	0	0	0	C	0	8. 00
9. 00	Total (line 7 minus line 8)	104, 585, 569	0	0	C	0	9. 00
	Description	Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
	1	6.00	7. 00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCE	5	_				
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	Fi xed 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

Provi der No.: 315361

Peri od: Worksheet A-8 From 01/01/2022
To 12/31/2022 Date/Time Prepared:

				10 12/31/2022	5/26/2023 1: 2	
				Expense Classification on Worksheet A		
		To/From Which the Amount is to be Adjuste				
	Description (1)	(2) Basis For	Amount	Cost Center	Li ne No.	
	(.)	Adjustment				
		1.00	2. 00	3.00	4. 00	
1. 00	Investment income on restricted funds	11.00	2.00		0.00	1. 00
1.00	(chapter 2)		· ·		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter		0		0.00	2. 00
2.00	8)		· ·		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	1	0		0.00	4. 00
4.00	(chapter 8)		U	1	0.00	4.00
5. 00	Tel ephone services (pay stations excluded)		Ō		0.00	5. 00
3.00	(chapter 21)		C		0.00	3.00
6. 00	1		0		0.00	6. 00
7. 00	Television and radio service (chapter 21)		0		0.00	7. 00
	Parking lot (chapter 21)	4.0.0	20 520		0.00	
8. 00	Remuneration applicable to provider-based	A-8-2	-20, 529	1		8. 00
0.00	physician adjustment				0.00	0.00
9.00	Home office cost (chapter 21)		0	1	0.00	9. 00
10.00	Sale of scrap, waste, etc. (chapter 23)		0	1	0.00	10.00
11. 00	Nonallowable costs related to certain		0)	0.00	11. 00
40.00	Capital expenditures (chapter 24)					40.00
12. 00	Adjustment resulting from transactions with	A-8-1	O)		12. 00
	related organizations (chapter 10)		_			
13. 00	Laundry and linen service		0	1	0.00	
14. 00	Revenue - Employee meals		0)	0.00	
15. 00	Cost of meals - Guests		0)	0.00	15. 00
16. 00	Sale of medical supplies to other than		0		0.00	16. 00
	patients					
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	Vendi ng machi nes		0		0.00	19. 00
20.00	Income from imposition of interest, finance		0)	0.00	20.00
	or penalty charges (chapter 21)					
21.00	Interest expense on Medicare overpayments		0	ol .	0.00	21. 00
	and borrowings to repay Medicare					
	overpayments					
22.00	Utilization reviewphysicians' compensation		0	UTILIZATION REVIEW - SNF	82.00	22. 00
	(chapter 21)					
23.00	Depreciationbuildings and fixtures	A	2, 751, 764	CAP REL COSTS - BLDGS &	1.00	23. 00
				FI XTURES		
24.00	Depreciationmovable equipment		0	CAP REL COSTS - MOVABLE	2.00	24. 00
				EQUI PMENT		
25. 00	Other adjustment (specify)		0		0.00	25. 00
26. 00	BUILDING INTEREST EXPENSE	A	1 045 749	CAP REL COSTS - BLDGS &	1.00	26. 00
20.00	BOLESTING THIEREST EXILENCE	, ,	., 0 .0, , . ,	FI XTURES		20.00
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		CAP REL COSTS - BLDGS &	1.00	28. 00
20.00	SSS SENTINE SERVICE GOST RELOC	, ,	107, 712	FIXTURES	1.00	20.00
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		PLANT OPERATION, MAINT. &	5.00	30.00
30.00	COUNTY CENTIME SERVICE COST ALLOC	^	5, 024, 041	REPAIRS] 3.00	30.00
100 00	Total (sum of lines 1 through 99) (Transfer		22, 745, 935			100. 00
100.00	to Worksheet A, col. 6, line 100)		22, 140, 700	1		100.00
(1) D-	comintion all chanter references in this co	 	CMC Dub 1E 1	1	I	ı

⁽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.

Health Financial Systems	PREAKNESS HEAL	THCARE CENTER	In Lieu of Form CMS-2540-10			
PROVI DER BASED PHYSI CI AN ADJUSTMENT	Provi der No.: 315361		Peri od:	Worksheet A-8-2		
			From 01/01/2022 To 12/31/2022	Date/Time Prep 5/26/2023 1:24		
	Wkst. A Line	Cost Center/Physician	Total	Professi onal		
	No.	Identifier	Remuneration	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	1	0	0		
100.00			45, 320		100. 00	

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT In Lieu of Form CMS-2540-10 PREAKNESS HEALTHCARE CENTER Provi der No.: 315361 Peri od: Worksheet A-8-2 From 01/01/2022 To 12/31/2022

Date/Time Prepared: 5/26/2023 1:24 pm Physician/ProvUnadjusted RCE 5 Percent of Provi der RCE Amount Component der Component Limit Unadjusted RCE Hours 7.00 Limit 5.00 6.00 8. 00 9. 00 1.00 26, 325 177, 200 177, 200 15, 590 1. 00 183 780 2.00 17, 820 108 9, 201 460 2.00 3.00 0 3.00 0 0 0 0 0 0 0 0 0 4.00 4. 00 0 0 0 0 0 0 0 0 5.00 0 0 5.00 6.00 0 6.00 0 7.00 0 7. 00 0 0 0

44, 145

0

0

0

24, 791

291

0

0

0 10.00

1, 240 100. 00

8.00

9.00

8.00

9.00

10.00

100.00

Health Financial Systems	PREAKNESS HEAL	THCARE CENTER		In Lie	eu of Form CMS-2	2540-10
PROVIDER BASED PHYSICIAN ADJUSTMENT		Provi der		Peri od:	Worksheet A-8	-2
				From 01/01/2022 Fo 12/31/2022		
	Cost of		Physician Cos		Adjusted RCE	
	Memberships &		of Malpractic		Limit	
	Conti nui ng	Share of col.	Insurance	Share of col.		
	Education	12		14		
	12. 00	13. 00	14.00	15. 00	16. 00	
1. 00	0)		0	15, 590	1. 00
2. 00	0)		0	9, 201	2. 00
3. 00	0) (0	0	3. 00
4. 00	0) (0	0	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	0			0	0	10.00
100.00) (0	24, 791	

Heal th Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10
PROVI DER BASED PHYSI CI AN ADJUSTMENT
PROVI DER BASED PHYSI CI AN ADJUSTMENT
Provi der No.: 315361
Peri od:
From 01/01/2022
To 12/31/2022
Date/Ti me Prepared:
5/26/2023 1: 24 pm

				5/26/2023 1: 24	4 pm
	RCE	Adjustment			
	Di sal I owance	,			
	17. 00	18. 00			
1.00	10, 735	11, 910			1.00
2. 00	8, 619	8, 619	1		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

| Peri od: | Worksheet B | From 01/01/2022 | Part | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der No.: 315361

					То	12/31/2022	Date/Time Pre	
			CAPI TAL REL	_ATED COSTS			5/26/2023 1: 2	4 piii
	Cost Center Description	Net Expenses	BLDGS &	MOVABLE		EMPLOYEE	Subtotal	
	cost center bescription	for Cost	FIXTURES	EQUI PMENT		BENEFITS	Subtotal	
		Allocation						
		(from Wkst A col. 7)						
		0	1. 00	2. 00		3. 00	3A	
	GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT	3, 992, 685	3, 992, 685					1. 00
2. 00 3. 00	00300 EMPLOYEE BENEFITS	12, 014, 070	0		0	12, 014, 070		2. 00 3. 00
4. 00	00400 ADMINISTRATIVE & GENERAL	5, 260, 623	280, 246		0	699, 572	6, 240, 441	4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	5, 425, 475	368, 329		0	597, 355	6, 391, 159	5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	900, 352	381, 410		0	40, 635	1, 322, 397	6. 00
7. 00 8. 00	00700 HOUSEKEEPI NG 00800 DI ETARY	2, 690, 391 4, 889, 866	58, 011 597, 886		0	1, 115, 414 1, 594, 005	3, 863, 816 7, 081, 757	7. 00 8. 00
9. 00	00900 NURSING ADMINISTRATION	4, 667, 666	23, 152		0	1, 374, 003	23, 152	9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY	1, 416, 644	0	1	0	o	1, 416, 644	10. 00
11. 00	01100 PHARMACY	38, 459	0		0	0	38, 459	11. 00
12. 00 13. 00	01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE	490 094	0 28, 058		0	207 440	714 512	12. 00 13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	480, 986	28, U58 N		0	207, 469 0	716, 513 0	14. 00
15. 00	01500 PATIENT ACTIVITIES	1, 373, 517	173, 584		0	601, 330	2, 148, 431	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 SKILLED NURSING FACILITY	15, 462, 622	2, 032, 671	ı	0	6, 777, 240	24, 272, 533	30.00
31. 00 32. 00	03100 NURSING FACILITY 03200 CF/IID	0	0		0	0	0	31. 00 32. 00
33. 00	03300 OTHER LONG TERM CARE		0		0	o	0	33. 00
	ANCILLARY SERVICE COST CENTERS	-	-			-,		
40. 00	04000 RADI OLOGY	4, 225	0		0	0	4, 225	40. 00
41. 00 42. 00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	18, 833	0		0	0	18, 833 0	41. 00 42. 00
43. 00	04300 OXYGEN (INHALATION) THERAPY	792, 522	0		0	ol Ol	792, 522	43. 00
44. 00	04400 PHYSI CAL THERAPY	346, 232	25, 285		0	154, 455	525, 972	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	310, 957	20, 901		0	143, 416	475, 274	45. 00
46. 00	04600 SPEECH PATHOLOGY	180, 350	3, 152		0	83, 179 0	266, 681	46. 00
47. 00 48. 00	04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	38, 459	0		0	0	0 38, 459	47. 00 48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	347, 332	Ö		0	Ö	347, 332	49. 00
50. 00	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0	o	0	50. 00
51. 00	05100 SUPPORT SURFACES	54, 045	0		0	0	54, 045	51. 00
60. 00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	0	0		0	ol	0	60. 00
61. 00	06100 RURAL HEALTH CLINIC		0		0	o	0	61. 00
62.00	06200 FQHC							62. 00
70.00	OTHER REIMBURSABLE COST CENTERS		0	I		ام		70.00
70. 00 71. 00	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0	0		0	0	0	70. 00 71. 00
73. 00	07300 CMHC		0		0	o	0	73. 00
	SPECIAL PURPOSE COST CENTERS							
80.00								80.00
81. 00 82. 00	08100 INTEREST EXPENSE 08200 UTI LI ZATI ON REVI EW - SNF							81. 00 82. 00
83. 00		0	0		0	o	0	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	56, 038, 645	3, 992, 685		0	12, 014, 070	56, 038, 645	89. 00
	NONREI MBURSABLE COST CENTERS							
90.00		0	0		0	0	0	90.00
91. 00 92. 00		765 0	0	1	0	0	765 0	91. 00 92. 00
93. 00	09300 NONPAI D WORKERS		0		0	o	0	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0		0	О	0	94. 00
95.00	1	2, 550	0		0	0	2, 550	95. 00
98. 00 99. 00	, ,	0	0		0	0	0	98. 00 99. 00
100.00	1 1 9	56, 041, 960	3, 992, 685		0	12, 014, 070	56, 041, 960	
				•			-	

| Peri od: | Worksheet B | From 01/01/2022 | Part | | To | 12/31/2022 | Date/Time Prepared:

				To	12/31/2022	Date/Time Pre 5/26/2023 1: 2	
	Cost Center Description	ADMI NI STRATI VE	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	4 piii
		& GENERAL	OPERATI ON,	LINEN SERVICE			
			MAINT. &				
		4.00	REPAI RS 5. 00	4.00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS	4.00	5.00	6. 00	7.00	0.00	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT						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				6. 00
7. 00	00700 HOUSEKEEPI NG	484, 159	124, 762		4, 472, 737		7. 00
8.00	00800 DI ETARY	887, 387	1, 285, 844	1	920, 645	10, 175, 633	8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON	2, 901	49, 793	0	35, 651	0	9. 00
10. 00 11. 00	01000 CENTRAL SERVI CES & SUPPLY 01100 PHARMACY	177, 514 4, 819	0		0	0	10. 00 11. 00
12. 00	01200 MEDICAL RECORDS & LIBRARY	4,019	0		0	0	12.00
13. 00	01300 SOCIAL SERVICE	89, 783	60, 342		43, 204	0	13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	07, 703	00, 342	0	43, 204	0	14. 00
15. 00	01500 PATIENT ACTIVITIES	269, 211	373, 318	ő	267, 290	0	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>					
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 CF/ D	0	0	0	0	0	32. 00
33. 00	03300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	33. 00
40. 00	04000 RADI OLOGY	529	0		O	0	40. 00
41. 00	04100 LABORATORY	2, 360	0		0	0	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	Ö	Ö	0	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	99, 308	0	О	0	0	43.00
44.00	04400 PHYSI CAL THERAPY	65, 907	54, 380	0	38, 935	0	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	59, 555	44, 951	1	32, 184	0	45. 00
46. 00	04600 SPEECH PATHOLOGY	33, 417	6, 778	0	4, 853	0	46. 00
47. 00	04700 ELECTROCARDI OLOGY	4 010	0	0	0	0	47. 00
48. 00 49. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	4, 819 43, 523	0		0	0	48. 00 49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	43, 523	0		0	0	50.00
51. 00	05100 SUPPORT SURFACES	6, 772	0	ő	Ö	0	51. 00
	OUTPATIENT SERVICE COST CENTERS	<u> </u>					
60.00	06000 CLI NI C	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
70. 00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	0	0	O	0	70. 00
71.00	07100 AMBULANCE	0	0		0	0	70.00
73. 00	07300 CMHC	0	0		Ö	0	73. 00
	SPECIAL PURPOSE COST CENTERS				-,		
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
81. 00	08100 I NTEREST EXPENSE						81. 00
82. 00							82. 00
83.00	08300 HOSPI CE	4 240 025	7 102 010	2 200 201	4 472 727	10 175 (22	83. 00 89. 00
89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	6, 240, 025	7, 192, 010	2, 308, 381	4, 472, 737	10, 175, 633	89.00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91.00	09100 BARBER AND BEAUTY SHOP	96	0	o	0	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPALD WORKERS	0	0	0	0	0	93.00
94. 00	09400 PATIENTS LAUNDRY	0	0	9	0	0	94.00
95.00	09500 NON-REIMBURSABLE GERO-PSYCH GRANT	320	0	0	0	0	95. 00
98. 00 99. 00	Cross Foot Adjustments Negative Cost Centers		0		0	0	98. 00 99. 00
100.00		6, 240, 441	7, 192, 010	2, 308, 381	4, 472, 737		
. 55. 50	1		.,.,2,310	_,, 555, 561	., ., 2, . 0 1		

			10) 12/31/2022	5/26/2023 1: 2	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCI AL SERVI CE	
	ADMI NI STRATI ON	SERVICES &		RECORDS &		
		SUPPLY		LI BRARY		
	9. 00	10. 00	11. 00	12. 00	13. 00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS - BLDGS & FLXTURES						1. 00
2. 00 00200 CAP REL COSTS - MOVABLE EQUI PMENT						2. 00
3.00 O0300 EMPLOYEE BENEFITS						3. 00
4.00 OO400 ADMINISTRATIVE & GENERAL						4. 00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00 00600 LAUNDRY & LINEN SERVICE						6. 00
7. 00 00700 H0USEKEEPI NG						7. 00
8. 00 00800 DI ETARY						8. 00
9.00 O0900 NURSING ADMINISTRATION	111, 497					9. 00
10. 00 01000 CENTRAL SERVICES & SUPPLY	0	1, 594, 158				10.00
11. 00 01100 PHARMACY	0	0	43, 278			11. 00
12.00 01200 MEDI CAL RECORDS & LI BRARY	0	0	0	0		12. 00
13. 00 01300 SOCI AL SERVI CE	0	0	0	0	909, 842	13. 00
14.00 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14. 00
15. 00 O1500 PATIENT ACTIVITIES	0	0	0	0	0	15. 00
INPATIENT ROUTINE SERVICE COST CENTERS	1			_		
30. 00 03000 SKILLED NURSING FACILITY	111, 497	1, 594, 158	i	0	909, 842	30. 00
31. 00 03100 NURSI NG FACI LI TY	0	0	0	0	0	31. 00
32. 00 03200 I CF/I I D	0	0	0	0	0	32. 00
33.00 O3300 OTHER LONG TERM CARE	0	0	0	0	0	33. 00
ANCILLARY SERVICE COST CENTERS		_		_	_	
40. 00 04000 RADI OLOGY	0	0	0	0	0	40. 00
41. 00 04100 LABORATORY	0	0	0	0	0	41. 00
42. 00 04200 I NTRAVENOUS THERAPY	0	0	0	0	0	42.00
43. 00 04300 0XYGEN (I NHALATI ON) THERAPY	0	0	0	0	0	43.00
44. 00 04400 PHYSI CAL THERAPY	0	0	0	0	0	44.00
45. 00 04500 OCCUPATI ONAL THERAPY	0	0	0	0	0	45. 00
46. 00 04600 SPEECH PATHOLOGY	0	0	0	0	0	46. 00
47. 00 04700 ELECTROCARDI OLOGY	0	0	0	0	0	47. 00
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49. 00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	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	0	51. 00
OUTPATIENT SERVICE COST CENTERS	1					
60. 00 06000 CLI NI C	0	0	0	0	0	60.00
61. 00 06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62. 00 06200 FQHC						62. 00
OTHER REIMBURSABLE COST CENTERS		0	0	0	0	70.00
70.00 O7000 HOME HEALTH AGENCY COST 71.00 O7100 AMBULANCE	0	0		0	0	70.00
l l		0	0	0	0	71.00
73. 00 O7300 CMHC SPECIAL PURPOSE COST CENTERS	J U	U	l o	U	U	73. 00
80. 00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
81. 00 08100 INTEREST EXPENSE						81. 00
82. 00 08200 UTI LI ZATI ON REVI EW - SNF						82. 00
83. 00 08300 HOSPI CE	0	0	0	0	0	83. 00
89.00 SUBTOTALS (sum of lines 1-84)	111, 497	1, 594, 158	-	0		89. 00
NONREI MBURSABLE COST CENTERS	111, 497	1, 394, 136	43, 270	U	909, 642	69.00
90. 00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN		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 NONPALD WORKERS		0	0	0	0	93. 00
94. 00 09400 PATI ENTS LAUNDRY		0	0	0	0	94. 00
95. 00 09500 NON-REI MBURSABLE GERO-PSYCH GRANT		0	0	0	0	95. 00
98.00 Cross Foot Adjustments		0		U		98. 00
99.00 Negative Cost Centers		0	n	O	0	99. 00
100. 00 TOTAL	111, 497	1, 594, 158	43, 278	0		
100.00	1 11, 477	1, 571, 150	10, 270	٥	707,042	. 50. 55

| Peri od: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Da Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der No.: 315361

				7	To 12/31/2022	Date/Time Pre 5/26/2023 1:2	
			OTHER GENERAL			372072023 1.2	Т рііі
			SERVI CE				
	Cost Center Description	NURSI NG AND	PATI ENT	Subtotal	Post Stepdown	Total	
		ALLI ED HEALTH	ACTI VI TI ES		Adjustments		
		EDUCATI ON					
		14. 00	15. 00	16. 00	17. 00	18. 00	
4 00	GENERAL SERVICE COST CENTERS						4 00
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	OO200 CAP REL COSTS - MOVABLE EQUIPMENT OO300 EMPLOYEE BENEFITS						2.00
3. 00 4. 00	00400 ADMINISTRATIVE & GENERAL						3. 00 4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6. 00	00600 LAUNDRY & LINEN SERVICE						6.00
7. 00	00700 HOUSEKEEPI NG						7.00
8. 00	00800 DI ETARY						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
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 SKILLED NURSING FACILITY	0	3, 058, 250				1
31. 00	03100 NURSING FACILITY	0	0		0	l	1
32. 00	03200 CF/ I D	0	0				1
33. 00	03300 OTHER LONG TERM CARE	0	0	(0	0	33. 00
40.00	ANCI LLARY SERVI CE COST CENTERS	1 0	0	4.75		4 754	40.00
40.00	04000 RADI OLOGY	0	0				1
41. 00 42. 00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	0	0	21, 193		21, 193 0	41. 00 42. 00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	0	891, 830		891, 830	1
44. 00	04400 PHYSI CAL THERAPY	0	0	685, 194		685, 194	1
45. 00	04500 OCCUPATI ONAL THERAPY	0	0	611, 964		611, 964	1
46. 00	04600 SPEECH PATHOLOGY	0	Ö	311, 729		311, 729	
47. 00	04700 ELECTROCARDI OLOGY	0	o	(0	1
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	43, 278	0	43, 278	1
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	50.00
51.00	05100 SUPPORT SURFACES	0	0	60, 817	7 0	60, 817	51.00
	OUTPATIENT SERVICE COST CENTERS				_		
60. 00	06000 CLI NI C	0				l .	1
61. 00	06100 RURAL HEALTH CLINIC	0	0	(0	0	
62. 00	06200 FQHC						62. 00
70.00	OTHER REIMBURSABLE COST CENTERS	0	0		0	0	70.00
70. 00 71. 00	07000 HOME HEALTH AGENCY COST	0	0				
71.00	07100 AMBULANCE	0	0		0	l	
73.00	SPECIAL PURPOSE COST CENTERS		U		<u>J</u>	0	73.00
80 00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
	08100 NTEREST EXPENSE						81. 00
82. 00	08200 UTILIZATION REVIEW - SNF						82. 00
83. 00	08300 H0SPI CE	0	0	(0	0	1
89. 00	SUBTOTALS (sum of lines 1-84)	0	3, 058, 250	56, 038, 229		l e	1
	NONREI MBURSABLE COST CENTERS						Ī
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	(0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	0	0	861	0	861	91.00
92.00	09200 PHYSI CI ANS PRI VATE OFFI CES	0	0	(-	0	
93.00	09300 NONPALD WORKERS	0	0	(0	0	1
94.00	09400 PATIENTS LAUNDRY	0	0	(0	0	
95. 00	09500 NON-REIMBURSABLE GERO-PSYCH GRANT		0	2, 870		1	95.00
98. 00 99. 00	Cross Foot Adjustments		0			0	
100.00	Negative Cost Centers TOTAL		3, 058, 250	56, 041, 960	1		
100.00	TIOTAL	1	3,000,250	J 50, 041, 960	را ا	, 50, 041, 900	1100.00

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315361

				To	12/31/2022	Date/Time Pre 5/26/2023 1:2	
			CAPI TAL REI	LATED COSTS		3/20/2023 1.2	4 piii
	Cost Center Description	Directly	BLDGS & FIXTURES	MOVABLE EQUI PMENT	Subtotal	EMPLOYEE	
		Assigned New Capital	FIXIURES	EQUIPMENT		BENEFI TS	
		Related Costs					
		0	1.00	2.00	2A	3. 00	
	GENERAL SERVICE COST CENTERS	1		ı			
1. 00 2. 00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1. 00 2. 00
3. 00	00300 EMPLOYEE BENEFITS	0	0	o	0	0	3.00
4. 00	00400 ADMI NI STRATI VE & GENERAL	0	280, 246	_	280, 246	Ö	4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	368, 329		368, 329	0	5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	0	381, 410	0	381, 410	0	6. 00
7.00	00700 HOUSEKEEPI NG	0	58, 011		58, 011	0	7. 00
8. 00	00800 DI ETARY	0	597, 886		597, 886		8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	23, 152		23, 152		9.00
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY	0	0	0	0	0	10. 00 11. 00
12. 00	01200 MEDI CAL RECORDS & LI BRARY	0	0	0	0	0	12.00
13. 00	01300 SOCIAL SERVICE	0	28, 058	l o	28, 058	_	13. 00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500 PATIENT ACTIVITIES	0	173, 584	0	173, 584	0	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000 SKILLED NURSING FACILITY	0	2, 032, 671		2, 032, 671	0	30. 00
31.00	03100 NURSING FACILITY	0	0		0	0	31.00
32. 00 33. 00	03200 CF/IID 03300 OTHER LONG TERM CARE	0	0	0	0	0 0	32. 00 33. 00
33.00	ANCI LLARY SERVI CE COST CENTERS	ı o	0	l o		0	33.00
40. 00	04000 RADI OLOGY	0	0	O	0	0	40. 00
41. 00	04100 LABORATORY	0	0	Ō	0	0	41. 00
42.00	04200 I NTRAVENOUS THERAPY	0	0	0	0	0	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSI CAL THERAPY	0	25, 285		25, 285		44.00
45. 00	04500 OCCUPATI ONAL THERAPY	0	20, 901		20, 901	0	45. 00
46. 00 47. 00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0	3, 152	0	3, 152 0	0	46. 00 47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	0	o o	0	ő	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	0	51. 00
	OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLI NI C	0	0		0		60.00
61. 00 62. 00	06100 RURAL HEALTH CLINIC 06200 FOHC	0	0	0	0	0	61.00
02.00	OTHER REIMBURSABLE COST CENTERS						62. 00
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71.00	07100 AMBULANCE	0	0		0	0	71.00
73.00	07300 CMHC	0	0	0	0	0	73. 00
	SPECIAL PURPOSE COST CENTERS						
	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
	08100 I NTEREST EXPENSE						81.00
82. 00 83. 00	08200 UTI LI ZATI ON REVI EW - SNF 08300 HOSPI CE		0	0	0	0	82. 00 83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	0	3, 992, 685		3, 992, 685		89. 00
07.00	NONREI MBURSABLE COST CENTERS	J	0, 772, 000	0	0, 772, 000		07.00
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	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAI D WORKERS	0	0	0	0	0	93. 00
94. 00 95. 00	09400 PATIENTS LAUNDRY 09500 NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	۱	Ü		0	0	95. 00 98. 00
99. 00	Negative Cost Centers	1	Ω	n	0	0	•
100.00		0	3, 992, 685	Ö	3, 992, 685		100.00
		,		1		•	•

Period: Worksheet B
From 01/01/2022 Part II
To 1/21/2022 Part III
To 1/21/2022 Part III Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315361

				T			pared:
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT OPERATION, MAINT. &	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	5/26/2023 1: 2 DI ETARY	4 pm
		4.00	REPAI RS 5. 00	6. 00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
1. 00 2. 00 3. 00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS						1. 00 2. 00 3. 00
4. 00 5. 00 6. 00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	280, 246 35, 963 7, 441	404, 292 46, 111				4. 00 5. 00 6. 00
7. 00 8. 00 9. 00	00700 HOUSEKEEPI NG 00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON	21, 742 39, 849 130	7, 013 72, 282 2, 799	2 0	86, 766 17, 859 692	727, 876 0	ı
10. 00 11. 00 12. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY	7, 971 216	0	0 0	0	0	10. 00 11. 00 12. 00
13. 00 14. 00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	4, 032 0	3, 392 0	0	838 0	0	13. 00 14. 00
15. 00	O1500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	12, 089	20, 986	0	5, 185	0	15. 00
30. 00 31. 00 32. 00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID	136, 596 0 0	245, 744 0 0	0	60, 719 0 0	727, 876 0 0	30. 00 31. 00 32. 00
33. 00	03300 OTHER LONG TERM CARE	Ö	0		0	0	33. 00
	ANCILLARY SERVICE COST CENTERS	1 0.1			ا م		
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	24 106	0		0	0	40. 00 41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	Ö	o o	0	0	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	4, 460	0	_	0	0	43. 00
44.00	04400 PHYSI CAL THERAPY	2, 960	3, 057		755	0	44.00
45. 00 46. 00	04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY	2, 674	2, 527		624 94	0	45. 00 46. 00
47. 00	04700 ELECTROCARDI OLOGY	1, 501	381 0		94	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	216	0	o o	0	0	48. 00
49.00	04900 DRUGS CHARGED TO PATIENTS	1, 954	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	304	0	0	0	0	51.00
60. 00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	o	0	0	0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC		0	1	0	0	61. 00
62. 00	06200 FQHC		Ö		J	Ü	62. 00
	OTHER REIMBURSABLE COST CENTERS						
70.00	1	0	0		0	0	
71.00	07100 AMBULANCE	0	0		0	0	71.00
73. 00	O7300 CMHC SPECIAL PURPOSE COST CENTERS	l 0		ıj U	U	0	73. 00
80. 00							80. 00
81.00	08100 INTEREST EXPENSE						81. 00
82. 00	08200 UTILIZATION REVIEW - SNF						82. 00
83. 00	08300 HOSPI CE	0	0	0	0	0	1
89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	280, 228	404, 292	434, 962	86, 766	727, 876	89. 00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	O	0	0	0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	4	0		l l	0	1
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPALD WORKERS	0	0	0	0	0	
94. 00 95. 00	09400 PATIENTS LAUNDRY	0	0	0	0	0	
95. 00 98. 00	O9500 NON-REIMBURSABLE GERO-PSYCH GRANT Cross Foot Adjustments	14	Ü	0		0	95. 00 98. 00
99. 00	Negative Cost Centers	0	O		ol	0	99.00
100.00	1 1 0	280, 246	404, 292	434, 962	86, 766	727, 876	

ALLOCATION OF CAPITAL RELATED COSTS

Provi der No.: 315361

Peri od: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

5/26/2023 1:24 pm Cost Center Description NURSI NG CENTRAL PHARMACY MEDI CAL SOCIAL SERVICE RECORDS & ADMI NI STRATI ON SERVICES & **SUPPLY** LI BRARY 9.00 11.00 13.00 10.00 12.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1.00 1.00 2.00 2.00 3.00 00300 EMPLOYEE BENEFITS 3.00 4.00 00400 ADMINISTRATIVE & GENERAL 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 5.00 6.00 00600 LAUNDRY & LINEN SERVICE 6.00 00700 HOUSEKEEPI NG 7.00 7 00 8.00 00800 DI ETARY 8.00 9.00 00900 NURSING ADMINISTRATION 26,773 9 00 01000 CENTRAL SERVICES & SUPPLY 7.971 10.00 10.00 0 01100 PHARMACY 11.00 0 216 11.00 12.00 01200 MEDICAL RECORDS & LIBRARY 0 0 C 12.00 13.00 01300 SOCIAL SERVICE 0 0 0 36, 320 13.00 01400 NURSING AND ALLIED HEALTH EDUCATION 0 0 0 14.00 14.00 C 0 01500 PATIENT ACTIVITIES 15.00 C 0 0 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 26, 773 7, 971 0 36, 320 30.00 216 31.00 03100 NURSING FACILITY 0 31.00 0 Λ 32.00 03200 | CF/IID 0 C 0 0 0 32.00 03300 OTHER LONG TERM CARE 0 0 0 0 33.00 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 Λ 0 0 Λ 40.00 41.00 04100 LABORATORY 0 0 0 0 0 41.00 04200 I NTRAVENOUS THERAPY 42.00 0000000 0 0 0 0 0 0 0 42.00 43 00 04300 OXYGEN (INHALATION) THERAPY 0 0 43 00 0 04400 PHYSI CAL THERAPY 0 44.00 0 0 44.00 45.00 04500 OCCUPATIONAL THERAPY 0 0 45.00 04600 SPEECH PATHOLOGY 0 46.00 0 0 46.00 04700 ELECTROCARDI OLOGY 0 47.00 47.00 C 0 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 48.00 0 0 04900 DRUGS CHARGED TO PATIENTS 0 49.00 0 0 49.00 05000 DENTAL CARE - TITLE XIX ONLY 50 00 Ω 0 0 50.00 05100 SUPPORT SURFACES 0 51.00 0 51.00 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 0 0 0 60.00 61.00 06100 RURAL HEALTH CLINIC 0 C 0 0 61.00 0 06200 FQHC 62.00 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 70.00 0 0 07100 AMBULANCE 0 71.00 71.00 Ω 0 73.00 07300 CMHC 0 0 73.00 SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 80.00 08100 INTEREST EXPENSE 81.00 81.00 82.00 08200 UTILIZATION REVIEW - SNF 82.00 83.00 08300 H0SPI CE 83.00 SUBTOTALS (sum of lines 1-84)
NONREIMBURSABLE COST CENTERS 36, 320 7.971 89.00 89.00 26,773 216 0 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 0 0 09100 BARBER AND BEAUTY SHOP 0 91.00 0 0 0 0 91.00 0 09200 PHYSICIANS PRIVATE OFFICES 92.00 0 0 0 92.00 93.00 09300 NONPALD WORKERS Ω 0 0 93.00 94.00 09400 PATIENTS LAUNDRY 0 0 0 0 0 94.00 09500 NON-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 95.00 95.00 0 0 98.00 Cross Foot Adjustments 0 r 0 98.00 99.00 Negative Cost Centers 0 0 99.00 0 7, 971 100.00 TOTAL 26, 773 216 36, 320 100. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part II | To | 12/31/2022 | Date/Time | Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315361

					Γ	o 12/31/2022	Date/Time Pre 5/26/2023 1:2	
				OTHER GENERAL			3/20/2023 1.2	4 DIII
				SERVI CE				
		Cost Center Description	NURSING AND ALLIED HEALTH	PATI ENT ACTI VI TI ES	Subtotal	Post Step-Down Adjustments	Total	
			EDUCATI ON	ACTIVITIES		Auj ustilierits		
			14.00	15. 00	16. 00	17. 00	18.00	
1. 00		AL SERVICE COST CENTERS CAP REL COSTS - BLDGS & FIXTURES	1		I	Ι Ι		1. 00
2.00	1 1	CAP REL COSTS - BLDGS & FIXTURES CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3. 00		EMPLOYEE BENEFITS						3. 00
4.00	1 1	ADMINISTRATIVE & GENERAL						4. 00
5. 00 6. 00	1 1	PLANT OPERATION, MAINT. & REPAIRS						5.00
7. 00		LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG						6. 00 7. 00
8. 00		DI ETARY						8. 00
9.00	1 1	NURSING ADMINISTRATION						9. 00
10. 00 11. 00		CENTRAL SERVI CES & SUPPLY PHARMACY						10. 00 11. 00
12. 00		MEDICAL RECORDS & LIBRARY						12.00
13. 00		SOCIAL SERVICE						13. 00
14. 00	1 1	NURSING AND ALLIED HEALTH EDUCATION	0					14. 00
15. 00		PATIENT ACTIVITIES	0	211, 844				15. 00
30. 00		ENT ROUTINE SERVICE COST CENTERS SKILLED NURSING FACILITY	0	211, 844	3, 921, 692	el ol	3, 921, 692	30. 00
31. 00	1 1	NURSING FACILITY	0	0		1	0, 721, 072	31. 00
32. 00	1 1	ICF/IID	0	0	•	1	0	32. 00
33. 00		OTHER LONG TERM CARE	0	0) 0	0	33. 00
40. 00		RADI OLOGY	0	0	24	l ol	24	40. 00
41. 00		LABORATORY	0	0		1	106	
42. 00	1 1	INTRAVENOUS THERAPY	0	0	C	0	0	42. 00
43.00	1 1	OXYGEN (INHALATION) THERAPY	0	0	4, 460	1	4, 460	
44. 00 45. 00	1 1	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	0	0	32, 057 26, 726	1	32, 057 26, 726	44. 00 45. 00
46. 00		SPEECH PATHOLOGY	0	0		1	5, 128	
47. 00		ELECTROCARDI OLOGY	0	0	C		0	47. 00
48. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		1	216	
49. 00 50. 00		DRUGS CHARGED TO PATIENTS DENTAL CARE - TITLE XIX ONLY	0	0	.,	1	1, 954 0	49. 00 50. 00
51. 00		SUPPORT SURFACES	0	0		-	304	51. 00
		TIENT SERVICE COST CENTERS						
60. 00 61. 00		CLINIC RURAL HEALTH CLINIC	0	0			0	60. 00 61. 00
62. 00	06200		0	0		,	U	62.00
02.00		REIMBURSABLE COST CENTERS						02.00
70. 00	1 1	HOME HEALTH AGENCY COST	0	0		1	0	
71. 00 73. 00	07100 07300	AMBULANCE	0	0		1	0	71. 00 73. 00
73.00		AL PURPOSE COST CENTERS		0) U	0	/3.00
80.00		MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81. 00		INTEREST EXPENSE						81.00
82. 00 83. 00	1 1	UTILIZATION REVIEW - SNF HOSPICE	0	0	,	o	0	82. 00 83. 00
89. 00	08300	SUBTOTALS (sum of lines 1-84)	0	211, 844			3, 992, 667	89. 00
	NONREI	MBURSABLE COST CENTERS		,	57	-	5, 112, 551	
90.00		GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0			0	90.00
91. 00 92. 00		BARBER AND BEAUTY SHOP PHYSICIANS PRIVATE OFFICES	0	0	4	0	4	91. 00 92. 00
93. 00		NONPALD WORKERS		0			0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	d	o	0	94. 00
95.00	09500	NON-REI MBURSABLE GERO-PSYCH GRANT	0	0	14		14	
98. 00 99. 00		Cross Foot Adjustments Negative Cost Centers	0	0	1		0	98. 00 99. 00
100.00		TOTAL	0	211, 844		1	3, 992, 685	
	. '		•	•				•

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provi der No.: 315361

				Т	o 12/31/2022	Date/Time Pre 5/26/2023 1:2	
		CAPITAL REL	ATED COSTS			3/20/2023 1.2	4 piii
	Cost Center Description	BLDGS &	MOVABLE		Reconciliation	ADMI NI STRATI VE	
		FIXTURES (SOUME FEET)	EQUIPMENT (\$ VALUE OR SQ	BENEFITS (GROSS		& GENERAL (ACCUM COST)	
		(SQUARE TELT)	FT)	SALARI ES)		(ACCOM COST)	
		1. 00	2. 00	3. 00	4A	4. 00	
	GENERAL SERVICE COST CENTERS			Г	T	Г	
1.00	00100 CAP REL COSTS - BLDGS & FLXTURES	168, 486	0				1. 00 2. 00
2. 00 3. 00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS	0	0	26, 049, 112			3.00
4. 00	00400 ADMINISTRATIVE & GENERAL	11, 826	0	1, 516, 825		49, 801, 519	4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	15, 543	0	1, 295, 196		6, 391, 159	1
6.00	00600 LAUNDRY & LINEN SERVICE	16, 095	0	88, 105		1, 322, 397	6. 00
7. 00	00700 HOUSEKEEPI NG	2, 448	0	2, 418, 462		3, 863, 816	1
8.00	00800 DI ETARY	25, 230	0	3, 456, 153		7, 081, 757	8. 00
9. 00 10. 00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY	977	0	0	0	23, 152 1, 416, 644	1
11. 00	01100 PHARMACY	0	0	0	0	38, 459	1
12. 00	01200 MEDICAL RECORDS & LIBRARY	0	0	Ō	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	-	14. 00
15. 00	O1500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	7, 325	0	1, 303, 816	0	2, 148, 431	15. 00
30. 00	03000 SKILLED NURSING FACILITY	85, 776	0	14, 694, 516	0	24, 272, 533	30.00
31. 00	03100 NURSING FACILITY	05,770	0				31.00
32.00	03200 CF/IID	0	0	0	0	l .	32. 00
33. 00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33. 00
	ANCILLARY SERVICE COST CENTERS	1			1		
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	0	0				
41.00	04200 I NTRAVENOUS THERAPY	0	0			10, 033	42.00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	0	Ö	_	792, 522	1
44.00	04400 PHYSI CAL THERAPY	1, 067	0	334, 893	0	525, 972	1
45.00	04500 OCCUPATI ONAL THERAPY	882	0	310, 957		475, 274	1
46. 00	04600 SPEECH PATHOLOGY	133	0	180, 350		266, 681	46. 00
47. 00 48. 00	04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0		0 38, 459	
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	_	347, 332	1
50. 00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	Ō	0		1
51.00	05100 SUPPORT SURFACES	0	0	0	0	54, 045	51.00
	OUTPATIENT SERVICE COST CENTERS	_		_	_		
60. 00 61. 00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0	0			l	60. 00 61. 00
62. 00	06200 FOHC	0	0		0	0	62.00
02.00	OTHER REIMBURSABLE COST CENTERS						02.00
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71. 00	07100 AMBULANCE	0	0				
73. 00	07300 CMHC	0	0	0	0	0	73. 00
80. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81. 00	08100 I NTEREST EXPENSE						81. 00
82.00	08200 UTILIZATION REVIEW - SNF						82. 00
83. 00	08300 H0SPI CE	0	0		0	0	
89. 00	SUBTOTALS (sum of lines 1-84)	168, 486	0	26, 049, 112	-6, 240, 441	49, 798, 204	89. 00
90. 00	NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
90.00	09100 BARBER AND BEAUTY SHOP	0	0			l	
92. 00	09200 PHYSI CI ANS PRI VATE OFFI CES	0	0	Ö		0	1
93.00	09300 NONPALD 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	1
98. 00 99. 00	Cross Foot Adjustments Negative Cost Centers						98. 00 99. 00
102.00		3, 992, 685	0	12, 014, 070		6, 240, 441	
. 52. 50	Part I)	5, 7,2, 303		.2,011,070		5,210,141	
103.00	Unit cost multiplier (Wkst. B, Part I)	23. 697429	0. 000000	0. 461208		0. 125306	1
104.00	"			0		280, 246	104. 00
105 00	Part II) Unit cost multiplier (Wkst. B, Part			0 000000		0 005437	105.00
105.00				0. 000000		0. 005627	103.00
	1 1	1		1	1	1	1

COST ALLOCATION - STATISTICAL BASIS

Provi der No.: 315361 Per

Peri od: Worksheet B-1 From 01/01/2022 To 12/31/2022 Date/Ti me Prepared:

5/26/2023 1:24 pm Cost Center Description PLANT LAUNDRY & HOUSEKEEPI NG DI ETARY NURSI NG LINEN SERVICE (SQUARE FEET) (PATIENT DAYS) ADMINISTRATION OPERATI ON, MAINT. & (PATIENT DAYS) (PATIENT DAYS) REPAIRS (SQUARE FEET) 9. 00 5.00 6.00 7.00 8.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FLXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1.00 1.00 2.00 2.00 00300 EMPLOYEE BENEFITS 3.00 3.00 00400 ADMINISTRATIVE & GENERAL 4.00 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 141, 117 5.00 00600 LAUNDRY & LINEN SERVICE 16, 095 6.00 96, 205 6.00 7.00 00700 HOUSEKEEPI NG 2,448 122, 574 7.00 8.00 00800 DI ETARY 25, 230 25, 230 96, 205 8.00 96, 205 00900 NURSING ADMINISTRATION 977 977 9 00 C 9 00 10.00 01000 CENTRAL SERVICES & SUPPLY 0 C 0 0 10.00 11.00 01100 PHARMACY 0 0 0 11.00 01200 MEDICAL RECORDS & LIBRARY 12.00 0 0 C 0 0 12.00 01300 SOCIAL SERVICE 0 13 00 Ω 13 00 1, 184 1, 184 0 14.00 01400 NURSING AND ALLIED HEALTH EDUCATION C 0 0 14.00 01500 PATIENT ACTIVITIES 15.00 7, 325 7, 325 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 85,776 96, 205 85, 776 96, 205 96, 205 30.00 03100 NURSING FACILITY 0 31.00 31.00 32.00 03200 | CF/IID 0 0 32.00 0 0 0 03300 OTHER LONG TERM CARE 0 Ω 0 33 00 33.00 0 0 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 0 0 40.00 C 0 41.00 04100 LABORATORY 0 0 0 0 0 41.00 04200 I NTRAVENOUS THERAPY 0 0 42 00 42 00 0 0 43.00 04300 OXYGEN (INHALATION) THERAPY 0 0 0 43.00 04400 PHYSI CAL THERAPY 0 0 44.00 1,067 1,067 0 44.00 04500 OCCUPATIONAL THERAPY 45.00 882 882 0 45.00 04600 SPEECH PATHOLOGY 46.00 133 133 0 46.00 0 47.00 04700 ELECTROCARDI OLOGY 0 47.00 0 C 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 48 00 0 48.00 0 49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 0 49.00 0 05000 DENTAL CARE - TITLE XIX ONLY 50 00 0 r 0 0 0 50.00 51.00 05100 SUPPORT SURFACES 51.00 0 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 60.00 0 0 06100 RURAL HEALTH CLINIC 0 61.00 0 C 0 Ω 61.00 62.00 06200 FQHC 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 70.00 0 Ω \cap 0 Λ 71.00 07100 AMBULANCE 0 C 0 0 0 71.00 73.00 07300 CMHC 0 73.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 81.00 08100 INTEREST EXPENSE 81.00 82.00 08200 UTILIZATION REVIEW - SNF 82.00 08300 H0SPI CE 83 00 Λ 83 00 89.00 SUBTOTALS (sum of lines 1-84) 141, 117 96, 205 122, 574 96, 205 96, 205 89.00 NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 0 0 0 0 91.00 09100 BARBER AND BEAUTY SHOP C 0 0 0 91.00 92.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 0 0 92.00 0 0 93.00 09300 NONPALD WORKERS 0 93.00 0 0 o 94 00 09400 PATIENTS LAUNDRY 0 94 00 Ω 0 09500 NON-REIMBURSABLE GERO-PSYCH GRANT 95.00 0 0 0 95.00 98.00 Cross Foot Adjustments 98.00 99.00 99.00 Negative Cost Centers 111, 497 102. 00 102.00 Cost to be allocated (per Wkst. B, 7, 192, 010 2, 308, 381 4, 472, 737 10, 175, 633 Part I) 103.00 Unit cost multiplier (Wkst. B, Part I) 50. 964873 23. 994397 36.490096 105. 770313 1. 158952 103. 00 86, 766 104.00 Cost to be allocated (per Wkst. B, 404, 292 434, 962 727, 876 26, 773 104. 00 Part II) 0.707866 0. 278291 105. 00 105 00 Unit cost multiplier (Wkst. B, Part 2 864942 4 521200 7 565885 II)

				Т	o 12/31/2022	Date/Time Pre 5/26/2023 1:2	
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		- piii
		SERVICES &	(PATIENT DAYS)	RECORDS &	(DATI ENT DAYE)	ALLI ED HEALTH	
		SUPPLY (PATIENT DAYS)		LIBRARY (TIME SPENT)	(PATIENT DAYS)	EDUCATION (ASSIGNED	
		(TATTENT DATS)		(TIME SIENT)		TI ME)	
		10.00	11.00	12.00	13. 00	14. 00	
1 00	GENERAL SERVICE COST CENTERS	I	T	I			1 00
1. 00 2. 00	OO100 CAP REL COSTS - BLDGS & FIXTURES OO200 CAP REL COSTS - MOVABLE EQUIPMENT						1. 00 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 8. 00	00700 HOUSEKEEPI NG 00800 DI ETARY						7. 00 8. 00
9. 00	00900 NURSI NG ADMI NI STRATI ON						9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY	96, 205					10.00
11.00	01100 PHARMACY	C	96, 205				11. 00
12. 00	01200 MEDI CAL RECORDS & LI BRARY	C	0	0			12.00
13. 00 14. 00	01300 SOCIAL SERVICE		0	0	96, 205 0	0	13. 00 14. 00
	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 PATIENT ACTIVITIES		0		١	0	15. 00
13.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS				<u> </u>	0	13.00
30.00	03000 SKILLED NURSING FACILITY	96, 205	96, 205	0	96, 205	0	30. 00
31. 00	03100 NURSING FACILITY	C	0	0	0	0	31.00
32. 00 33. 00	03200 CF/IID 03300 OTHER LONG TERM CARE	C		0	0	0	32. 00 33. 00
33.00	ANCI LLARY SERVI CE COST CENTERS		0	0	<u> </u>	0	33.00
40.00	04000 RADI OLOGY	C	0	0	0	0	40. 00
41. 00	04100 LABORATORY	C	0	0	0	0	41. 00
42.00	04200 I NTRAVENOUS THERAPY	C	0	0	0	0	42.00
43. 00 44. 00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSI CAL THERAPY		0	0	0	0	43. 00 44. 00
45. 00	04500 OCCUPATI ONAL THERAPY		0		0	0	45. 00
46. 00	04600 SPEECH PATHOLOGY		Ō	0	0	0	46. 00
47. 00	04700 ELECTROCARDI OLOGY	C	0	0	0	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	C	0	0	0	0	48. 00
49. 00 50. 00	04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY		0	0	0	0	49. 00 50. 00
51. 00	05100 SUPPORT SURFACES		0	0	o	0	51.00
	OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLI NI C	C		0		0	60.00
61. 00 62. 00	06100 RURAL HEALTH CLINIC 06200 FOHC	C	0	0	0	0	61. 00 62. 00
02.00	OTHER REIMBURSABLE COST CENTERS						02.00
70. 00	07000 HOME HEALTH AGENCY COST	C	0	0	0	0	70. 00
71. 00	07100 AMBULANCE	C				0	71. 00
73. 00	O7300 CMHC SPECIAL PURPOSE COST CENTERS	C	0	0	0	0	73. 00
80. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
	08100 NTEREST EXPENSE						81. 00
82.00	08200 UTILIZATION REVIEW - SNF						82. 00
83. 00	08300 H0SPI CE	C	0		· ·	0	
89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	96, 205	96, 205	0	96, 205	0	89. 00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN		0	0	0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	C		•		0	91.00
92. 00	09200 PHYSICIANS PRIVATE OFFICES	C	0	0	0	0	92. 00
93. 00	09300 NONPALD WORKERS	C	0	0	0	0	93. 00
94. 00 95. 00	09400 PATIENTS LAUNDRY 09500 NON-REIMBURSABLE GERO-PSYCH GRANT		0	0	0	0	94. 00 95. 00
98. 00	Cross Foot Adjustments		0	0	U	0	98.00
99. 00	Negative Cost Centers						99. 00
102.00		1, 594, 158	43, 278	0	909, 842	0	102. 00
102.00	Part I)	14 570400	0 440053	0.000000	0.457224	0.000000	102 00
103.00 104.00		16. 570428 7, 971	l .		9. 457326 36, 320	0. 000000 0	103.00
154.00	Part II)	,,,,,,			30, 320		
105.00	· · · ·	0. 082854	0. 002245	0. 000000	0. 377527	0. 000000	105. 00
	11)	I	I	I			I

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10

| Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315361

				To 12/31/2022	Date/Time Prepared: 5/26/2023 1:24 pm
			OTHER GENERAL		372072023 1.24 pm
			SERVI CE		
		Cost Center Description	PATI ENT ACTI VI TI ES		
			(PATIENT DAYS)		
			15. 00		
4 00		AL SERVICE COST CENTERS			4.00
1. 00 2. 00		CAP REL COSTS - BLDGS & FIXTURES CAP REL COSTS - MOVABLE EQUIPMENT			1. 00 2. 00
3. 00		EMPLOYEE BENEFITS			3.00
4.00		ADMINISTRATIVE & GENERAL			4. 00
5.00		PLANT OPERATION, MAINT. & REPAIRS			5. 00
6. 00 7. 00	1	LAUNDRY & LINEN SERVICE HOUSEKEEPING			6. 00 7. 00
8. 00		DIETARY			8.00
9. 00		NURSI NG ADMINI STRATI ON			9. 00
10.00		CENTRAL SERVICES & SUPPLY			10.00
11. 00	1	PHARMACY			11.00
12. 00 13. 00	1	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE			12. 00 13. 00
14. 00	1	NURSING AND ALLIED HEALTH EDUCATION			14. 00
15.00	01500	PATIENT ACTIVITIES	96, 205		15. 00
		IENT ROUTINE SERVICE COST CENTERS			
30. 00 31. 00		SKILLED NURSING FACILITY NURSING FACILITY	96, 205 0		30. 00 31. 00
	1	ICF/IID			32.00
		OTHER LONG TERM CARE	o		33.00
		LARY SERVICE COST CENTERS			
40. 00		RADI OLOGY	0		40.00
41. 00 42. 00	1	LABORATORY INTRAVENOUS THERAPY			41. 00 42. 00
43. 00	1	OXYGEN (INHALATION) THERAPY	o		43. 00
	1	PHYSI CAL THERAPY	O		44. 00
45. 00		OCCUPATIONAL THERAPY	0		45. 00
46. 00 47. 00		SPEECH PATHOLOGY ELECTROCARDI OLOGY	0		46. 00 47. 00
		MEDICAL SUPPLIES CHARGED TO PATIENTS			48. 00
49.00	1	DRUGS CHARGED TO PATIENTS	o		49. 00
50.00		DENTAL CARE - TITLE XIX ONLY	0		50.00
51. 00		SUPPORT SURFACES TIENT SERVICE COST CENTERS	0		51. 00
60. 00		CLINIC	O		60.00
61.00	1	RURAL HEALTH CLINIC	O		61. 00
62. 00	06200	I			62. 00
70.00		REIMBURSABLE COST CENTERS HOME HEALTH AGENCY COST	0		70.00
	1	AMBULANCE			71.00
	07300		Ö		73. 00
		AL PURPOSE COST CENTERS			
		MALPRACTICE PREMIUMS & PAID LOSSES INTEREST EXPENSE			80. 00 81. 00
82. 00		UTILIZATION REVIEW - SNF			82.00
83. 00	1	HOSPI CE	o		83. 00
89. 00		SUBTOTALS (sum of lines 1-84)	96, 205		89. 00
90. 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91. 00	1	BARBER AND BEAUTY SHOP			91. 00
92. 00		PHYSICIANS PRIVATE OFFICES	o o		92. 00
93. 00		NONPALD WORKERS	0		93. 00
94. 00 95. 00	1	PATIENTS LAUNDRY	0		94. 00 95. 00
98.00	07500	NON-REIMBURSABLE GERO-PSYCH GRANT Cross Foot Adjustments			98.00
99. 00		Negative Cost Centers			99. 00
102.00)	Cost to be allocated (per Wkst. B,	3, 058, 250		102. 00
102.00		Part I)	21 700000		102.00
103. 00 104. 00		Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B,	31. 788888 211, 844		103. 00 104. 00
		Part II)	211,044		107.00
105.00)	Unit cost multiplier (Wkst. B, Part	2. 202006		105. 00
	1	[11]			1

Health Financial Systems PREAKNESS HEALTHCARE				E CENTER	In Lie	u of Form CMS-2540-10
	RATIO OF COST TO CHARGES FOR A	ANCILLARY AND OUTPATIENT	T COST CENTERS	Provi der No.: 315361	Peri od: From 01/01/2022	Worksheet C Date/Time Prepared:

	T	0 12/31/2022	Date/Time Pre 5/26/2023 1:2	
Cost Center Description	Total (from	Total Charges	Ratio (col. 1	
	Wkst. B, Pt I,		di vi ded by	
	col . 18)		col. 2	
	1.00	2. 00	3. 00	
ANCILLARY SERVICE COST CENTERS				
40. 00 04000 RADI OLOGY	4, 754			1
41. 00 04100 LABORATORY	21, 193	18, 833		•
42. 00 04200 I NTRAVENOUS THERAPY	0	0	0. 000000	•
43.00 O4300 OXYGEN (INHALATION) THERAPY	891, 830		1. 125306	1
44. 00 04400 PHYSI CAL THERAPY	685, 194	346, 232		1
45. 00 04500 OCCUPATI ONAL THERAPY	611, 964	310, 957	1. 968002	1
46. 00 04600 SPEECH PATHOLOGY	311, 729	180, 350		1
47. 00 04700 ELECTROCARDI OLOGY	0	0	0. 000000	47. 00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	43, 278	38, 459	1. 125302	48. 00
49.00 O4900 DRUGS CHARGED TO PATIENTS	390, 855	347, 332	1. 125307	49. 00
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0	0	0. 000000	1
51. 00 05100 SUPPORT SURFACES	60, 817	54, 045	1. 125303	51.00
OUTPATIENT SERVICE COST CENTERS				
60. 00 06000 CLI NI C	0	0	0. 000000	•
61.00 06100 RURAL HEALTH CLINIC				61.00
62. 00 06200 FQHC				62. 00
71. 00 07100 AMBULANCE	0	0	0. 000000	ł
100. 00 Total	3, 021, 614	2, 092, 955		100. 00

Health Financial Systems	PREAKNESS HEAL	THCARE CENTER		In Li∈	eu of Form CMS-:	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Peri od:	Worksheet D	
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/26/2023 1:2	
		Title	XVIII (1)	Skilled Nursing		т рііі
		11 11 0	XVIII (1)	Facility	110	
		Heal th Care Pi	rogram Charges		Program Cost	
			•		_	
	Ratio of Cost	Part A	Part B		Part B (col. 1	
	to Charges			x col. 2)	x col. 3)	
	(Fr. Wkst. C					
	Col umn 3)	0.00				
DART I CALCULATION OF ANOLITIABLE AND OUTDA	1.00	2.00	3. 00	4. 00	5. 00	
PART I - CALCULATION OF ANCILLARY AND OUTPA	ITENI COST					1
ANCI LLARY SERVI CE COST CENTERS 40. 00 04000 RADI OLOGY	1. 125207	375	I	0 422	0	40.00
41. 00 04100 LABORATORY	1. 125312	l .		0 6, 238		
42. 00 04200 NTRAVENOUS THERAPY	0. 000000			0, 230	0	
43. 00 04300 0XYGEN (INHALATION) THERAPY	1. 125306	l .		0 26, 302		
44. 00 O4400 PHYSI CAL THERAPY	1. 979003			0 281, 474	-	1
45. 00 04500 OCCUPATI ONAL THERAPY	1. 968002			0 257, 169		1
46. 00 04600 SPEECH PATHOLOGY	1. 728467			0 49, 953		
47. 00 04700 ELECTROCARDI OLOGY	0. 000000			0 0	0	1
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1. 125302	l .		0 9, 345	l o	
49. 00 04900 DRUGS CHARGED TO PATIENTS	1. 125307			0 131, 151	0	49.00
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	0. 000000			0		50.00
51. 00 05100 SUPPORT SURFACES	1. 125303	918		0 1, 033	0	51.00
OUTPATIENT SERVICE COST CENTERS	_		•		•	1
60. 00 06000 CLI NI C	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	
100.00 Total (Sum of Lines 40 - 71)		456, 865		0 763, 087	0	100. 00
(1) For title V and VIV and	d					

⁽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.

		PREAKNESS HEAL	THCARE CENTER		In Lie	u of Form CMS-2	2540-10
APPORTI	IONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315361	Peri od: From 01/01/2022 To 12/31/2022	Worksheet D Parts II-III Date/Time Pre 5/26/2023 1:2	
			Ti tl	e XVIII	Skilled Nursing Facility	PPS	
	Cost Center Description		·			1. 00	
	PART II - APPORTIONMENT OF VACCINE COST					1.00	
1.00	Drugs charged to patients - ratio of co	st to charges	(From Workshee	t C, column 3	, line 49)	1. 125307	1.00
2.00	Program vaccine charges (From your reco				,	0	2. 00
3.00	Program costs (Line 1 x line 2) (Title	XVIII, PPS pro	viders, transf	er this amoun	t to Worksheet	0	3. 00
	E, Part I, line 18)						
	Cost Center Description	Total Cost	Nursing &	Ratio of	Program Part A		
			Allied Health (From Wkst. B,		Cost (From h Wkst. D Part	& Allied Health Costs	
		18		Costs to Tota		for Pass	
		10		Costs to Tota		Through (Col.	
			,	(Col. 2 / Col		3 x Col . 4)	
				1)			
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART III - CALCULATION OF PASS THROUGH COSTS	FOR NURSING &	ALLI ED HEALTH				
	ANCILLARY SERVICE COST CENTERS				امدا		
	04000 RADI OLOGY	4, 754				0	
	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	21, 193 0	0	0. 00000 0. 00000		0	41. 00 42. 00
	04300 OXYGEN (INHALATION) THERAPY	891, 830	0	0.00000		0	
	04400 PHYSI CAL THERAPY	685, 194	0	0.0000		0	
	04500 OCCUPATI ONAL THERAPY	611, 964	0	0.00000		0	
	04600 SPEECH PATHOLOGY	311, 729	Ö	0.00000		0	
47.00	04700 ELECTROCARDI OLOGY	0	0	0. 00000	00	0	47. 00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	43, 278		0.00000		0	
	04900 DRUGS CHARGED TO PATIENTS	390, 855	0	0. 00000		0	
	05000 DENTAL CARE - TITLE XIX ONLY	0	0			0	
	05100 SUPPORT SURFACES	60, 817				0	
100.00	Total (Sum of lines 40 - 52)	3, 021, 614	0	1	763, 087	0	100.00

	Financial Systems PREAKNESS HEALTHO ATION OF INPATIENT ROUTINE COSTS	Provi der No.: 315361	Peri od:	u of Form CMS-2 Worksheet D-1	
			From 01/01/2022 To 12/31/2022	Parts I-II Date/Time Prep 5/26/2023 1:24	
		Title XVIII	Skilled Nursing	PPS	
			Facility		
				1. 00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS INPATIENT DAYS				-
0	Inpatient days including private room days			96, 205	1
0	Private room days			70, 209	
0	Inpatient days including private room days applicable to the	Program		3, 236	
0	Medically necessary private room days applicable to the Progr			0	4
00	Total general inpatient routine service cost			53, 016, 615	5
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
0	General inpatient routine service charges			35, 197, 300	
0	General inpatient routine service cost/charge ratio (Line 5	divided by line 6)		1. 506269	
0	Enter private room charges from your records	0 4:		0	
0	Average private room per diem charge (Private room charges li 2)	ne 8 divided by private	room days, rrne	0. 00	9
00	Enter semi-private room charges from your records			35, 197, 300	10
00	Average semi-private room per diem charge (Semi-private room	charges line 10, divide	d by	365. 86	
	semi -pri vate room days)	3			
00	Average per diem private room charge differential (Line 9 min			0.00	
00	Average per diem private room cost differential (Line 7 times			0. 00	
00	Private room cost differential adjustment (Line 2 times line	,		0	
00	General inpatient routine service cost net of private room co PROGRAM INPATIENT ROUTINE SERVICE COSTS	st differential (Line 5	minus line 14)	53, 016, 615	1 15
00	Adjusted general inpatient service cost per diem (Line 15 di	vided by line 1)		551. 08	16
00	Program routine service cost (Line 3 times line 16)	,		1, 783, 295	
00	Medically necessary private room cost applicable to program	(line 4 times line 13)		0	18
00	Total program general inpatient routine service cost (Line 1			1, 783, 295	
00	Capital related cost allocated to inpatient routine service c	osts (From Wkst. B, Par	t II column 18,	3, 921, 692	20
00	line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)			40.74	21
00	Per diem capital related costs (Line 20 divided by line 1) Program capital related cost (Line 3 times line 21)			40. 76 131, 899	
00	Inpatient routine service cost (Line 19 minus line 22)			1, 651, 396	
00	Aggregate charges to beneficiaries for excess costs (From pr	ovi der records)		0	
	Total program routine service costs for comparison to the cos		nus line 24)	1, 651, 396	25
00	Enter the per diem limitation (1)				26
	Inpatient routine service cost limitation (Line 3 times the \ensuremath{p}		, , ,		27
00	Reimbursable inpatient routine service costs (Line 22 plus t		line 27)		28
1 : .	(Transfer to Worksheet E, Part II, line 4) (See instructions) nes 26 and 27 are not applicable for title XVIII, but may be u		 		l
LI	les 20 and 27 are not appricable for title XVIII, but may be u	Sed for title valid of t	THE ALA		_
				1. 00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COST	S FOR PPS PASS-THROUGH			
0	Total SNF inpatient days			96, 205	
0	Program inpatient days (see instructions)		VI V	3, 236	
00	Total nursing & allied health costs. (see instructions) (Do no	t complete for titles V	or XIX)	0 022(27	1 ~
00	Nursing & allied health ratio. (line 2 divided by line 1)			0. 033637	4

Health Financial Systems	PREAKNESS HEALTHCAR	E CENTER	In Lieu of Form CMS-2540-10		
CALCULATION OF REIMBURSEMENT SETTLEMEN	T FOR TITLE XVIII	Provi der No.: 315361	From 01/01/2022	Worksheet E Part I Date/Time Prepared: 5/26/2023 1:24 pm	
		Title XVIII	Skilled Nursing	PPS	

		Title XVIII	Skilled Nursing Facility	PPS	<u> </u>
			raciiity		
				1. 00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSI	EMENT			
1.00	Inpatient PPS amount (See Instructions)			2, 615, 885	1. 00
2.00	Nursing and Allied Health Education Activities (pass through page)	yments)		0	2. 00
3.00	Subtotal (Sum of lines 1 and 2)			2, 615, 885	3. 00
4.00	Pri mary payor amounts			0	4. 00
5.00	Coinsurance			328, 316	5. 00
6.00	Allowable bad debts (From your records)			207, 894	6. 00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instru	ctions)		207, 894	7. 00
8.00	Adjusted reimbursable bad debts. (See instructions)			135, 131	8. 00
9.00	Recovery of bad debts - for statistical records only			0	9. 00
10.00	Utilization review			0	10. 00
11. 00	Subtotal (See instructions)			2, 422, 700	11. 00
12.00	Interim payments (See instructions)			2, 261, 041	12. 00
13.00	Tentati ve adjustment			0	13. 00
14.00	OTHER adjustment (See instructions)			0	14. 00
14. 50	Demonstration payment adjustment amount before sequestration			0	14. 50
14. 55	Demonstration payment adjustment amount after sequestration			0	14. 55
14. 75	Sequestration for non-claims based amounts (see instructions)			1, 703	14. 75
14. 99	Sequestration amount (see instructions)			26, 528	
15. 00				133, 428	•
16. 00	Protested amounts (Nonallowable cost report items in accordance			0	16. 00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER (OF COST OR CHARGES -	TITLE XVIII ONLY		
17. 00	Ancillary services Part B			0	17. 00
18. 00	Vaccine cost (From Wkst D, Part II, line 3)			0	18. 00
19. 00	,			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	Pri mary payor amounts			0	22. 00
23. 00	Coi nsurance and deducti bl es			0	23. 00
24. 00	Allowable bad debts (From your records)			0	24. 00
24. 01	Allowable Bad debts for dual eligible beneficiaries (see instru	ctions)		0	24. 01
24. 02	Adjusted reimbursable bad debts (see instructions)			0	24. 02
25. 00				0	25. 00
26. 00	Interim payments (See instructions)			0	26. 00
27. 00	Tentati ve adj ustment			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)	! +L ONC D 45 0		0	29. 00
30.00	Protested amounts (Nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	Section 115.2	0	30. 00

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

PPS

Title XVIII Skilled Nursing

		11 (1	e AVIII	Facility	PPS	
		Inpatien	t Part A		rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2. 00	3. 00	4. 00	
1.00	Total interim payments paid to provider		2, 261, 041		0	1. 00
2.00	Interim payments payable on individual bills, either		0		0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none, enter zero					
3. 00	List separately each retroactive lump sum adjustment					3.00
3.00	amount based on subsequent revision of the interim rate					3.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)]
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER		0		0	
3. 02			0		0	
3. 03 3. 04			0		0	
3. 04			0		0	
3.03	Provider to Program		0			3.00
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	
3.54			0		0	
3. 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50		0		0	3. 99
4. 00	- 3.98) Total interim payments (sum of lines 1, 2, and 3.99)		2, 261, 041		0	4.00
4.00	(Transfer to Wkst. E, Part I line 12 for Part A, and line		2, 201, 041			4.00
	26 for Part B)					
	TO BE COMPLETED BY CONTRACTOR				•	1
5.00	List separately each tentative settlement payment after					5.00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
5. 01	Program to Provider TENTATIVE TO PROVIDER		0		0	5. 0 ⁻
5. 02	TENTATIVE TO PROVIDER		0		0	
5. 03			0			
	Provider to Program					1
5.50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			0		0	5. 51
5.52			0		0	
5. 99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50		0		0	5. 99
	- 5.98)					/ 00
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	PROVI DER TO PROGRAM		0		0	
7. 00	Total Medicare program liability (see instructions)		2, 394, 469		0	
			Contract	or Name	Contractor	
					Number	
0.6-	lu 60		1.	00	2. 00	
8.00	Name of Contractor		mount and data			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.

Health Financial Systems PREAKNESS HEAD
BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column onl y)

Peri od: From 01/01/2022 To 12/31/2022 Provi der No.: 315361

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

		General Fund	Speci fi c	Endowment Fund	5/26/2023 1:2 Plant Fund	4 pm
		1.00	Purpose Fund 2.00	3. 00	4. 00	
	Assets CURRENT ASSETS					
1.00	Cash on hand and in banks	0	C	o	0	1.00
2.00	Temporary investments	0	C	o	0	
3.00	Notes receivable	0	C	0	0	
4.00	Accounts receivable	0	C	0	0	
5. 00 6. 00	Other receivables Less: allowances for uncollectible notes and accounts		C		0	
0.00	recei vabl e			ĺ	O	0.00
7.00	Inventory	0	C	o	0	7. 00
8.00	Prepaid expenses	0	C	0	0	
9.00	Other current assets	0	C	0	0	
10. 00 11. 00	Due from other funds TOTAL CURRENT ASSETS (Sum of Lines 1 - 10)		C	=	0	
11.00	FIXED ASSETS			<u> </u>		1 00
12.00	Land	0	C	0	0	12.00
13.00	Land improvements	0	C	-	0	
14.00	Less: Accumulated depreciation	0	C		0	
15. 00 16. 00	Buildings Less Accumulated depreciation		C		0	
17. 00	Leasehold improvements		C		0	
18.00	Less: Accumulated Amortization	0	C	o	0	
19. 00	Fi xed equipment	0	C	0	0	
20.00	Less: Accumulated depreciation	0	C	0	0	
21. 00 22. 00	Automobiles and trucks	0		0	0	
23. 00	Less: Accumulated depreciation Major movable equipment		(0	
24. 00	Less: Accumulated depreciation	o	C	o o	0	
25. 00	Mi nor equi pment - Depreci abl e	0	C	o	0	25. 00
26. 00	Mi nor equi pment nondepreciable	0	C	0	0	
27. 00	Other fixed assets	0	C	- 1	0	
28. 00	TOTAL FIXED ASSETS (Sum of lines 12 - 27) OTHER ASSETS] 0	C	0	0	28. 00
29. 00	Investments	0		ol ol	0	29. 00
30.00	Deposits on Leases	o	Č	Ó	0	
31.00	Due from owners/officers	0	C	o	0	31.00
32.00	Other assets	1	C	0	0	
33. 00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1 1	C	=	0	
34. 00	TOTAL ASSETS (Sum of lines 11, 28, and 33) Liabilities and Fund Balances		C	0	0	34.00
	CURRENT LIABILITIES					1
35. 00	Accounts payable	0	C	0	0	35.00
36.00	Salaries, wages, and fees payable	0	C	0	0	
37. 00	Payroll taxes payable	0	C	0	0	1
38. 00 39. 00	Notes & Loans payable (Short term) Deferred income	0			0	
40.00	Accel erated payments			ĺ	O	40. 00
41. 00	Due to other funds	O	C	o	0	
42.00	Other current liabilities	0	C	o	0	
43.00	·	0	C	0	0	43.00
44. 00	LONG TERM LIABILITIES		(ا	0	44. 00
45. 00	Mortgage payable Notes payable		(0	
46. 00	Unsecured Loans	o	Č	Ó	0	
47. 00	Loans from owners:	0	C	o	0	
48. 00	Other long term liabilities	0	C	0	0	
49. 00	OTHER (SPECIFY)	0	C	0	0	
50. 00 51. 00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 TOTAL LIABILITIES (Sum of lines 43 and 50)		C	- 1	0	
31.00	CAPITAL ACCOUNTS	ı q		1 Y		31.00
52. 00	General fund balance	1				52.00
53.00	Specific purpose fund		C			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55. 00 56. 00	Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance			0		55.00
57. 00	Plant fund balance - invested in plant				0	
58. 00	Plant fund balance - reserve for plant improvement,				0	
	repl acement, and expansion					
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	1	C	o	0	
	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and	ı 11	C	ıı Ol	0	60.00
60. 00	59)			٦	Ü	

| Peri od: | Worksheet G-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

					To 12/31/202	22 Date/Time Pre 5/26/2023 1:2	
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	2.00	4.00	F 00	
1. 00	Fund balances at beginning of period	1.00	2.00	3.00	4. 00	5. 00	1. 00
2. 00	Net income (loss) (from Wkst. G-3, line 31)		1			٩	2.00
3.00	Total (sum of line 1 and line 2)		1			0	3.00
4.00	Additions (credit adjustments)					٩	4.00
5. 00	radi trono (or our trady do timorito)	0			0	0	
6.00		0			0	0	1
7.00		0			0	0	7. 00
8.00		0			0	0	8. 00
9.00		0			0	0	
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	
14.00		0			0	0	14.00
15. 00 16. 00					0	0 0	15. 00 16. 00
17. 00					0	0	17. 00
18. 00	Total deductions (sum of lines 13 - 17)		0		O		18.00
19. 00	Fund balance at end of period per balance		1				19.00
17.00	sheet (Line 11 - line 18)						17.00
		Endowment Fund	PI ant	Fund			
4 00		6. 00	7. 00	8. 00			4 00
1.00	Fund balances at beginning of period	0			0		1. 00 2. 00
2. 00 3. 00	Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2)				0		3.00
4. 00	Additions (credit adjustments)				O O		4.00
5.00	Additions (credit adjustments)		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	Total deductions (sum of lines 12, 17)		O				17. 00
18. 00 19. 00	Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance				0		18. 00 19. 00
17.00	i · · ·	١			٧		17.00
	sheet (Line 11 - line 18)						

	Financial Systems	PREAKNESS HEALTHCARE	CENTER		In Lie	u of Form CMS-:	<u>2540-10</u>
STATEM	IENT OF PATIENT REVENUES AND OPERATING EXPENSI	ES	Provi der			Worksheet G-2 Parts I-II Date/Time Pre 5/26/2023 1:2	pared:
	Cost Center Description			Inpati ent	Outpati ent	Total	
	DADT I DATI ENT DEVENUES			1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES						
1 00	General Inpatient Routine Care Services SKILLED NURSING FACILITY			34, 248, 14	ما	24 240 142	1.00
1. 00 2. 00	NURSING FACILITY			34, 248, 14	2	34, 248, 142	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 o	of Linos 1 4)		34, 248, 14	2	34, 248, 142	5.00
5.00	All Other Care Services	or rifles (- 4)		34, 240, 14	<u> </u>	34, 240, 142	3.00
6. 00	ANCI LLARY SERVICES				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	Ö	9. 00
10. 00	RURAL HEALTH CLINIC				0	ő	10.00
10. 10	FOHC				0	Ö	10. 10
11. 00	CMHC				0	0	11. 00
12. 00	HOSPI CE				0 0	Ö	12. 00
13. 00	OTHER (SPECIFY)				o o	Ō	13. 00
14. 00	Total Patient Revenues (Sum of lines 5 - 13)	(Transfer column 3	to	34, 248, 14	2 0	34, 248, 142	14. 00
	Worksheet G-3, Line 1)						
	Cost Center Description						
	<u> </u>				1. 00	2. 00	
	PART II - OPERATING EXPENSES						
1.00	Operating Expenses (Per Worksheet A, Col. 3,	Li ne 100)				33, 296, 025	1. 00
2.00	Add (Specify)				0		2. 00
3.00	COUNTY-WI DE CENTRAL SERVI CE				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	7				0		7. 00

9. 00 10. 00

12.00

13. 00 24, 631 14. 00

62, 185, 634 15. 00

Total Additions (Sum of lines 2 - 7)

9.00 Deduct (Specify)
10.00 CREDIT ADJ FOR MENTAL HLTH-INDIGENT
11.00 PHYSICIAN RCE DISALLOWANCE

14.00 Total Deductions (Sum of lines 9 - 13)

15.00 Total Operating Expenses (Sum of lines 1 and 8, minus line 14)

8.00

12.00

13.00

Heal th	Financial Systems PREAKNESS HEALTHCA	RE CENTER	In Lie	u of Form CMS-2	2540-10
	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der No.: 315361	Peri od: From 01/01/2022	Worksheet G-3	
			To 12/31/2022	Date/Time Prep 5/26/2023 1:2	
				1. 00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 1	14)		34, 248, 142	1.00
2.00	Less: contractual allowances and discounts on patients accounts	5		0	2.00
3.00	Net patient revenues (Line 1 minus line 2)			34, 248, 142	3.00
4.00				62, 185, 634	4.00
5.00	Net income from service to patients (Line 3 minus 4)	•		-27, 937, 492	5.00
	Other income:		·		

		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
	Other income:		
6.00	Contributions, donations, bequests, etc	0	6. 00
7.00	Income from investments	0	7. 00
8.00	Revenues from communications (Telephone and Internet service)	0	8. 00
9.00	Revenue from television and radio service	0	9. 00
10.00	Purchase discounts	0	10.00
11. 00	Rebates and refunds of expenses	0	11. 00
12.00	Parking lot receipts	0	12. 00
13.00	Revenue from Laundry and Linen service	0	13. 00
14.00	Revenue from meals sold to employees and guests	0	14. 00
15.00	Revenue from rental of living quarters	0	15. 00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16. 00
17. 00	Revenue from sale of drugs to other than patients	0	17. 00
18.00	Revenue from sale of medical records and abstracts	0	18. 00
19. 00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19. 00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20. 00
21.00	Rental of vending machines	0	21. 00
22. 00	Rental of skilled nursing space	0	22. 00
23.00	Governmental appropriations	27, 937, 493	23. 00
24.00	Other miscellaneous revenue (specify)	0	24. 00
24. 50	COVI D-19 PHE Fundi ng	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)

Health Financia		ESS HEALTHCAR			u of Form CMS-2540-10
This report is	t in all interim	FORM APPROVED			
payments made :	since the beginning of the cost reporting p	eriod being d	leemed overpayments (42	! USC 1395g).	OMB NO. 0938-0463
, ,					Expires: 12/31/2021
SKILLED NURSING	G FACILITY AND SKILLED NURSING FACILITY HEA	LTH CARE	Provider CCN: 315361	Period:	Worksheet S
COMPLEX COST RI	EPORT CERTIFICATION AND SETTLEMENT SUMMARY			From 01/01/2022	
				To 12/31/2022	Date/Time Prepared: 5/30/2023 3:17 pm
DART T COCT I	PPANT CTATIC		<u> </u>	L	1 3/30/2023 3.17 piii
PART I - COST I			··············	r r (20 (20	33
Provider	 [X] Electronically prepared cost rep 	oort		Date: 5/30/20	23 Time: 3:17 pm
use only	2. []Manually prepared cost report				
	3. [0] If this is an amended report ent	ter the numbe	r of times the provide	r resubmitted thi	s cost report
	3.01 [] No Medicare Utilization. Enter '	'Y" for yes o	r leave blank for no.		
Contractor	4.[1]Cost Report Status	6.Contractor	` No.		
use only	(1) As Submitted	7.[N] Firs	t Cost Report for this	Provider CCN	
	(2) Settled without audit		Cost Report for this		
	(3) Settled with audit	9.NPR Date:	·		
	(4) Reopened		ine 4, column 1 is "4"	 • Enter number of	times rennemed
	(5) Amended			A	c.mas . aspened
	1	LLL.Contracto	r Vendor Code	4	

12.[F] Medicare Utilization. Enter "F" for full, "L" for low, or "N"

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

5.Date Received:

MISREPRESENTATION OF 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.

for no utilization.

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 2		ELECTRONIC SIGNATURE STATEMENT		
Bucindo Condo, LNNA		statement. I co signature on th	i agree with the above ertify that I intend my his certification be th lent of my original sig	/ electronic ne legally	1
2 Signatory Printed Name Lucinda Worrado, LNH	A	4754,554		10.00	2
3 Signatory Title Exec Director			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14 to 12 to 1	3
4 Date 5/30 2 3		1.		11.2	4

Encryption Information

ECR: Date: 5/30/2023 Time: 3:17 pm
LXPPTVJTAOSMOKFGGGSTLpSkhZm:80
VUbOWOFVrTpOxjsMilhBnWJRyrNo7f
KVYlOoxURrOPIF:Y

14			Title	XVIII	7	
	실험하는 사람들은 사람들이 되는 것이 없는 것이 없다면 하는 것이 없다.	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
	PART III - SETTLEMENT SUMMARY]
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		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0	i l	0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	133,428		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).

OMB NO. 0938-0463 Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provi der CCN: 315361	From 01/01/2022	Worksheet S Parts I, II & III
		10 12/31/2022	Date/Time Prepared: 5/30/2023 3:17 pm

			5/30	/2023 3:	i / piii
REPORT STATUS					
1. [X] Electronically prepared cost rep	oort		Date: 5/30/2023	Time:	3: 17 pr
2. [] Manually prepared cost report					
3. [0] If this is an amended report ent	ter the numbe	r of times the provide	r resubmitted this cos	t report	t
3.01 [] No Medicare Utilization. Enter "	'Y" for yes o	r Leave blank for no.			
4. [1] Cost Report Status	6. Contractor	No	<u> </u>		
(1) As Submitted	7.[N] Firs	t Cost Report for this	Provider CCN		
(2) Settled without audit	8.[N] Last	Cost Report for this	Provider CCN		
	9. NPR Date:	·			
. , ,	10.[0] f	ine 4, column 1 is "4"	 : Enter number of time	s reoper	ned
(5) Amended	11.Contracto	r Vendor Code	4	•	
5. Date Received:	12.[F] Medi	care Utilization. Ente		or low,	or "N"
	1. [X] Electronically prepared cost report 2. [] Manually prepared cost report 3. [0] If this is an amended report end 3.01 [] No Medicare Utilization. Enter ' 4. [1] Cost Report Status	1. [X] Electronically prepared cost report 2. [] Manually prepared cost report 3. [0] If this is an amended report enter the number 3.01 [] No Medicare Utilization. Enter "Y" for yes or 4. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled without audit (4) Reopened (5) Amended (5) Date Received: [12. [F] Medi	1. [X] Electronically prepared cost report 2. [] Manually prepared cost report 3. [0] If this is an amended report enter the number of times the provide 3.01 [] No Medicare Utilization. Enter "Y" for yes or leave blank for no. 4. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled without audit (4) Reopened (5) Amended (6) Amended (7) If I in eq, column 1 is "4" (8) In I contractor Vendor Code	REPORT STATUS 1. [X] Electronically prepared cost report 2. [] Manually prepared cost report 3. [0] If this is an amended report enter the number of times the provider resubmitted this cos 3.01 [] No Medicare Utilization. Enter "Y" for yes or leave blank for no. 4. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: 12. [F] Medicare Utilization. Enter "F" for full, "L" for	1. [X] Electronically prepared cost report 2. [] Manually prepared cost report 3. [0] 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. 4. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled without audit (4) Reopened (5) Amended 5. Date Received: Date: 5/30/2023 Time: Date: 5/30/2023 Time: Obtained: 5/30/2023 Tim

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	ELECTRONI C	
	1	2	SI GNATURE STATEMENT	
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	Si gnatory Ti tle			3
4	Date			4

			Title	XVIII		
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1. 00	2.00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
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		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.

Health Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provi der No.: 315361 Peri od: Worksheet S-2 From 01/01/2022 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2022 5/30/2023 3:17 pm 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 Zi p Code: 07470 2.00 3.00 County: PASSAIC CBSA Code: 35614 Urban/Rural: U 3.00 CBSA Code: 3.01 3.01 Component Name Provi der Date Payment System (P, CCN Certi fi ed 0, or N) XVIII XIX 4. 00 5. 00 6. 00 1.00 2.00 3. 00 SNF and SNF-Based Component Identification: 4.00 SNF PREAKNESS HEALTHCARE 315361 01/01/1998 N Р Ν 4.00 CENTER 5.00 Nursing Facility PREAKNESS-PATHWAYS 315361 01/01/1998 N 5 00 ICF/IID 6.00 6.00 7.00 SNF-Based HHA 7.00 8.00 SNF-Based RHC 8.00 SNF-Based FQHC 9.00 9.00 10.00 SNF-Based CMHC 10.00 11.00 SNF-Based OLTC 11.00 12.00 SNF-Based HOSPICE 12.00 13.00 SNF-Based CORF 13.00 From: To 1.00 2.00 14.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 12/31/2022 14. 00 15.00 Type of Control (See Instructions) 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 N 16.00 section 483.5? Is this a composite distinct part skilled nursing facility that meets the requirements set forth in Ν 17.00 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related N 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 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 If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare 19.01 N 19.01 utilization cost report, indicate with a "Y", for yes, or "N" for no. 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 21.00 Sum of the Year's Digits 22.00 22.00 Sum of line 20 through 22 23.00 2, 846, 844 23 00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) 25.00 Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26.00 26.00 N (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report N 27.00 applies? (Y/N) 28.00 28.00 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N) 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 29.00 30.00 Nursing Facility 30.00 Ν 31.00 | ICF/IID 31.00 32.00 SNF-Based HHA Ν Ν 32.00 SNF-Based RHC 33.00 33.00 34.00 SNF-Based FQHC 34 00 35.00 SNF-Based CMHC Ν 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 Ν 37.00 regardless of the level of care given for Titles V & XIX patients? (Y/N) Are you legally-required to carry mal practice insurance? (Y/N) Ν 38 00 39.00 Is the malpractice a "claims-made" or "occurrence" policy? If the policy is 39.00 "claims-made" enter 1. If the policy is "occurrence", enter 2 Premi ums Pai d Losses Self Insurance 3.00 1.00 2.00 41.00 List malpractice premiums and paid losses: 41.00 0 0 0

Health Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu						2540-10	
	D NURSING FACILITY AND SKILLED NURSING	FACILITY HEALTH CARE	Provi der No.: 315		Worksheet S-2		
COMPLE	X INDENTIFICATION DATA			From 01/01/2022 To 12/31/2022	Part I Date/Time Pre		
					5/30/2023 3:1	7 pm	
					Y/N		
					1.00		
42. 00	Are malpractice premiums and paid losse	es reported in other than	the Administrativ	e and General cost	N	42. 00	
	center? Enter Y or N. If yes, check box	k, and submit supporting s	schedule listing c	cost centers and			
	amounts.						
43.00	Are there any home office costs as defi	ned in CMS Pub. 15-1, Cha	apter 10?		N	43.00	
44.00	If line 43 is yes, enter the home office	ce chain number and enter	the name and addre	ress of the home		44.00	
	office on lines 45, 46 and 47.						
	1.00	2.00		3. 00			
	If this facility is part of a chain or	ganization, enter the name	e and address of t	the home office on the	lines		
	bel ow.						
45.00	Name:	Contractor's Name:	Con-	ntractor's Number:		45. 00	
46.00	Street:	PO Box:				46. 00	
47.00	Ci ty:	State:	Zi p	Code:		47. 00	

Heal th	Financial Systems	PREAKNESS HEALTHCAF	RE CENTER		In Li€	eu of Form CMS-	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	TY HEALTH CARE	Provi der		Period: From 01/01/2022 To 12/31/2022		
					Y/N	5/30/2023 3:1 Date	17 pm
	General Instruction: For all column 1 respons	ses enter in column	1 "Y" fo	r Yes or "N"	1.00	2.00	
	responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites		.,	. 195 6			
1.00	Provider Organization and Operation Has the provider changed ownership immediatel				N		1.00
	reporting period? If column 1 is "Y", enter instructions)	the date of the cha	nge in col	umn 2. (see			
	,			Y/N	Date	V/I	
2. 00	Has the provider terminated participation in	the Medicare Progr	am? If	1.00 N	2. 00	3. 00	2. 00
	column 1 is yes, enter in column 2 the date of 3, "V" for voluntary or "I" for involuntary.	of termination and	in column				
3.00	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related officers, medical staff, management personnel of directors through ownership, control, or trelationships? (see instructions)	, chain home offic d to the provider o , or members of th	es, drug r its e board	N			3.00
	(Y/N	Туре	Date	
	Financial Data and Reports			1.00	2. 00	3. 00	
4.00	Column 1: Were the financial statements preparacountant? (Y/N) Column 2: If yes, enter "A"			N			4. 00
	Compiled, or "R" for Reviewed. Submit complet	te copy or enter da	te				
5. 00	available in column 3. (see instructions) If Are the cost report total expenses and total those on the filed financial statements? If of	revenues different	from	N			5. 00
	reconciliation.				Y/N	Legal Oper.	
	In				1. 00	2. 00	
6. 00	Approved Educational Activities Column 1: Were costs claimed for Nursing Scho	ool? (Y/N) Column 2	: Is the	provider the	N	N	6. 00
7. 00	legal operator of the program? (Y/N) Were costs claimed for Allied Health Programs	s? (V/N) see instru	ctions		N		7.00
8. 00	Were approvals and/or renewals obtained during School and/or Allied Health Program? (Y/N) se	ng the cost reporti		for Nursing	N		8. 00
						Y/N 1. 00	
	Bad Debts						
9. 00 10. 00	Is the provider seeking reimbursement for bac If line 9 is "Y", did the provider's bad debi period? If "Y", submit copy.				t reporting	Y N	9.00
11. 00	If line 9 is "Y", are patient deductibles and	d/or coinsurance wa	ived? If "	Y", see instr	ucti ons.	N	11. 00
12. 00	Bed Complement Have total beds available changed from prior	cost reporting per	iod? If "Y	", see instru	ctions.	N	12. 00
		Descriptio	nn.	Y/N	rt A Date	Part B Y/N	
		0	711	1.00	2. 00	3. 00	
13. 00	PS&R Data 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			Y	02/19/2021	Y	13. 00
14. 00	4. (see Instructions.) 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"			N		N	14. 00
	enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.						
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

Health Financial Systems PREAKNESS HEALT			THCARE CENTER		In Lie	u of Form CMS-:	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILITY	Y HEALTH CARE	Provi der		Period: From 01/01/2022	Worksheet S-2 Part II	
COMPLE	X REIMBURSEMENT QUESTIONNAIRE				To 12/31/2022	Date/Time Pre 5/30/2023 3:1	
]
			1.	00	2. (00	
	Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the title,	/posi ti on	JOSEPH		PI NO		19. 00
	held by the cost report preparer in columns 1,	, 2, and 3,					
	respecti vel y.						
20.00	Enter the employer/company name of the cost re	eport	PINO CONSULTIN	G GROUP INC			20. 00
	preparer.						
21.00	Enter the telephone number and email address of	of the cost	6094487135		JMP@PI NOCONSULT	TING. COM	21. 00
	report preparer in columns 1 and 2, respective	el y.					

Health Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provi der No.: 315361 Worksheet S-2 Peri od:

From 01/01/2022 To 12/31/2022 Part II Date/Time Prepared: 5/30/2023 3:17 pm COMPLEX REIMBURSEMENT QUESTIONNAIRE Part B Date 4.00 PS&R Data

13.00 Was the cost report prepared using the PS&R | 02/19/2021 13 00

13. 00	Was the cost report prepared using the PS&R	02/19/2021			13.00
	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.)				
14. 00	3				14. 00
	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.				
15. 00					15. 00
	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",				
47.00	see Instructions.				4, 00
16. 00					16. 00
	adjustments made to PS&R data for				
	corrections of other PS&R Report				
17 00	information? If yes, see instructions.				17 00
17. 00					17. 00
	adjustments made to PS&R data for Other?				
18. 00	Describe the other adjustments: Was the cost report prepared only using the		+		18. 00
16.00	provider's records? If "Y" see Instructions.				10.00
	provider s records: it if see Histractions.				
			3.00	-	
	Cost Report Preparer Contact Information		3.00		
	- Cost Report Freparer Contact Fill of Matron				

19.00 Enter the first name, last name and the title/position CONSULTANT 19.00 held by the cost report preparer in columns 1, 2, and 3, respecti vel y. 20.00 Enter the employer/company name of the cost report 20.00 preparer. 21.00 Enter the telephone number and email address of the cost 21.00 report preparer in columns 1 and 2, respectively.

In Lieu of Form CMS-2540-10 PREAKNESS HEALTHCARE CENTER Peri od: Worksheet S-3 From 01/01/2022 Part I To 12/31/2022 Date/Time Prepared: 5/30/2033 3: 17 pm

Health Financial Systems PREAKNESS HEALT SKILLED NURSING FACILITY HEALTH CARE Provi der No.: 315361 COMPLEX STATISTICAL DATA

		_			12/31/2022	5/30/2023 3: 17		
				I npa		atient Days/Visits		
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX		
		1.00	2. 00	3.00	4. 00	5. 00		
1.00	SKILLED NURSING FACILITY	406	148, 190		3, 236	86, 338	1. 00	
2.00	NURSING FACILITY	0	0	1		0	2.00	
3.00	I CF/IID	0	0		0	0	3.00	
4. 00 5. 00	HOME HEALTH AGENCY COST Other Long Term Care	0	0	٥	U	U	4. 00 5. 00	
6. 00	SNF-Based CMHC						6. 00	
7. 00	HOSPI CE	0	0	0	0	o	7. 00	
8.00	Total (Sum of lines 1-7)	406			3, 236	86, 338	8. 00	
		Inpatient Days/Visits		Di scharges				
	Component	Other	Total	Title V	Title XVIII	Title XIX		
	35parisire	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	2.00	
3.00	ICF/IID	0	0			0	3.00	
4.00	HOME HEALTH AGENCY COST	0	0				4. 00	
5.00	Other Long Term Care	0	0				5. 00	
6. 00 7. 00	SNF-Based CMHC HOSPICE	0	_	0	0	0	6. 00 7. 00	
8. 00	Total (Sum of lines 1-7)	6, 631	96, 205		90	241	8. 00	
0.00	Total (Sain of Titles 1 7)	Di sch			age Length of		0. 00	
		0.11				TI II WAY		
	Component	0ther 11.00	Total 12. 00	Title V 13.00	Title XVIII 14.00	Title XIX 15.00		
1. 00	SKILLED NURSING FACILITY	34	365		35. 96		1. 00	
2. 00	NURSING FACILITY	0	0		00.70	0.00	2. 00	
3.00	ICF/IID	0	0			0.00	3.00	
4.00	HOME HEALTH AGENCY COST						4. 00	
5.00	Other Long Term Care	0	0				5.00	
6. 00	SNF-Based CMHC	_	_				6. 00	
7.00	HOSPICE	34	0 365		0. 00 35. 96		7. 00 8. 00	
8.00 Total (Sum of lines 1-7)		Average Length		365 0.00 35.76 358.2 Admi ssi ons			8.00	
		of Stay						
	Component	Total	Title V	Title XVIII	Title XIX	Other		
1 00	SKILLED NURSING FACILITY	16.00	17. 00 0	18. 00 182	19. 00	20.00	1. 00	
1. 00 2. 00	NURSING FACILITY	263. 58 0. 00	0		138 0		2. 00	
3. 00	ICF/IID	0.00	·		0		3. 00	
4. 00	HOME HEALTH AGENCY COST	0.00			ŭ		4. 00	
5.00	Other Long Term Care	0.00	•			0	5. 00	
6.00	SNF-Based CMHC						6.00	
7.00	HOSPI CE	0.00		_	0		7. 00	
8. 00	Total (Sum of lines 1-7)	263. 58 Admi ssi ons	Full Time	182 Equi val ent	138	29	8. 00	
	Component	Total	Employees on	Nonpai d Workers				
		21. 00	Payrol I 22. 00	23.00				
1. 00	SKILLED NURSING FACILITY	349	520. 45				1. 00	
2.00	NURSING FACILITY	0	0. 00				2. 00	
3.00	ICF/IID	0	0.00				3.00	
4.00	HOME HEALTH AGENCY COST		0. 00				4. 00	
5.00	Other Long Term Care	0					5. 00	
6.00	SNF-Based CMHC HOSPI CE	_	0.00				6. 00 7. 00	
7. 00 8. 00	Total (Sum of lines 1-7)	349					7. 00 8. 00	
5. 55	1.2.2. (54 5. 1.1.65 1 7)	1 347	020. 40	0.00			5. 55	

					o 12/31/2022	Date/Time Prep 5/30/2023 3:1	
		Amount	Reclass. of	Adj usted	Pai d Hours	Average Hourly	, piii
		Reported		Salaries (col.		Wage (col. 3 ÷	
			Worksheet A-6		Salary in col.	col . 4)	
				,	3	,	
		1.00	2. 00	3.00	4. 00	5. 00	
	PART II - DIRECT SALARIES						
	SALARI ES						
1.00	Total salaries (See Instructions)	26, 049, 112	0	26, 049, 112			1.00
2.00	Physician salaries-Part A	0	0	C	0.00		2.00
3.00	Physician salaries-Part B	0	0	C	0.00	0. 00	3.00
4.00	Home office personnel	0	0	C	0.00		4.00
5.00	Sum of lines 2 through 4	0	0	C	0.00		5.00
6.00	Revised wages (line 1 minus line 5)	26, 049, 112	0	26, 049, 112		24. 06	6.00
7.00	Other Long Term Care	0	920, 880	920, 880	37, 635. 70	24. 47	7.00
8.00	HOME HEALTH AGENCY COST	0	0	C	0.00	0.00	8.00
9.00	CMHC	0	0	O C	0.00	0.00	9. 00
10.00	HOSPI CE	0	0	O C	0.00	0.00	
11.00	Other excluded areas	0	0	C	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7	0	920, 880	920, 880	37, 635. 70	24. 47	12.00
	through 11)						
13.00	Total Adjusted Salaries (line 6 minus line	26, 049, 112	-920, 880	25, 128, 232	1, 044, 901. 79	24. 05	13.00
	12)						
	OTHER WAGES & RELATED COSTS				,		
14. 00	Contract Labor: Patient Related & Mgmt	0	0	0	0.00		14.00
15. 00	Contract Labor: Physician services-Part A	0	0	0	0.00		15. 00
16. 00	Home office salaries & wage related costs	0	0	0	0.00	0. 00	16. 00
	WAGE-RELATED COSTS						
17. 00	Wage-related costs core (See Part IV)	12, 014, 070	-424, 718	11, 589, 352			17.00
18. 00	Wage-related costs other (See Part IV)	1	0	1			18.00
19.00	Wage related costs (excluded units)	0	0	C			19.00
20.00	Physician Part A - WRC	0	0	C			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22. 00	Total Adjusted Wage Related cost (see	12, 014, 071	-424, 718	11, 589, 353			22.00
	instructions)						

				To 12/31/2022 Date/Time Prepa 5/30/2023 3:17			
		Amount	Reclass. of	Adjusted	Paid Hours	Average Hourly	
		Reported	Salaries from	Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col . 4)	
					3		
		1. 00	2. 00	3.00	4. 00	5. 00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	1, 516, 825	0	1, 516, 825	34, 253. 81	44. 28	2.00
3.00	Plant Operation, Maintenance & Repairs	1, 295, 196	0	1, 295, 196	59, 470. 13	21. 78	3.00
4.00	Laundry & Linen Service	88, 105	0	88, 105	4, 291. 07	20. 53	4.00
5.00	Housekeepi ng	2, 418, 462	0	2, 418, 462	109, 457. 72	22. 09	5.00
6.00	Di etary	3, 456, 153	0	3, 456, 153	152, 830. 39	22. 61	6.00
7.00	Nursing Administration	0	0	0	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9. 00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11. 00	Social Service	449, 839	0	449, 839	11, 787. 77	38. 16	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	25. 35	13.00
14. 00	Total (sum lines 1 thru 13)	10, 528, 396	0	10, 528, 396	423, 514. 27	24. 86	14. 00

Health Financial Systems	PREAKNESS HEALTHCARE CENTER	In Lieu of Form CMS-2540-10
SNF WAGE RELATED COSTS	Provi der No.: 315361	Period: Worksheet S-3 From 01/01/2022 Part IV To 12/31/2022 Date/Time Prepared:

PART IV - WAGE RELATED COSTS Part A - Core List RETIREMENT COST 1.00 401K Employer Contributions 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost 4.00 Prior Year Pension Service Cost	5/30/2023 3:17 pm Amount Reported 1.00 0 1.0
Part A - Core List RETIREMENT COST 1.00 401K Employer Contributions 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost	1.00
Part A - Core List RETIREMENT COST 1.00 401K Employer Contributions 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost	1.00
Part A - Core List RETIREMENT COST 1.00 401K Employer Contributions Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost	0 10
RETIREMENT COST 1.00 401K Employer Contributions 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost	
1.00 401K Employer Contributions 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost	0 10
2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost	1 1 0
2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost	0 1.0
	0 2.0
4 00 Prior Year Pension Service Cost	0 3.0
4.00 ITTO Teal Teliston service cost	0 4.0
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5.00 401K/TSA Plan Administration fees	0 5.0
6.00 Legal/Accounting/Management Fees-Pension Plan	0 6.0
7.00 Employee Managed Care Program Administration Fees	0 7.0
HEALTH AND INSURANCE COST	
8.00 Health Insurance (Purchased or Self Funded)	0 8.0
9.00 Prescription Drug Plan	0 9.0
10.00 Dental, Hearing and Vision Plan	0 10.0
11.00 Life Insurance (If employee is owner or beneficiary)	0 11.0
12.00 Accident Insurance (If employee is owner or beneficiary)	0 12.0
13.00 Disability Insurance (If employee is owner or beneficiary)	0 13.0
14.00 Long-Term Care Insurance (If employee is owner or beneficiary)	0 14.0
15.00 Workers' Compensation Insurance	0 15.0
16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 10	
Non cumul ative portion)	
TAXES	
17. 00 FI CA-Employers Portion Only	0 17.0
18.00 Medicare Taxes - Employers Portion Only	0 18.0
19. 00 Unemployment Insurance	0 19.0
20.00 State or Federal Unemployment Taxes	0 20.0
OTHER	
21.00 Executive Deferred Compensation	0 21.0
22.00 Day Care Cost and Allowances	0 22.0
23.00 Tuition Reimbursement	1 23.0
24.00 Total Wage Related cost (Sum of lines 1 - 23)	1 24.0
	Amount
	Reported
	1.00
Part B - Other than Core Related Cost	
25.00 GENERAL FRINGE BENEFITS	12, 014, 070 25. 0

					o 12/31/2022		
	Occupational Category	Amount	Fri nge	Adj usted	Pai d Hours	Average Hourly	/ piii
	oodpatrona. Sategory	Reported		Salaries (col.		Wage (col. 3 ÷	
					Salary in col.	col . 4)	
				_	3	, i	
		1.00	2. 00	3.00	4. 00	5. 00	
	Direct Salaries						
	Nursing Occupations						
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	_, _, _, _,		29. 59	2.00
3.00	Certified Nursing Assistant/Nursing	9, 287, 374	0	9, 287, 374	431, 592. 13	21. 52	3.00
	Assi stants/Ai des						
4.00	Total Nursing (sum of lines 1 through 3)	16, 934, 339	0	16, 934, 339	·	26. 76	4.00
5.00	Physical Therapists	0	0	0	0. 00		5.00
6.00	Physical Therapy Assistants	0	0	0	0.00		6.00
7.00	Physical Therapy Aides	0	0	0	0.00	1	7. 00
8.00	Occupational Therapists	0	0	0	0. 00		8.00
9.00	Occupational Therapy Assistants	0	0	0	0. 00		9. 00
10. 00	Occupational Therapy Aides	0	0	0	0.00		
11. 00	Speech Therapists	0	0	0	0.00		11. 00
12. 00	Respi ratory Therapi sts	0	0	0	0.00	1	12.00
13. 00	Other Medical Staff	0	0	0	0.00	0.00	13.00
	Contract Labor						
	Nursing Occupations			ı			
14. 00	Registered Nurses (RNs)	0		0	0. 00		
15. 00	Licensed Practical Nurses (LPNs)	0		0	0.00		
16. 00	Certified Nursing Assistant/Nursing	0		0	0. 00	0. 00	16. 00
47.00	Assi stants/Ai des				0.00	0.00	47.00
17. 00	Total Nursing (sum of lines 14 through 16)	0		0	0.00		
18.00	Physical Therapists	0		0	0.00		
19. 00	Physical Therapy Assistants	0		0	0.00		19.00
20.00	Physical Therapy Aides	0		0	0.00		
21. 00	Occupational Therapists	0		0	0.00		21.00
22. 00	Occupational Therapy Assistants	0		0	0.00		22. 00
23. 00 24. 00	Occupational Therapy Aides Speech Therapists				0. 00 0. 00		23. 00 24. 00
25. 00	Respiratory Therapists						24. 00 25. 00
	Other Medical Staff	0		0 0			26. 00 26. 00
20.00	Jotner Medical Starr	١		1	0.00	0.00	∠0. 00

	10 12/31/2022	Date/lime Prepared: 5/30/2023 3:17 pm
	Group	Days
	1. 00	2. 00
1. 00 2. 00	RUX RUL	1.00
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 11. 00	RUC RUB	10.00
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 18. 00	RHB RHA	17. 00 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 25. 00	ES3 ES2	24. 00 25. 00
26.00	ES1	26. 00
27. 00	HE2	27. 00
28. 00	HE1	28. 00
29. 00	HD2	29.00
30. 00 31. 00	HD1 HC2	30. 00 31. 00
32.00	HC2	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 39. 00	LD1 LC2	38. 00 39. 00
40.00	LC1	40. 00
41. 00	LB2	41.00
42.00	LB1	42. 00
43.00	CE2	43.00
44. 00 45. 00	CE1 CD2	44. 00 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 52. 00	CA2 CA1	51. 00 52. 00
53. 00	SE3	53.00
54.00	SE2	54.00
55. 00	SE1	55. 00
56.00	SSC	56.00
57. 00 58. 00	SSB SSA	57. 00 58. 00
59. 00	1 B2	59.00
60.00	I B1	60.00
61. 00	I A2	61.00
62. 00	I A1	62. 00
63.00	BB2	63.00
64. 00 65. 00	BB1 BA2	64. 00 65. 00
66.00	BA1	66.00
67. 00	PE2	67. 00
68. 00	PE1	68. 00
69.00	PD2	69.00
70. 00 71. 00	PD1 PC2	70. 00 71. 00
72. 00	PC1	71.00
73. 00	PB2	73.00
74.00	PB1	74.00
75. 00	PA2	75. 00

Health Financial Systems	PREAKNESS HEALTHCAR	E CENTER		In Lie	u of Form CMS-	2540-10		
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provi der	No.: 315361	Peri od:	Worksheet S-7	7		
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 3:1			
				Group	Days			
				1. 00	2. 00			
76. 00				PA1		76. 00		
99. 00				AAA		99. 00		
100. 00 TOTAL						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 Trai ni ng						104.00		
105. 00 OTHER (SPECIFY)						105. 00		
106.00 Total SNF revenue (Worksheet G-2, Part I, I	rne i, column 3)		I	l l		106. 00		

		PREAKNESS HEALTH				u of Form CMS-2	2540-10
RECLA	SSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provi der		eriod: rom 01/01/2022	Worksheet A	
					o 12/31/2022	Date/Time Pre 5/30/2023 3:1	
	Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Reclassi fi ed	/ pili
	р			+ col . 2)	ons	Trial Balance	
					Increase/Decre		
					ase (Fr Wkst A-6)	col . 4)	
		1.00	2.00	3.00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES		87, 260	87, 260		87, 260	1.00
2. 00 3. 00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS		0	0	0	0	2. 00 3. 00
4. 00	00400 ADMINISTRATIVE & GENERAL	1, 516, 825	741, 999	2, 258, 824	0	2, 258, 824	4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	1, 295, 196	305, 638			1, 600, 834	5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	88, 105	812, 247		0	900, 352	6. 00
7.00	00700 HOUSEKEEPI NG	2, 418, 462	271, 929		0	2, 690, 391	7. 00
8. 00 9. 00	00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON	3, 456, 153	1, 433, 713	4, 889, 866	0	4, 889, 866 0	8. 00 9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY		1, 455, 103		-38, 459	1, 416, 644	10.00
11. 00	01100 PHARMACY	Ö	38, 459			38, 459	11. 00
12. 00	01200 MEDICAL RECORDS & LIBRARY	o	0	0	0	0	12. 00
13.00	01300 SOCIAL SERVICE	449, 839	31, 147	480, 986	0	480, 986	13.00
14. 00 15. 00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 PATIENT ACTIVITIES	1, 303, 816	0 69, 701	1, 373, 517	0	0 1, 373, 517	14. 00 15. 00
15.00	INPATIENT ROUTINE SERVICE COST CENTERS	1, 303, 810	69, 701	1, 3/3, 51/	U	1, 3/3, 51/	15.00
30. 00		14, 694, 516	768, 106	15, 462, 622	-2, 702, 648	12, 759, 974	30. 00
31.00	03100 NURSING FACILITY	o	0	0	1, 781, 768	1, 781, 768	31. 00
32. 00	03200 CF/ D	0	0	0	0	0	32. 00
33. 00	03300 OTHER LONG TERM CARE	0	0	0	920, 880	920, 880	33. 00
40. 00	ANCILLARY SERVICE COST CENTERS 04000 RADIOLOGY	O	4, 225	4, 225	0	4, 225	40.00
41. 00	04100 LABORATORY	l o	18, 833			18, 833	41. 00
42.00	04200 I NTRAVENOUS THERAPY	o	0	0	0	0	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	792, 522	792, 522		792, 522	43.00
44. 00 45. 00	04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY	334, 893 310, 957	11, 339	346, 232 310, 957		346, 232 310, 957	44. 00 45. 00
46. 00	04600 SPEECH PATHOLOGY	180, 350	0	180, 350		180, 350	46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	Ö	0	0	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38, 459		48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	347, 332	347, 332	0	347, 332	49. 00
50. 00 51. 00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0 54, 045	54, 045	0	0 54, 045	50. 00 51. 00
51.00	OUTPATIENT SERVICE COST CENTERS	ı o	54, 045	54, 045	j o	54, 045	31.00
60.00	06000 CLI NI C	0	0	0	0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61. 00
62. 00	06200 FQHC						62. 00
70. 00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
	07100 AMBULANCE		0	٥		0	71. 00
	07300 CMHC	O	0	0	0		73. 00
	SPECIAL PURPOSE COST CENTERS						
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81. 00 82. 00	08100 INTEREST EXPENSE 08200 UTI LI ZATI ON REVI EW - SNF		0	0	0	0	81. 00 82. 00
83. 00	08300 HOSPI CE	l ő	0	Ö	0	Ö	83. 00
89. 00		26, 049, 112	7, 243, 598	33, 292, 710	0	33, 292, 710	89. 00
	NONREI MBURSABLE COST CENTERS		_				
90.00		0	0	0	0	0	90.00
91. 00 92. 00	1		765 0	765 0		765 0	
93. 00	1	l ol	0	0	O	0	93. 00
94. 00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94. 00
	09500 NON-REIMBURSABLE GERO-PSYCH GRANT	0 040 446	2, 550			2, 550	
100. 0	D TOTAL	26, 049, 112	7, 246, 913	33, 296, 025	l O	33, 296, 025	100.00

 Heal th Financial
 Systems
 PREAKNESS

 RECLASSIFICATION
 AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
 Provi der No.: 315361

				5/30/2023 3:	
	Cost Center Description	Adjustments to	Net Expenses	3. 33. 232	
	·	Expenses (Fr	For Allocation	1	
		Wkst A-8)	(col. 5 +-		
			col. 6)	_	
	OFWERN OFRIGO ORDER OF STATERS	6. 00	7. 00		
1 00	GENERAL SERVICE COST CENTERS	2 005 425	2 002 405	-	1 00
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	3, 905, 425		1	1.00
2. 00 3. 00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS	12 014 070	12 014 070		2.00
4. 00	00400 ADMINISTRATIVE & GENERAL	12, 014, 070 3, 001, 799		·	3. 00 4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	3, 824, 641	5, 425, 475	•	5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE	3,024,041	900, 352	•	6. 00
7. 00	00700 HOUSEKEEPING		2, 690, 391	•	7. 00
8. 00	00800 DI ETARY	0	4, 889, 866	•	8. 00
9. 00	00900 NURSING ADMINISTRATION		4,007,000		9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY	0	1, 416, 644	1	10.00
11. 00	01100 PHARMACY	0	38, 459	1	11.00
12. 00	01200 MEDI CAL RECORDS & LI BRARY	0	00, 10,	1	12. 00
13. 00	01300 SOCI AL SERVI CE	0	480, 986	1	13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	1	14. 00
	01500 PATIENT ACTIVITIES	0	1, 373, 517	7	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS		, , , , , ,		
30.00	03000 SKILLED NURSING FACILITY	0	12, 759, 974	1	30.00
31.00	03100 NURSING FACILITY	0	1, 781, 768	3	31.00
32.00	03200 CF/IID	0	0		32. 00
33.00	03300 OTHER LONG TERM CARE	0	920, 880		33. 00
	ANCILLARY SERVICE COST CENTERS				
40.00	04000 RADI OLOGY	0	4, 225	5	40. 00
41.00	04100 LABORATORY	0	18, 833	3	41. 00
42.00	04200 I NTRAVENOUS THERAPY	0	0		42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	792, 522	· ·	43. 00
44. 00	04400 PHYSI CAL THERAPY	0	346, 232		44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	0	310, 957	·	45. 00
46. 00	04600 SPEECH PATHOLOGY	0	180, 350)	46. 00
47. 00	04700 ELECTROCARDI OLOGY	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
60. 00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	0	0	<u> </u>	60.00
61. 00	06100 RURAL HEALTH CLINIC	0		·	61. 00
62. 00	06200 FQHC	0	·) 	62. 00
02.00	OTHER REIMBURSABLE COST CENTERS	1			02.00
70 00	07000 HOME HEALTH AGENCY COST	1 0	С		70.00
71. 00	07100 AMBULANCE	0		•	71. 00
73. 00	07300 CMHC	0	l e	·	73. 00
	SPECIAL PURPOSE COST CENTERS				
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES	0	C		80.00
81.00	08100 NTEREST EXPENSE	0	0		81.00
82.00	08200 UTILIZATION REVIEW - SNF	0	0		82. 00
83.00	08300 H0SPI CE	0	0)	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	22, 745, 935	56, 038, 645	5	89. 00
	NONREI MBURSABLE COST CENTERS				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	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 NONPALD WORKERS	0	0	1	93. 00
	09400 PATIENTS LAUNDRY	0	0 550	•	94. 00
95.00	09500 NON-REIMBURSABLE GERO-PSYCH GRANT	0 745 665	2, 550		95. 00
100.00	TOTAL	22, 745, 935	56, 041, 960	기	100. 00

Health Financial Systems	PREAKNESS HEALTHCARE (CENTER		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS	Pi	rovi der 1		Peri od:	Worksheet A-6	
				From 01/01/2022 To 12/31/2022		pared: 7 pm
			Increases			
	Cost Center		Li ne #	Sal ary	Non Salary	
	2.00		3.00	4. 00	5. 00	
(1) A - DEFAULT						
1. 00	MEDICAL SUPPLIES CHAR	RGED TO	48. 0	0 0	38, 459	1. 00
	PATI ENTS					
2. 00	NURSING FACILITY		31. 0	0 1, 781, 768	0	2. 00
3. 00	OTHER LONG TERM CARE		33. 0	920, 880	0	3. 00
TOTALS						
100. 00	Total Reclassificatio	ons (Sum		2, 702, 648	38, 459	100. 00
	of columns 4 and 5 mu	ıst				
	equal sum of columns	8 and				
	9)					

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

Health Financial Systems	PREAKNESS HEALTHCARE CENTER	?	In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS	Provi de	er No.: 315361	Peri od: From 01/01/2022	Worksheet A-6	
			To 12/31/2022		
		Decreases			
	Cost Center	Li ne #	Sal ary	Non Salary	
	6. 00	7. 00	8. 00	9. 00	
(1) A - DEFAULT					
1. 00	CENTRAL SERVICES & SUPPLY	10.0	00	38, 459	1. 00
2.00	SKILLED NURSING FACILITY	30.0	1, 781, 768	0	2.00
3. 00	SKILLED NURSING FACILITY	30.0	920, 880	0	3. 00
TOTALS					
100. 00			2, 702, 648	38, 459	100. 00

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

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10 Peri od: Worksheet A-7
From 01/01/2022
To 12/31/2022 Date/Time Prepa Provi der No.: 315361

				Т	o 12/31/2022	Date/Time Pre 5/30/2023 3:1	
			<u> </u>	Acqui si ti ons			
	Description	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES	\$		1		ı	
1.00	Land	0	0) C	0	0	1. 00
2.00	Land Improvements	0	0) C	0	0	2. 00
3.00	Buildings and Fixtures	104, 585, 569	0) C	0	0	3. 00
4.00	Building Improvements	0	0	C	0	0	4. 00
5.00	Fi xed Equipment	0	0	C	0	0	5. 00
6.00	Movable Equipment	0	0	C	0	0	6. 00
7.00	Subtotal (sum of lines 1-6)	104, 585, 569	0	C	0	0	7. 00
8.00	Reconciling Items	0	0) c	0	0	8. 00
9. 00	Total (line 7 minus line 8)	104, 585, 569	0	C	0	0	9. 00
	Description	Endi ng Bal ance	Fully				
			Depreciated				
		(00	Assets	-			
	ANALYCIC OF CHANCEC IN CARLTAL ACCET DALANCE	6.00	7. 00				
1. 00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCE:) 	0	ı			1. 00
2. 00			0				2.00
	Land Improvements	104 505 540	0				
3.00	Buildings and Fixtures	104, 585, 569	0				3.00
4.00	Building Improvements	0	0				4. 00
5.00	Fixed Equipment		0				5. 00
6.00	Movable Equipment	104 505 540	0				6. 00
7.00	Subtotal (sum of lines 1-6)	104, 585, 569	0				7. 00
8.00	Reconciling Items	104 505 5(0)	0				8. 00
9.00	Total (line 7 minus line 8)	104, 585, 569	0	1			9. 00

Peri od: Worksheet A-8

From 01/01/2022
To 12/31/2022 Date/Time Prepared:

				10 12/31/2022	5/30/2023 3: 1	7 pm
				Expense Classification on		
				To/From Which the Amount is		
				Toy I I om ann on the yameant I o	to bo maj dotod	
	Description (1)	(2) Basis For	Amount	Cost Center	Li ne No.	
	Description (1)		Alliourt	Cost Center	LITTE NO.	
		Adjustment	0.00	2.00	4.00	
1.00		1.00	2.00	3. 00	4. 00	1.00
1.00	Investment income on restricted funds		0		0.00	1. 00
	(chapter 2)		_			
2.00	Trade, quantity, and time discounts (chapter		0		0.00	2. 00
	(8)					
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3. 00
4.00	Rental of provider space by suppliers		0		0.00	4.00
	(chapter 8)					
5.00	Telephone services (pay stations excluded)		0		0.00	5. 00
	(chapter 21)					
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	A-8-2	-20, 529		0.00	8. 00
0.00	physician adjustment	A-0-2	-20, 327			0.00
0.00			0		0.00	9. 00
9.00	Home office cost (chapter 21)		0			
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	
11. 00	Nonallowable costs related to certain		0		0.00	11. 00
	Capital expenditures (chapter 24)					
12. 00	Adjustment resulting from transactions with	A-8-1	0			12. 00
	related organizations (chapter 10)					
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		0		0.00	
.0.00	patients		Ŭ		0.00	. 0. 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	
19. 00			0		0.00	
	Vendi ng machi nes		_			
20. 00	Income from imposition of interest, finance		0		0.00	20. 00
	or penalty charges (chapter 21)		_			
21. 00	Interest expense on Medicare overpayments		0		0.00	21. 00
	and borrowings to repay Medicare					
	overpayments					
22.00	Utilization reviewphysicians' compensation		0	UTILIZATION REVIEW - SNF	82.00	22. 00
	(chapter 21)					
23.00	Depreciationbuildings and fixtures	A	2, 751, 764	CAP REL COSTS - BLDGS &	1.00	23.00
				FI XTURES		
24.00	Depreciationmovable equipment		0	CAP REL COSTS - MOVABLE	2 00	24. 00
				EQUI PMENT		
25. 00	Other adjustment (specify)		0	•	0.00	25. 00
26. 00	BUILDING INTEREST EXPENSE	Α	_	CAP REL COSTS - BLDGS &	1.00	
20.00	DOTEDTING TWIEREST EXPENSE	A	1,045,747	FIXTURES	1.00	20.00
27 00	COUNTY CENTRAL CRUC EMPL EDINGE DEN		12 014 070		2 00	27.00
27. 00	COUNTY CENTRAL SRVC EMPL FRINGE BEN	A		EMPLOYEE BENEFITS	3.00	
28. 00	COUNTY CENTRAL SERVICE COST ALLOC	A	107, 912	CAP REL COSTS - BLDGS &	1.00	28. 00
				FIXTURES		
29. 00	COUNTY CENTRAL SERVICE COST ALLOC	A		ADMINISTRATIVE & GENERAL	4. 00	
30.00	COUNTY CENTRAL SERVICE COST ALLOC	A	3, 824, 641	PLANT OPERATION, MAINT. &	5. 00	30.00
				REPAI RS		
100.00	Total (sum of lines 1 through 99) (Transfer		22, 745, 935			100. 00
	to Worksheet A, col. 6, line 100)					
(1) Do	ecription all chapter references in this co	lump portain to	CMS Dub 15 1	İ		

⁽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.

Health Financial Systems	PREAKNESS HEAL	THCARE CENTER	In Lieu of Form CMS-2540-10		
PROVI DER BASED PHYSI CI AN ADJUSTMENT		Provi der No.: 315361	Peri od:	Worksheet A-8	-2
			From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 3:1	
	Wkst. A Line	Cost Center/Physician	Total	Professi onal	
	No.	I denti fi er	Remuneration	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)	o	0	10.00
100.00			45, 320	1, 175	100. 00

Heal th Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10
PROVIDER BASED PHYSICIAN ADJUSTMENT
PROVIDER BASED PHYSICIAN ADJUSTMENT
Provider No.: 315361 | Period: From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

Date/Time Prepared: 5/30/2023 3:17 pm Physician/Prov Unadjusted RCE 5 Percent of Provi der RCE Amount Component der Component Limit Unadjusted RCE Hours 7.00 Limit 5.00 6.00 8. 00 9. 00 177, 200 177, 200 1.00 26, 325 15, 590 1. 00 183 780 2.00 17, 820 108 9, 201 460 2.00 3.00 0 3.00 0 0 0 0 0 0 0 0 0 4.00 4. 00 0 0 0 0 0 0 0 0 5.00 0 5.00 0 6.00 0 6.00 0 7.00 0 7. 00 0 0 0 8.00 0 8.00 0 9.00 0 9.00 10.00 0 0 0 10.00 100.00 44, 145 291 24, 791 1, 240 100. 00

Health Financial Systems	PREAKNESS HEAL	THCARE CENTER		In Lie	u of Form CMS-2	2540-10
PROVIDER BASED PHYSICIAN ADJUSTMENT		Provi der		Peri od:	Worksheet A-8	-2
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 3:1	pared: 7 pm
	Cost of		Physician Cos		Adjusted RCE	
	Memberships &		of Malpractic		Limit	
	Conti nui ng	Share of col.	Insurance	Share of col.		
	Educati on	12		14		
	12.00	13. 00	14.00	15. 00	16. 00	
1. 00	0) (0	15, 590	1.00
2.00	0) (0	9, 201	2. 00
3. 00	0) (0	0	3. 00
4.00	0			0	0	4. 00
5.00	0			0	0	5. 00
6. 00	0)		0	0	6. 00
7.00	0) (0 0	0	7. 00
8.00	0) (0 0	0	8. 00
9. 00	0			0 0	0	9. 00
10. 00	0		ol	0 0	0	10. 00
100.00	0) (0 0	24, 791	

Heal th Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10
PROVI DER BASED PHYSI CI AN ADJUSTMENT
PROVI der No.: 315361 | Peri od: From 01/01/2022 | To 12/31/2022 | Prepared:

			5/30/2023 3:17 pm
	RCE	Adjustment	
	Di sal I owance		
	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

Heal th	Financial Systems	PREAKNESS HEALT	HCARE CENTER		In Lieu of Form CMS-2540-1			
	ALLOCATION - GENERAL SERVICE COSTS		Provi der No.: 315361			Period: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Time Pre		
						12/31/2022	5/30/2023 3:1	7 pm
			CAPI TAL REI	LATED COSTS				
	Cost Conton Decemintion	Not Evpopos	DI DCC 0	MOVABLE		EMPLOYEE	Cubtatal	
	Cost Center Description	Net Expenses for Cost	BLDGS & FLXTURES	MOVABLE EQUI PMENT		BENEFI TS	Subtotal	
		Allocation	TIXTORES	LQOTTWILINT		DENETTIS		
		(from Wkst A						
		col. 7)						
		0	1.00	2.00		3. 00	3A	
	GENERAL SERVICE COST CENTERS			1				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	3, 992, 685	3, 992, 685	1				1.00
2. 00 3. 00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS	12 014 070	0		0	12 014 070		2. 00 3. 00
4.00	00400 ADMINISTRATIVE & GENERAL	12, 014, 070 5, 260, 623	280, 246		0	12, 014, 070 643, 957	6, 184, 826	4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	5, 425, 475	368, 329		0	549, 866	6, 343, 670	5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE	900, 352	381, 410		O	37, 404	1, 319, 166	6. 00
7.00	00700 HOUSEKEEPI NG	2, 690, 391	58, 011		0	1, 026, 741	3, 775, 143	7. 00
8.00	00800 DI ETARY	4, 889, 866	597, 886	,	0	1, 467, 286	6, 955, 038	8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	23, 152	1	0	0	23, 152	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	1, 416, 644	0		0	0	1, 416, 644	
11. 00	01100 PHARMACY	38, 459	0	1	0	0	38, 459	
12.00	01200 MEDICAL RECORDS & LIBRARY	100 004	20.050		0	100.07/	700,000	12.00
13. 00 14. 00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	480, 986	28, 058		0	190, 976	700, 020 0	13. 00 14. 00
15. 00	01500 PATIENT ACTIVITIES	1, 373, 517	173, 584		0	553, 526	2, 100, 627	
13.00	INPATIENT ROUTINE SERVICE COST CENTERS	1, 373, 317	173,304		-0	333, 320	2, 100, 027	13.00
30.00	03000 SKILLED NURSING FACILITY	12, 759, 974	2, 032, 671		0	6, 046, 167	20, 838, 812	30. 00
31. 00	03100 NURSING FACILITY	1, 781, 768	0)	0	756, 437	2, 538, 205	31. 00
32.00	03200 CF/IID	0	0)	0	0	0	32. 00
33. 00	03300 OTHER LONG TERM CARE	920, 880	0		0	390, 953	1, 311, 833	33. 00
	ANCILLARY SERVICE COST CENTERS			1	-	ام		
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	4, 225	0	1	0	0	4, 225 18, 833	40. 00 41. 00
41.00	04200 I NTRAVENOUS THERAPY	18, 833	0	1	0	0	18, 833	41.00
43. 00	04300 OXYGEN (INHALATION) THERAPY	792, 522	0		0	0	792, 522	
44. 00	04400 PHYSI CAL THERAPY	346, 232	25, 285		O	142, 176	513, 693	
45. 00	04500 OCCUPATI ONAL THERAPY	310, 957	20, 901	1	0	132, 015	463, 873	
46.00	04600 SPEECH PATHOLOGY	180, 350	3, 152		0	76, 566	260, 068	46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0)	0	0	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	38, 459	0	1	0	0	38, 459	
49. 00	04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	347, 332	0		0	0	347, 332	49. 00
50. 00 51. 00	05100 SUPPORT SURFACES	54, 045	0	1	0	0	0 54, 045	50. 00 51. 00
31.00	OUTPATIENT SERVICE COST CENTERS	54, 045			U		54, 045	31.00
60. 00	06000 CLINIC	0	0		0	0	0	60. 00
61.00	06100 RURAL HEALTH CLINIC	0	0		0	0	0	61.00
62. 00	06200 FQHC							62. 00
	OTHER REIMBURSABLE COST CENTERS		0	T		_1	_	
	07000 HOME HEALTH AGENCY COST	0	U	1	0	0	0	70.00
	07100 AMBULANCE	0	0		0	0	0	71. 00 73. 00
73.00	SPECIAL PURPOSE COST CENTERS	J U	0		U		U	73.00
80. 00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES				Т			80. 00
81. 00	i i							81. 00
82.00	08200 UTILIZATION REVIEW - SNF							82. 00
83. 00		0	0		0	0	0	
89. 00	SUBTOTALS (sum of lines 1-84)	56, 038, 645	3, 992, 685		0	12, 014, 070	56, 038, 645	89. 00
00.00	NONREI MBURSABLE COST CENTERS					ما	0	00.00
90.00		0	0		0	0	0	90. 00 91. 00
91.00	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	765	0		0	O O		91.00
93. 00			0		0	n	0	
94. 00	09400 PATIENTS LAUNDRY		0	,	0	ol	0	
95.00	09500 NON-REIMBURSABLE GERO-PSYCH GRANT	2, 550	0		0	o	-	95. 00
98. 00	Cross Foot Adjustments	0	0		0	o	0	
99. 00	Negative Cost Centers	0	0		0	0	0	99. 00
100.00	TOTAL	56, 041, 960	3, 992, 685	l	0	12, 014, 070	56, 041, 960	100. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | Part | |

				T	o 12/31/2022	Date/Time Pre 5/30/2023 3:1	
	Cost Center Description	ADMI NI STRATI VE	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	7 piii
	, , , , , , , , , , , , , , , , , , ,	& GENERAL	OPERATI ON,	LINEN SERVICE			
			MAINT. &				
			REPAI RS				
	OFNEDAL CEDIU OF COST OFNITEDS	4.00	5. 00	6. 00	7. 00	8. 00	
1. 00	GENERAL SERVICE COST CENTERS OO100 CAP REL COSTS - BLDGS & FIXTURES	1					1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMI NI STRATI VE & 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	1			6. 00
7. 00	00700 HOUSEKEEPI NG	468, 310	123, 697		4, 367, 150		7. 00
8.00	00800 DI ETARY	862, 779	1, 274, 866		898, 912	9, 991, 595	8.00
9. 00	00900 NURSING ADMINISTRATION	2, 872	49, 368	1	34, 809	0	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	175, 736	0	o o	0	0	10.00
11. 00	01100 PHARMACY	4, 771	0	o o	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	o	0	0	0	0	14. 00
15.00	01500 PATIENT ACTIVITIES	260, 585	370, 131	0	260, 980	0	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
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 I CF/I I D	0	0	1	0	0	32. 00
33. 00	03300 OTHER LONG TERM CARE	162, 734	0	59, 738	0	259, 955	33. 00
	ANCILLARY SERVICE COST CENTERS						
40. 00	04000 RADI OLOGY	524	0	1	0	0	40. 00
41. 00	04100 LABORATORY	2, 336	0	0	0	0	41. 00
42. 00	04200 I NTRAVENOUS 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 PHYSI CAL THERAPY	63, 724	53, 915		38, 016	0	44.00
45. 00	04500 OCCUPATI ONAL THERAPY	57, 544	44, 567	1	31, 424	0	45. 00
46. 00	04600 SPEECH PATHOLOGY	32, 262	6, 720	1	4, 739	0	46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0	1	0	0	47. 00
48. 00 49. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	4, 771 43, 087	0		0	0	48. 00 49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	43,067	0		0	0	50.00
51. 00	05100 SUPPORT SURFACES	6, 704	0	1	0	0	51.00
31.00	OUTPATIENT SERVICE COST CENTERS	0,704		0	٥	0	31.00
60.00	06000 CLINI C	0	0	0	0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC	0	Ö		0	0	61.00
62. 00	06200 FQHC		· ·		Ü	Ŭ	62.00
	OTHER REIMBURSABLE COST CENTERS	1					
70.00	07000 HOME HEALTH AGENCY COST	0	C	0	0	0	70. 00
71.00	07100 AMBULANCE	o	0	0	0	0	71. 00
73.00	07300 CMHC	0	0	0	0	0	73. 00
	SPECIAL PURPOSE COST CENTERS			•			
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
	08100 I NTEREST EXPENSE						81. 00
82.00	08200 UTILIZATION REVIEW - SNF						82. 00
83.00	08300 HOSPI CE	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
	NONREI MBURSABLE COST CENTERS						
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	92.00
93. 00	09300 NONPALD 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	
98. 00 99. 00	Cross Foot Adjustments	0	0		0	0	98. 00
99. 00 100. 00	Negative Cost Centers TOTAL	6 104 024	7 120 400	2 204 007	/ 267 1EO	_	99.00
100.00	/ ITOTAL	6, 184, 826	7, 130, 609	2, 296, 087	4, 367, 150	7, 771, 375	1100.00

				10) 12/31/2022	5/30/2023 3:1	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	<i>y</i>
	•	ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
		9. 00	10. 00	11. 00	12. 00	13. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2. 00
3.00	00300 EMPLOYEE BENEFITS						3. 00
4.00	00400 ADMINISTRATIVE & GENERAL						4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00	00600 LAUNDRY & LINEN SERVICE						6. 00
7.00	00700 HOUSEKEEPI NG						7. 00
8.00	00800 DI ETARY	440.004					8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON	110, 201	1 500 200				9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	1, 592, 380				10.00
11.00	01100 PHARMACY	0	0	43, 230	0		11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0	0	0	000 040	12.00
13. 00 14. 00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	888, 869 0	13. 00 14. 00
15. 00	01500 PATIENT ACTIVITIES		0	0	0	1	15. 00
13.00	I NPATIENT ROUTINE SERVICE COST CENTERS	J U	U	l o		0	15.00
30. 00		101, 382	1, 464, 946	39, 770	0	817, 735	30.00
31. 00	03100 NURSING FACILITY	5, 952	86, 004	2, 335	0		31. 00
32. 00	03200 CF/11D	3, 732	00, 004	2, 333	0		32. 00
33. 00	03300 OTHER LONG TERM CARE	2, 867	41, 430		0	-	33. 00
33. 00	ANCI LLARY SERVI CE COST CENTERS	2,007	41, 430	1, 125		25, 120	33.00
40. 00	04000 RADI OLOGY	0	0	0	0	0	40. 00
41. 00	04100 LABORATORY	0	0	o o	0		41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	o o	0	l ő	42. 00
43. 00	04300 OXYGEN (INHALATION) THERAPY	o	0	Ö	0	0	43. 00
44.00	04400 PHYSI CAL THERAPY	0	0	o	0	0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	0	o	0	0	45. 00
46.00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46. 00
47.00	04700 ELECTROCARDI OLOGY	0	0	0	0	0	47. 00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	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	0	51.00
	OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLI NI C	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61. 00
62. 00	06200 FQHC						62. 00
	OTHER REIMBURSABLE COST CENTERS					,	
70. 00	07000 HOME HEALTH AGENCY COST	0	0	0	0	-	70. 00
71. 00	07100 AMBULANCE	0	0		0	-	71. 00
73. 00		0	0	0	0	0	73. 00
00.00	SPECIAL PURPOSE COST CENTERS					I	00.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 I NTEREST EXPENSE						81.00
82. 00			0		0		82.00
83. 00 89. 00		110, 201	0 1, 592, 380	-	0	0 888, 869	83. 00 89. 00
69.00	NONREI MBURSABLE COST CENTERS	110, 201	1, 392, 300	43, 230		000, 009	69.00
90. 00			0		0	0	90.00
91.00			0	0	0	1	91.00
92. 00	09200 PHYSI CLANS PRI VATE OFFI CES		0	0	0	0	92. 00
93. 00	09300 NONPALD 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		0		0		98. 00
99. 00			n	n	Ω	0	99. 00
100.00	3	110, 201	1, 592, 380	43, 230	0		
							•

| Peri od: | Worksheet B | From 01/01/2022 | Part | | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der No.: 315361

						To 12/31/2022	Date/Time Pre 5/30/2023 3:1	
				OTHER GENERAL			373072023 3. 1	/ piii
				SERVI CE				
	C	Cost Center Description	NURSI NG AND	PATI ENT	Subtotal	Post Stepdown	Total	
			ALLIED HEALTH EDUCATION	ACTI VI TI ES		Adjustments		
			14. 00	15. 00	16. 00	17. 00	18. 00	
		_ SERVICE COST CENTERS						
1.00		CAP REL COSTS - BLDGS & FLXTURES						1.00
2. 00 3. 00		CAP REL COSTS - MOVABLE EQUIPMENT EMPLOYEE BENEFITS						2. 00 3. 00
4.00	1 1	ADMINISTRATIVE & GENERAL						4.00
5. 00	1 1	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	1 1	_AUNDRY & LINEN SERVICE						6.00
7.00	00700 F	HOUSEKEEPI NG						7. 00
8.00	00800							8. 00
9.00		NURSING ADMINISTRATION						9. 00
10.00		CENTRAL SERVICES & SUPPLY						10.00
11. 00 12. 00		PHARMACY MEDICAL RECORDS & LIBRARY						11. 00 12. 00
13. 00		SOCIAL SERVICE						13.00
14. 00	1 1	NURSING AND ALLIED HEALTH EDUCATION	0					14. 00
15. 00	1 1	PATIENT ACTIVITIES	0	2, 992, 323				15. 00
	I NPATI E	ENT ROUTINE SERVICE COST CENTERS						
30.00		SKILLED NURSING FACILITY	0	2, 752, 857	47, 295, 23		47, 295, 239	1
31. 00		NURSING FACILITY	0	161, 614	3, 820, 63		3, 820, 639	1
32. 00	03200 I		0	77.053	1 040 //	0 0	0	
33. 00		OTHER LONG TERM CARE ARY SERVICE COST CENTERS	0	77, 852	1, 940, 66	0 0	1, 940, 660	33. 00
40. 00		RADI OLOGY	0	0	4, 74	9 0	4, 749	40. 00
41. 00		LABORATORY	0	o	21, 16	1	21, 169	1
42. 00	1 1	NTRAVENOUS THERAPY	0	0		o o	0	
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	890, 83	5 0	890, 835	43. 00
44.00		PHYSI CAL THERAPY	0	0	669, 34		669, 348	1
45. 00		OCCUPATI ONAL THERAPY	0	0	597, 40		597, 408	
46. 00		SPEECH PATHOLOGY	0	0	303, 78	9 0	303, 789	1
47. 00 48. 00		ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	43, 23	0 0	0 43, 230	47. 00 48. 00
49. 00		DRUGS CHARGED TO PATIENTS	0	0	390, 41		390, 419	1
50. 00		DENTAL CARE - TITLE XIX ONLY	0	ő		ó ő	0,0,117	50.00
51.00		SUPPORT SURFACES	0	0	60, 74	9 0	60, 749	ł
	OUTPATI	ENT SERVICE COST CENTERS						
60.00	06000		0	· ·		0	0	60.00
61.00		RURAL HEALTH CLINIC	0	0		0 0	0	61.00
62. 00	06200 F	REIMBURSABLE COST CENTERS						62. 00
70. 00		HOME HEALTH AGENCY COST	0	0		0 0	0	70. 00
71.00	1 1	AMBULANCE	0	0		o o	0	71. 00
73. 00	07300		0	0		0 0	0	73. 00
		PURPOSE COST CENTERS						
80.00		MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00		NTEREST EXPENSE JTILIZATION REVIEW - SNF						81. 00 82. 00
82. 00 83. 00	08300 F		0	0		o	0	1
89. 00	1 1	SUBTOTALS (sum of lines 1-84)	0		56, 038, 23		56, 038, 234	•
		MBURSABLE COST CENTERS		, , , , , , , , , , , , , , , , , , , ,				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	
91.00		BARBER AND BEAUTY SHOP	0	0	86	0	860	
92.00	1 1	PHYSICIANS PRIVATE OFFICES	0	0		0	0	1
93. 00 94. 00		NONPALD WORKERS PATLENTS LAUNDRY	0				0	
94. 00 95. 00		NON-REIMBURSABLE GERO-PSYCH GRANT	0		2, 86	6	2, 866	•
98. 00	1 1	Cross Foot Adjustments	0	ol	2,00	o o	2,000	1
99. 00		Negative Cost Centers	0	o		o o	0	1
100.00	Γ	TOTAL	0	2, 992, 323	56, 041, 96	0 0	56, 041, 960	100. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part II | To | 12/31/2022 | Date/Time | Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315361

			T	0 12/31/2022	Date/Time Pre	
		CAPI TAL REL	ATED COSTS		5/30/2023 3:1	/ pm
Cost Center Description	Di rectly	BLDGS &	MOVABLE	Subtotal	EMPLOYEE	
	Assigned New	FI XTURES	EQUI PMENT		BENEFITS	
	Capi tal Rel ated Costs					
	0	1. 00	2.00	2A	3. 00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2. 00 00200 CAP REL COSTS - MOVABLE EQUI PMENT						2.00
3. 00 00300 EMPLOYEE BENEFITS 4. 00 00400 ADMINISTRATIVE & GENERAL	0	200 244	0	290 246	0	3. 00 4. 00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS		280, 246 368, 329		280, 246 368, 329	0	5.00
6.00 00600 LAUNDRY & LINEN SERVICE	0	381, 410		381, 410	0	6. 00
7. 00 00700 HOUSEKEEPI NG	0	58, 011	0	58, 011	0	7. 00
8. 00 00800 DI ETARY	O	597, 886	0	597, 886	0	8. 00
9.00 00900 NURSING ADMINISTRATION	0	23, 152	0	23, 152	0	9. 00
10. 00 01000 CENTRAL SERVI CES & SUPPLY	0	0	0	0	0	10.00
11. 00 01100 PHARMACY	0	0	0	0	0	11.00
12. 00 01200 MEDI CAL RECORDS & LI BRARY 13. 00 01300 SOCI AL SERVI CE	0	28, 058	0	28, 058	0	12. 00 13. 00
14. 00 01400 NURSING AND ALLIED HEALTH EDUCATION	0	20, 030		20, 030	0	14.00
15. 00 01500 PATIENT ACTIVITIES		173, 584	Ö	173, 584	0	15. 00
INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>					
30.00 03000 SKILLED NURSING FACILITY	0	2, 032, 671	0	2, 032, 671	0	30. 00
31.00 03100 NURSING FACILITY	0	0	0	0	0	31. 00
32. 00 03200 CF/IID	0	0	0	0	0	32.00
33.00 O3300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	33. 00
40. 00 04000 RADI OLOGY		0	0	ام	0	40.00
41. 00 04100 LABORATORY		0			0	41.00
42.00 04200 I NTRAVENOUS THERAPY	0	0	0	Ö	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	O	0	0	o	0	43. 00
44. 00 04400 PHYSI CAL THERAPY	0	25, 285	0	25, 285	0	44. 00
45. 00 04500 OCCUPATI ONAL THERAPY	0	20, 901	0	,	0	45. 00
46. 00 04600 SPEECH PATHOLOGY	0	3, 152	0	3, 152	0	46. 00
47. 00 04700 ELECTROCARDI OLOGY 48. 00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0	47. 00 48. 00
49. 00 04900 DRUGS CHARGED TO PATIENTS	0	0		0	0	49. 00
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	o	0	Ö	o	0	50.00
51.00 05100 SUPPORT SURFACES	0	0	0	О	0	51.00
OUTPATIENT SERVICE COST CENTERS						
60. 00 06000 CLI NI C	0	0	0		0	60.00
61. 00 06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62. 00 06200 FOHC OTHER REIMBURSABLE COST CENTERS						62. 00
70. 00 07000 HOME HEALTH AGENCY COST	0	0	0	O	0	70. 00
71. 00 07100 AMBULANCE	O	0	Ö	o	0	71.00
73. 00 07300 CMHC	0	0	0	o	0	73. 00
SPECIAL PURPOSE COST CENTERS						
80.00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
81. 00 08100 I NTEREST EXPENSE						81.00
82. 00 08200 UTI LI ZATI ON REVI EW - SNF 83. 00 08300 HOSPI CE	0	0	0		0	82. 00 83. 00
89.00 SUBTOTALS (sum of lines 1-84)		3, 992, 685			0	89. 00
NONREI MBURSABLE COST CENTERS	<u> </u>	3, 772, 003		3, 772, 003		07.00
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	O	0	91. 00
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92. 00
93. 00 09300 NONPALD WORKERS	0	0	0	0	0	93. 00
94. 00 09400 PATI ENTS LAUNDRY		0	0	0	0	94.00
95.00 09500 NON-REIMBURSABLE GERO-PSYCH GRANT 98.00 Cross Foot Adjustments		U			0	95. 00 98. 00
99.00 Negative Cost Centers		o	n		0	99.00
100. 00 TOTAL	0	3, 992, 685	Ö	3, 992, 685		100.00
1	1		'	,		

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315361

				T	o 12/31/2022	Date/Time Pre 5/30/2023 3:1	
	Cost Center Description	ADMI NI STRATI VE	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	/ pili
	p	& GENERAL	OPERATI ON,	LINEN SERVICE			
			MAINT. &				
		4.00	REPAI RS 5. 00	6. 00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
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	402 007				4. 00
5. 00 6. 00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	35, 658 7, 415	403, 987 46, 076				5. 00 6. 00
7. 00	00700 HOUSEKEEPING	21, 220	7, 008		86, 239		7. 00
8. 00	00800 DI ETARY	39, 094	72, 228	1	17, 751	726, 959	8.00
9. 00	00900 NURSING ADMINISTRATION	130	2, 797	1	687	0	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	7, 963	0		0	0	10. 00
11. 00	01100 PHARMACY	216	0	0	0	0	11. 00
12. 00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12. 00
13.00	01300 SOCIAL SERVICE	3, 935	3, 390		833	0	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	11 000	20.070	0	0	0	14.00
15. 00	O1500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	11, 808	20, 970	<u> </u>	5, 154	0	15. 00
30. 00	03000 SKILLED NURSING FACILITY	117, 135	245, 557	400, 097	60, 348	668, 782	30.00
31.00	03100 NURSING FACILITY	14, 267	0		·	39, 263	31. 00
32.00	03200 CF/IID	0	0	0	0	0	32. 00
33.00	03300 OTHER LONG TERM CARE	7, 374	0	11, 315	0	18, 914	33. 00
	ANCILLARY SERVICE COST CENTERS			_	_		
40.00	04000 RADI OLOGY	24	0			0	40.00
41. 00 42. 00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	106	0		0	0	41. 00 42. 00
43. 00	04300 OXYGEN (INHALATION) THERAPY	4, 455	0	0	0	0	43. 00
44. 00	04400 PHYSI CAL THERAPY	2, 887	3, 055	_	751	0	44. 00
45.00	04500 OCCUPATI ONAL THERAPY	2, 607	2, 525			0	45. 00
46.00	04600 SPEECH PATHOLOGY	1, 462	381	0	94	0	46. 00
47.00	04700 ELECTROCARDI OLOGY	0	0	_	0	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	216	0	0	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	1, 952	0	0	0	0	49.00
50. 00 51. 00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	304	0	_		0	50. 00 51. 00
31.00	OUTPATIENT SERVICE COST CENTERS	304		1 0	<u> </u>		31.00
60.00	06000 CLI NI C	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61. 00
62. 00	06200 FQHC						62. 00
70.00	OTHER REIMBURSABLE COST CENTERS	O	0	1 0	٥	0	70.00
70. 00 71. 00	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0	0			0	70. 00 71. 00
73. 00	07300 CMHC		0			0	73.00
	SPECIAL PURPOSE COST CENTERS	-1	-	_	-1		
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81. 00	08100 I NTEREST EXPENSE						81. 00
	08200 UTILIZATION REVIEW - SNF						82.00
83. 00	08300 HOSPI CE	200 220	402.007	0	0 0 220	727 050	l
89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	280, 228	403, 987	434, 901	86, 239	726, 959	89. 00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	O	0	0	0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP	4	0			0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	O	0	92. 00
93. 00	09300 NONPALD WORKERS	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	14	0	0	0	0	95. 00
98. 00 99. 00	Cross Foot Adjustments Negative Cost Centers		0	0	0	0	98. 00 99. 00
100.00		280, 246	403, 987		-		
	1 - 1 - 1 - 1	200, 210	.55, 767	10.7,701	55, 257	,20, ,07	

| In Lieu of Form CMS-2540-10 | Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | T

				10) 12/31/2022	5/30/2023 3:1	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	<i>y</i> p
	real control of the c	ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
		9. 00	10.00	11. 00	12.00	13. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2. 00
3.00	00300 EMPLOYEE BENEFITS						3. 00
4.00	00400 ADMINISTRATIVE & GENERAL						4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00	00600 LAUNDRY & LINEN SERVICE						6. 00
7.00	00700 HOUSEKEEPI NG						7. 00
8.00	00800 DI ETARY						8. 00
9.00	00900 NURSING ADMINISTRATION	26, 766					9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	O	7, 963				10.00
11. 00	01100 PHARMACY	o	0	216			11. 00
12.00	01200 MEDICAL RECORDS & LIBRARY	o	0	o	0		12. 00
13.00	01300 SOCIAL SERVICE	o	0	o	0	36, 216	13. 00
14.00	1	o	0	o	0	0	14. 00
15. 00		o	0	o	0	0	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	-1	-				
30. 00		24, 624	7, 326	198	0	33, 318	30. 00
31. 00		1, 446	430		0		31. 00
32. 00	1	0	0		0		32. 00
33. 00		696	207	6	0	1	33. 00
	ANCI LLARY SERVI CE COST CENTERS	1 2.3		-	-		
40.00		0	0	0	0	0	40. 00
41. 00		0	0	Ö	0	1	41. 00
42. 00		0	0	Ö	0	0	42. 00
43. 00		0	0	Ö	0	0	43. 00
44. 00			0	0	0	l ő	44. 00
45. 00			0	0	0	Ö	45. 00
46. 00			0		0	Ö	46. 00
47. 00			0		0	0	47. 00
48. 00			0		0	Ö	48. 00
49. 00			0		0	Ö	49. 00
50.00			0	0	0	0	50.00
51. 00			0	0	0	0	51. 00
31.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	<u> </u>	<u> </u>		0	31.00
60. 00		O	0	O	0	0	60. 00
61. 00	1		0	-	0		61. 00
62. 00	1	١	O	Ŭ	O	ľ	62. 00
02.00	OTHER REIMBURSABLE COST CENTERS						02.00
70. 00		l ol	0	O	0	0	70. 00
71. 00	1		0		0	-	71. 00
73. 00	1		0	0	0	1	73. 00
70.00	SPECIAL PURPOSE COST CENTERS	<u> </u>		<u> </u>			70.00
80. 00							80. 00
81. 00	1						81. 00
82. 00	1						82. 00
83. 00		0	0	0	0	0	
89. 00		26, 766	7, 963	_	0		89. 00
07.00	NONREI MBURSABLE COST CENTERS	20, 700	1, 700	210		30, 210	07.00
90. 00			0		0	0	90. 00
91. 00			0	0	0	1	91. 00
92. 00			0	0	0		92. 00
93. 00			0	0	0		93. 00
94. 00			0	0	0	0	94.00
95. 00			0	0	0	0	95. 00
98. 00			0		U		98.00
99.00			0	0	^	0	99.00
100.00		26, 766	7, 963	-	0	1	
100.00	o _l lone	20, 700	7, 703	1 210	0	1 30, 210	1.00.00

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315361

				-	Γο 12/31/2022	Date/Time Pre 5/30/2023 3:1	
			OTHER GENERAL			7 37 307 2023 3. 1	/ piii
			SERVI CE				
	Cost Center Description	NURSING AND	PATI ENT	Subtotal	Post Step-Down	Total	
		ALLIED HEALTH EDUCATION	ACTI VI TI ES		Adjustments		
		14.00	15. 00	16.00	17. 00	18. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4. 00 5. 00	OO4OO ADMINISTRATIVE & GENERAL OO5OO PLANT OPERATION, MAINT. & REPAIRS						4. 00 5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE			•			6.00
7. 00	00700 HOUSEKEEPING						7. 00
8.00	00800 DI ETARY						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 MEDI CAL RECORDS & LI BRARY						12.00
13. 00 14. 00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0					13. 00 14. 00
	01500 PATIENT ACTIVITIES		211, 516				15. 00
13.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		211,310	1			13.00
30.00	03000 SKILLED NURSING FACILITY	0	194, 589	3, 784, 64	5 0	3, 784, 645	30. 00
31.00	03100 NURSING FACILITY	0	11, 424	92, 28	7 0	92, 287	31. 00
32. 00	03200 CF/IID	0	0		0		32. 00
33. 00	03300 OTHER LONG TERM CARE	0	5, 503	44, 95	7 0	44, 957	33. 00
40.00	ANCI LLARY SERVI CE COST CENTERS	1 0	1 0		4	24	40.00
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	0	0	1		l .	40. 00 41. 00
42. 00	04200 I NTRAVENOUS THERAPY		0	1			42.00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	0	4, 45		4, 455	1
44. 00	04400 PHYSI CAL THERAPY	0	Ō	31, 97		l	1
45.00	04500 OCCUPATI ONAL THERAPY	0	0	26, 65	4 0	26, 654	45. 00
46. 00	04600 SPEECH PATHOLOGY	0	0	5, 08		5, 089	1
47. 00	04700 ELECTROCARDI OLOGY	0	0	1	0	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	210		216	1
49. 00 50. 00	04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	0		1, 95:	2 0 0	, , , ,	49. 00 50. 00
	05100 SUPPORT SURFACES			1			51.00
01.00	OUTPATIENT SERVICE COST CENTERS				<u> </u>	1 301	01.00
60.00	06000 CLI NI C	0	0)	0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC	0	0)	0	0	61. 00
62. 00	06200 FQHC						62. 00
70.00	OTHER REIMBURSABLE COST CENTERS						70.00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0	1	1	0 0		
71. 00 73. 00	07300 CMHC	0			0 0	l	1
73.00	SPECIAL PURPOSE COST CENTERS			'	5		73.00
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 H0SPI CE	0		l .	0	l .	
89. 00	SUBTOTALS (sum of lines 1-84)	0	211, 516	3, 992, 66	7 0	3, 992, 667	89. 00
90. 00	NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	90. 00
91.00	09100 BARBER AND BEAUTY SHOP				4 0	l .	91.00
92. 00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0	Ö	92.00
93. 00	09300 NONPAI D WORKERS	0	Ö	1	0	Ö	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0		0	0	
95. 00	09500 NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	1.		14	
98. 00	Cross Foot Adjustments	0	0	1	0	0	
99. 00 100. 00	Negative Cost Centers TOTAL		0	2 002 40	0 5 0	1	
100.00	IOTAL	1	211, 516	3, 992, 68		J, 772, 085	1100.00

Heal th	Fi nan	cial Systems	PREAKNESS HEAL	THCARE CENTER		In Lie	eu of Form CMS-2	<u> 2540-10</u>
COST A	ALLOCAT	TION - STATISTICAL BASIS		Provi der	No.: 315361	Peri od: From 01/01/2022	Worksheet B-1	
						To 12/31/2022		pared:
			CAPLTAL RE	LATED COSTS			5/30/2023 3: 1	/ pm
			ON TIME RE					
		Cost Center Description	BLDGS &	MOVABLE	EMPLOYEE	Reconciliation		
			FIXTURES (SOLIARE FEET)	EQUI PMENT (\$ VALUE OR SQ	BENEFITS (GROSS		& GENERAL (ACCUM COST)	
			(SQUARE TEET)	FT)	SALARI ES)		(ACCOM COST)	
			1.00	2.00	3. 00	4A	4. 00	
1. 00		AL SERVICE COST CENTERS CAP REL COSTS - BLDGS & FIXTURES	168, 486	I	Γ		Γ	1. 00
2.00		CAP REL COSTS - MOVABLE EQUIPMENT	100, 400	0				2.00
3.00	1	EMPLOYEE BENEFITS	0	Ö	28, 298, 86	0		3. 00
4.00		ADMINISTRATIVE & GENERAL	11, 826		1, 516, 82			4. 00
5. 00 6. 00		PLANT OPERATION, MAINT. & REPAIRS LAUNDRY & LINEN SERVICE	15, 543		1, 295, 19		6, 343, 670	5. 00 6. 00
7. 00		HOUSEKEEPING	16, 095 2, 448		88, 10 2, 418, 4 <i>6</i>		1, 319, 166 3, 775, 143	7. 00
8.00	1	DI ETARY	25, 230		3, 456, 15		6, 955, 038	8. 00
9.00		NURSING ADMINISTRATION	977	0		0	23, 152	9. 00
10. 00 11. 00		CENTRAL SERVICES & SUPPLY PHARMACY	0	0		0	1, 416, 644 38, 459	•
12.00	1	MEDICAL RECORDS & LIBRARY		0		0 0	38, 459	11. 00 12. 00
13. 00		SOCIAL SERVICE	1, 184	Ö	449, 83	9 0	700, 020	
14. 00		NURSING AND ALLIED HEALTH EDUCATION	0	_		0	0	14. 00
15. 00		PATIENT ACTIVITIES	7, 325	0	1, 303, 81	6 0	2, 100, 627	15. 00
30. 00		IENT ROUTINE SERVICE COST CENTERS SKILLED NURSING FACILITY	85, 776	0	14, 241, 61	6 0	20, 838, 812	30. 00
31. 00		NURSING FACILITY	03,770	l .			2, 538, 205	31. 00
32.00		ICF/IID	0			0	0	32. 00
33. 00		OTHER LONG TERM CARE	0	0	920, 88	0	1, 311, 833	33. 00
40. 00		LARY SERVICE COST CENTERS RADIOLOGY	0	0		0 0	4, 225	40. 00
41. 00	1	LABORATORY	0	_		0 0	18, 833	41. 00
42.00	1	INTRAVENOUS THERAPY	0	0		0 0	0	42. 00
43. 00		OXYGEN (INHALATION) THERAPY	0	_	224 22	0 0	792, 522	43. 00
44. 00 45. 00	1	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	1, 067 882		334, 89 310, 95		513, 693 463, 873	44. 00 45. 00
46. 00		SPEECH PATHOLOGY	133	l .	180, 35		260, 068	
47. 00		ELECTROCARDI OLOGY	0	0	·	0 0	0	47. 00
48. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	38, 459	48. 00
49. 00 50. 00		DRUGS CHARGED TO PATIENTS DENTAL CARE - TITLE XIX ONLY		0		0 0	347, 332	49. 00 50. 00
51. 00		SUPPORT SURFACES				0 0	54, 045	
		TIENT SERVICE COST CENTERS	-					
60.00		CLINIC	0			0	0	60.00
61. 00 62. 00	06200	RURAL HEALTH CLINIC	0	0		0 0	0	61. 00 62. 00
02.00		REIMBURSABLE COST CENTERS						02.00
	07000	HOME HEALTH AGENCY COST	0	0		0 0		70. 00
		AMBULANCE	0			0	0	71. 00
73. 00	07300 SPECI	CMHC AL PURPOSE COST CENTERS	0	0		0 0	0	73. 00
80. 00		MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81.00	08100	INTEREST EXPENSE						81. 00
82. 00		UTILIZATION REVIEW - SNF						82.00
83. 00 89. 00	08300	HOSPICE SUBTOTALS (sum of lines 1-84)	0 168, 486		28, 298, 86	-6, 184, 826	0 49, 853, 819	83. 00 89. 00
07.00	NONRE	IMBURSABLE COST CENTERS	100, 400		20, 270, 00	0, 104, 020	47,000,017	07.00
90.00		GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0			0 0	0	90. 00
91.00		BARBER AND BEAUTY SHOP	0	0		0	765	
92. 00 93. 00		PHYSICIANS PRIVATE OFFICES NONPAID WORKERS		0			0	92. 00 93. 00
94. 00		PATIENTS LAUNDRY	Ö	Ö		0 0	Ö	94. 00
95.00	09500	NON-REIMBURSABLE GERO-PSYCH GRANT	0	0		0 0	2, 550	
98. 00		Cross Foot Adjustments						98. 00
99. 00 102. 00		Negative Cost Centers Cost to be allocated (per Wkst. B,	3, 992, 685	0	12, 014, 07	0	6, 184, 826	99. 00 102.00
. 52. 00		Part I)	5, , , 2, 003		12, 314, 07			
103.00		Unit cost multiplier (Wkst. B, Part I)	23. 697429	0. 000000	0. 42454	3	0. 124051	
104.00)	Cost to be allocated (per Wkst. B, Part II)				0	280, 246	104. 00
105.00		Unit cost multiplier (Wkst. B, Part			0. 00000	00	0. 005621	105. 00
		[11]						

Cost Center Description					Т	o 12/31/2022	Date/Time Pre 5/30/2023 3:1	
MAINT B STRING COST CENTERS COO		Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY		/ piii
SCHEMAL SERVICE COST CENTERS		·	· ·		(SQUARE FEET)	(PATIENT DAYS)	ADMI NI STRATI ON	
COUNTY C				(PATTENT DAYS)			(PATIENT DAVS)	
ENERAL SERVICE COST CENTERS 5.00 6.00 7.00 9.00 9.00 1.00							(TATTENT DATS)	
1.00 100				6.00	7.00	8. 00	9. 00	
2.00	1 00			I				1 00
3.00 0.0300 DEPLOYEE BENEFITS 4.00 0.0400 0.0010 0.0		1						
5.00								
0.000 0.0000 LAUNDRY & LINEN SERVICE	4.00	00400 ADMINISTRATIVE & GENERAL						4. 00
7.00 00700								
8. 00 00800 (DIETARY) 00 00900 (DIESTAR Y) 01 0000 (DISSINE ASTRAITOR) 10. 00 10000 (CENTRAL SERVICES & SUPPLY) 01 00 0 0 0 0 0 0 0 0 0 0 10. 00 11. 00 1100 (DISSINE ASTRAITOR) 12. 00 10200 (REDICAL REGREES & LIBRARY) 13. 00 10 0 0 0 0 0 0 0 11. 00 11. 00 1100 (DISSINE ASTRAITOR) 14. 00 140 0 0 0 0 0 0 0 11. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 0 15. 00 15. 00 15. 00 0 15. 00 15. 00 15. 00 0 15. 00 15. 00 15. 00 0 15. 00 1					l .			
9.00 09900 NURSING ADMINISTRATION 977 0 977 0 90.05 90.00 11.00 01000 CENTRAL SERVICE ES & SUPPLY 0 0 0 0 0 0 0 11.00 01000 MEDICAL RECORDS & LIBRARY 0 0 0 0 0 0 13.00 01300 SOLI SERVICE 10.00 0 0 0 0 0 15.00 01300 SOLI SERVICE 10.00 0 0 0 0 0 15.00 01300 SOLI SERVICE 10.00 0 0 0 0 0 15.00 01300 SOLI SERVICE 10.00 0 0 0 0 0 0 15.00 01300 SOLI SERVICE 10.00 0 0 0 0 0 0 15.00 01300 SOLI SERVICE 10.00 0 0 0 0 0 0 0 15.00 01300 SOLI SERVICE 10.00 0 0 0 0 0 0 0 0 0								
10.00 01000 CENTRAL SERVICES & SUPPLY 0 0 0 0 0 0 0 11.00 1100 1120 01200 MEDICAL RECORDS & LIBRARY 0 0 0 0 0 0 0 12.00 13.00				0			96 205	
11.00 01100 PHARMACY 0 0 0 0 0 0 11.00 12.00 12.00 12.00 12.00 12.00 12.00 13.00 13.00 10.00 13.00 14.00 1				Ö	,,,	o o		
13.00 01300 SOCIAL SERVICE 1.184 0 1.184 0 0.16.00 1.10.00			0	Ö	o c	0		
14 00 01-400 NRSING AND ALLIED HEALTH EDUCATION 0 0 0 0 14 0.00	12.00		0	0	C	0	0	12. 00
15. 00 01500 PATIENT ACTIVITIES 7. 325 0 7. 325 0 0 15. 00					1, 184	0		
INPATIENT ROUTINE SERVICE COST CENTERS			-	_	7 205	0		
30 00 030000 SKILLED NURSING FACILITY	15.00		1, 325	0	1, 325	0	0	15.00
31.00 03100 MURSING FACILITY	30 00		85 776	88 506	85 776	88 506	88 506	30 00
ABOUT ABOU			l '					
ANCILLARY SERVICE COST CENTERS	32.00	03200 CF/IID	0	0	o c	0	0	32. 00
40.00 04000 RADIOLOGY	33. 00		0	2, 503	C	2, 503	2, 503	33. 00
41.00 04100 LABORATORY 0 0 0 0 0 24.00 20.00 141.00 20.00 20.00 17.000 142.00 20.00 20.00 17.000 20.00 24.00 20.00 20.00 20.00 24.00 20.00 20.00 20.00 24.00 20.00 2			1	1	1			
42.00 04200 INTRAVENDUS THERAPY 0 0 0 0 0 0 0 42.00			0	0		0		
43. 00 04300 04300 04300 04300 04300 0440 0440 04400 04400 04400 04400 04400 04400 04400 04500		1 1		0		0		
44. 00		1 1		Ö		Ö		
44.00 04600 SPECH PATHOLOGY 133 0 133 0 0 46.00 47.00 04700 ELCTROCARDIOLOGY 0 0 0 0 0 0 0 0 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 48.00 04900 DRUSS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 48.00 04900 DRUSS CHARGED TO PATIENTS 0 0 0 0 0 0 0 49.00 04900 DRUSS CHARGED TO PATIENTS 0 0 0 0 0 0 0 51.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 51.00 05100 SUPPORT SURFACES 0 0 0 0 0 0 0 0 51.00 05100 SUPPORT SURFACES 0 0 0 0 0 0 0 60.00 05000 CLINIC 0 0 0 0 0 0 0 0 61.00 06100 06100 06100 0 0 0 0 0 0 0 0 62.00 06000 CLINIC 0 0 0 0 0 0 0 0 0			1, 067	0	1, 067	0	0	
47.00 04700 CATOOL CLECTROCARDIOLOGY 0 0 0 0 0 0 0 0 0				0	l .			
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 48.00 0 0 0 0 0 0 0 0 0			133	0	133	0		
49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 50.00 50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 50.00 51.00 05100 SUPPORT SURFACES 0 0 0 0 0 0 51.00 OUTPATIENT SERVICE COST CENTERS 0 0 0 0 0 0 61.00 61.00 06000 CLINIC 0 0 0 0 0 0 0 61.00 62.00 06000 CLINIC 0 0 0 0 0 0 0 0 61.00 62.00 06000 CLINIC 0 0 0 0 0 0 0 0 0 62.00 06000 CLINIC 0 0 0 0 0 0 0 0 0 63.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 0 0 0 0 64.00 071.00 07000 MBURSABLE COST CENTERS 0 0 0 0 0 0 0 0 0 65.00 07000 CLINIC 0 0 0 0 0 0 0 0 0 67.00 07300 CMHC 0 0 0 0 0 0 0 0 0			0	0	0	0		
50.00		1 1	0	0		0		
51.00				0		0		
60.00			0	Ö	o c	0		
61.00 06100 RURAL HEALTH CLINIC 0 0 0 0 0 0 61.00 62.00 FORC 07100 MBURASABLE COST CENTERS 0 0 0 0 0 0 0 0 0								
62.00				0				
OTHER REIMBURSABLE COST CENTERS			0	0		0	0	
70. 00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 0 70. 00 71. 00 710 0 MBULLANCE 0 0 0 0 0 0 0 71. 00 73. 00 0730 0 0 0 0 0 0 0 0 0	62.00							62.00
71. 00 07100 AMBULANCE 0 0 0 0 0 0 71. 00 73. 00 SPECIAL PURPOSE COST CENTERS 80. 00 81. 00	70. 00		0	0	C	0	0	70. 00
SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 81.00 82.00 08200 UTILIZATION REVIEW - SNF 82.00 83.00 08300 HOSPICE 0 0 0 0 0 0 0 0 83.00 83.00					d	0	0	71. 00
80. 00 81. 00 81. 00 81. 00 81. 00 82. 00 82. 00 82. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 83. 00 84. 00 85	73.00		0	0	o c	0	0	73. 00
81. 00				1	1			
82.00 08200 UTILIZATION REVIEW - SNF 0 0 0 0 0 0 0 83.00 89.00 89.00 SUBTOTALS (sum of lines 1-84) 141,117 96,205 122,574 96,205 96,205 96,205 96,205 90.00 O9000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0 91.00 91.00 91.00 92.00 PHYSICIANS PRIVATE OFFICES 0 0 0 0 0 0 92.00 93.00 0000 NONPAID WORKERS 0 0 0 0 0 0 0 93.00 94.00 94.00 94.00 95.00 09500 NON-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 95.00 99.00 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 0 99.00 99.00 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 99.00 99.00 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 99.00 99.00 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 0 99.00 0 0 0 0 0 0 0 0 0								
83. 00								
89. 00 SUBTOTALS (sum of lines 1-84) 141,117 96,205 122,574 96,205 96,205 89. 00			0	0		0	0	
NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0 90.00 91.00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 0 0 91.00 92.00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 0 0 0 0 92.00 93.00 09300 NONPAI D WORKERS 0 0 0 0 0 0 93.00 94.00 09400 PATI ENTS LAUNDRY 0 0 0 0 0 94.00 95.00 09500 NON-REI MBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 95.00 98.00 99.00 Non-REI MBURSABLE GERO-PSYCH GRANT 0 0 0 0 95.00 99.00 Non-REI MBURSABLE GERO-PSYCH GRANT 0 0 0 0 99.00 102.00 Cost to be allocated (per Wkst. B, 7, 130, 609 2, 296, 087 4, 367, 150 9, 991, 595 110, 201 102.00 Part I 10 103.00 Unit cost multiplier (Wkst. B, Part I) 50.529766 23.866608 35.628681 103.857336 1.145481 103.00 104.00 Cost to be allocated (per Wkst. B, 403, 987 434, 901 86, 239 726, 959 26, 766 104.00 105.00 Unit cost multiplier (Wkst. B, Part I) 2.862781 4.520565 0.703567 7.556354 0.278218 105.00		1 1		_	122, 574	96, 205		
91. 00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 0 91. 00 92. 00 92. 00 93. 00 93. 00 93. 00 93. 00 94. 00 94. 00 94. 00 94. 00 95. 00 095. 0								
92. 00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 0 0 92. 00 93. 00 09300 NONPALD WORKERS 0 0 0 0 0 0 93. 00 94. 00 09400 PATIENTS LAUNDRY 0 0 0 0 0 0 94. 00 95. 00 09500 NON-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 98. 00 09500 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 99. 00 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 99. 00 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 99. 00 Non-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 99. 00 0 0 0 0 99. 00 0 0 0 0 99. 00 0 0 0 0 99. 00 0 0 0 99. 00 0 0 0 99. 00 0 0 0 99. 00 0 0 0 99. 00 0 0 99. 00 0 0 0 99. 00 0 0 0 99. 00 0 0 0 99. 00 0 0 0 99.			-		1			
93. 00 09300 NONPAID WORKERS 0 0 0 0 0 0 93. 00 94. 00 95. 00 95. 00 995. 00 995. 00 995. 00 NON-REIMBURSABLE GERO-PSYCH GRANT 0 0 0 0 0 95. 00 98. 00 0 0 0 0 0 0 0 0 0			-	_	1	_		
94. 00			0	0	1			
95. 00				0		0		
98.00 99.00 Negative Cost Centers Cost to be allocated (per Wkst. B, Part I) 103.00 Unit cost multiplier (Wkst. B, Part II) 105.00 Unit cost multiplier (Wkst. B, Part I) 105.00 Unit cost multiplier (Wkst. B, Part I) 2.862781 Cross Foot Adjustments 98.00 99.00 4, 367, 150 9, 991, 595 110, 201 102.00 99.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.				0		0		
102.00 Cost to be allocated (per Wkst. B, Part I) 50.529766 23.866608 35.628681 103.857336 1.145481 103.00 104.00 Cost to be allocated (per Wkst. B, Part I) 403,987 434,901 86,239 726,959 26,766 104.00 Part II) Unit cost multiplier (Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part II) 2.862781 4.520565 0.703567 7.556354 0.278218 105.00		1		_				
Part I) Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part III) Unit cost multiplier (Wkst. B, Part IIII) Unit cost multiplier (Wkst. B, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	99. 00	Negative Cost Centers						99. 00
103. 00 Unit cost multiplier (Wkst. B, Part I) 50. 529766 23. 866608 35. 628681 103. 857336 1. 145481 103. 00 104. 00 Cost to be allocated (per Wkst. B, Part II) 403, 987 434, 901 86, 239 726, 959 26, 766 104. 00 105. 00 Unit cost multiplier (Wkst. B, Part II) 2. 862781 4. 520565 0. 703567 7. 556354 0. 278218 105. 00	102.00		7, 130, 609	2, 296, 087	4, 367, 150	9, 991, 595	110, 201	102. 00
104.00 Cost to be allocated (per Wkst. B, Part 2.862781 4.520565 0.703567 7.556354 0.278218 105.00	102.0	1 1 -	EO 5007//	22 044400	2E 400/01	102 057227	1 145401	102 00
Part II) 105.00 Unit cost multiplier (Wkst. B, Part 2.862781 4.520565 0.703567 7.556354 0.278218 105.00			1	l .	1			
105.00 Unit cost multiplier (Wkst. B, Part 2.862781 4.520565 0.703567 7.556354 0.278218 105.00	104.00		403, 707	434, 901	00, 239	120, 939	20, 700	104.00
	105.00		2. 862781	4. 520565	0. 703567	7. 556354	0. 278218	105. 00
				l	l			

			Т	o 12/31/2022	Date/Time Pre 5/30/2023 3:1	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		/ pili
,	SERVICES &	(PATIENT DAYS)	RECORDS &		ALLI ED HEALTH	
	SUPPLY		LI BRARY	(PATIENT DAYS)	EDUCATI ON	
	(PATIENT DAYS)		(TIME SPENT)		(ASSI GNED TIME)	
	10.00	11.00	12.00	13. 00	14. 00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2. 00 00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3. 00 00300 EMPLOYEE BENEFITS 4. 00 00400 ADMINISTRATIVE & GENERAL						3. 00 4. 00
5. 00 00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00 00600 LAUNDRY & LINEN SERVICE						6. 00
7. 00 00700 HOUSEKEEPI NG						7. 00
8. 00 00800 DI ETARY						8. 00
9.00 00900 NURSI NG ADMI NI STRATI ON	04 205					9.00
10. 00 01000 CENTRAL SERVI CES & SUPPLY	96, 205	96, 205				10. 00 11. 00
12. 00 01200 MEDI CAL RECORDS & LI BRARY		0 70, 203)		12. 00
13. 00 01300 SOCIAL SERVICE	0	0	d	96, 205		13. 00
14.00 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	C	0	0	14. 00
15. 00 01500 PATIENT ACTIVITIES	0	0	<u> </u>	0	0	15. 00
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 O3000 SKILLED NURSING FACILITY	00 50/	00.504	1	00 50/	0	20.00
30.00 03000 SKILLED NURSING FACILITY 31.00 03100 NURSING FACILITY	88, 506 5, 196		1		0	30. 00 31. 00
32. 00 03200 CF/IID	3, 170				0	32.00
33.00 03300 OTHER LONG TERM CARE	2, 503	1			0	33. 00
ANCILLARY SERVICE COST CENTERS						
40. 00 04000 RADI OLOGY	0	1	1		0	40.00
41. 00 04100 LABORATORY	0	0	C	0	0	41.00
42.00 04200 INTRAVENOUS THERAPY 43.00 04300 OXYGEN (INHALATION) THERAPY		0			0	42. 00 43. 00
44. 00 04400 PHYSI CAL THERAPY		0		0	0	44. 00
45. 00 04500 OCCUPATI ONAL THERAPY	0	Ō	d	0	0	45. 00
46.00 04600 SPEECH PATHOLOGY	0	0	C	0	0	46. 00
47. 00 04700 ELECTROCARDI OLOGY	0	0	C	0	0	47. 00
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	0	0	48. 00
49.00 04900 DRUGS CHARGED TO PATIENTS 50.00 05000 DENTAL CARE - TITLE XIX ONLY		0			0	49. 00 50. 00
51. 00 05100 SUPPORT SURFACES		-		0	0	51.00
OUTPATIENT SERVICE COST CENTERS			•			
60. 00 06000 CLI NI C	0	•	C		0	60. 00
61. 00 06100 RURAL HEALTH CLINIC	0	0	C	0	0	61.00
62. 00 06200 FQHC OTHER REIMBURSABLE COST CENTERS						62. 00
70. 00 07000 HOME HEALTH AGENCY COST	0	0) 0	0	70.00
71. 00 07100 AMBULANCE		•			0	71. 00
73. 00 07300 CMHC	0	0	C	0	0	73. 00
SPECIAL PURPOSE COST CENTERS		1	1			
80. 00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80.00
81. 00 08100 INTEREST EXPENSE 82. 00 08200 UTI LI ZATI ON REVI EW - SNF						81. 00 82. 00
83. 00 08300 HOSPI CE	0	0		0	0	
89.00 SUBTOTALS (sum of lines 1-84)	96, 205	96, 205			0	89. 00
NONREI MBURSABLE COST CENTERS						
90. 00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0				0	
91. 00 09100 BARBER AND BEAUTY SHOP	0	1	C	_	0	
92. 00 O9200 PHYSICIANS PRIVATE OFFICES 93. 00 O9300 NONPAID WORKERS	0	0	C		0	
94. 00 09400 PATIENTS LAUNDRY		0		0	0	
95.00 09500 NON-REIMBURSABLE GERO-PSYCH GRANT	0	0	d	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,	1, 592, 380	43, 230	C	888, 869	0	102. 00
Part I) 103.00 Unit cost multiplier (Wkst. B, Part I)	16. 551946	0. 449353	0. 000000	9. 239322	0. 000000	103 00
104.00 Cost to be allocated (per Wkst. B,	7, 963		1	36, 216		103.00
Part II)						
105.00 Unit cost multiplier (Wkst. B, Part	0. 082771	0. 002245	0. 000000	0. 376446	0. 000000	105. 00
11)	1	I	Í	1		I

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10

Provi der No.: 315361

			To 12/31/2022	Date/Time Prepared: 5/30/2023 3:17 pm
		OTHER GENERAL		373072023 3. 17 piii
		SERVI CE		
	Cost Center Description	PATI ENT		
		ACTI VI TI ES		
		(PATIENT DAYS) 15.00		
	GENERAL SERVICE COST CENTERS	10.00		
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 5. 00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS			4. 00 5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE			6.00
7. 00	00700 HOUSEKEEPI NG			7. 00
8.00	00800 DI ETARY			8. 00
9. 00	00900 NURSI NG ADMI NI STRATI ON			9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY			10.00
11. 00 12. 00	01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY			11. 00 12. 00
13. 00	01300 SOCI AL SERVI CE			13. 00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION			14. 00
15. 00	01500 PATIENT ACTIVITIES	96, 205		15. 00
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS			
30.00	03000 SKILLED NURSING FACILITY	88, 506		30.00
31. 00 32. 00	03100 NURSING FACILITY 03200 CF/IID	5, 196 0		31. 00 32. 00
33. 00	03300 OTHER LONG TERM CARE	2, 503		33.00
00.00	ANCI LLARY SERVICE COST CENTERS	2,000		55. 55
40.00	04000 RADI OLOGY	0		40.00
41. 00	04100 LABORATORY	0		41.00
42.00	04200 I NTRAVENOUS THERAPY	0		42.00
43. 00 44. 00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSI CAL THERAPY	0		43. 00 44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	0		45. 00
46. 00	04600 SPEECH PATHOLOGY	o		46. 00
47.00	04700 ELECTROCARDI OLOGY	0		47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0		49. 00
50. 00 51. 00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0		50. 00 51. 00
31.00	OUTPATIENT SERVICE COST CENTERS	0		31.00
60.00	06000 CLI NI C	0		60.00
61. 00	06100 RURAL HEALTH CLINIC	0		61. 00
62. 00	06200 FOHC			62. 00
70.00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0		70. 00
71. 00	07100 AMBULANCE			71.00
73. 00	07300 CMHC	O		73. 00
	SPECIAL PURPOSE COST CENTERS			
	08000 MALPRACTICE PREMIUMS & PAID LOSSES			80.00
81.00	08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF			81. 00 82. 00
83. 00	08300 HOSPI CE	0		83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	96, 205		89. 00
	NONREI MBURSABLE COST CENTERS			
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	09100 BARBER AND BEAUTY SHOP	0		91.00
92. 00 93. 00	09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS	0		92. 00 93. 00
94.00	09400 PATI ENTS LAUNDRY			94. 00
95. 00	09500 NON-REIMBURSABLE GERO-PSYCH GRANT	l ol		95. 00
98. 00	Cross Foot Adjustments			98. 00
99. 00	Negative Cost Centers			99. 00
102.00		2, 992, 323		102. 00
103.00	Part I) Unit cost multiplier (Wkst. B, Part I)	31. 103612		103. 00
104.00		211, 516		104. 00
	Part II)			
105.00	i i	2. 198597		105. 00
	1)	I I		

Health Financial Systems	PREAKNESS HEALTHCAF	RE CENTER		In Lie	u of Form CMS-2	2540-10
RATIO OF COST TO CHARGES FOR ANCILLAR	Y AND OUTPATIENT COST CENTERS	Provi der No	o.: 315361 P	eri od:	Worksheet C	
			F	rom 01/01/2022		
			T	o 12/31/2022	Date/Time Prep	pared:
					5/30/2023 3: 1	
Cost Center Description			Total (from	Total Charges	Ratio (col. 1	
		Wk	kst. B, Pt I,		di vi ded by	
			col . 18)		col. 2	
			4 00	0.00	0.00	

			5/30/2023 3: 1	
Cost Center Description	Total (from	Total Charges	Ratio (col. 1	
	Wkst. B, Pt I,		di vi ded by	
	col . 18)		col. 2	
	1. 00	2. 00	3. 00	
ANCI LLARY SERVI CE COST CENTERS				
40. 00 04000 RADI OLOGY	4, 749	4, 225	1. 124024	40.00
41. 00 04100 LABORATORY	21, 169	18, 833	1. 124038	41.00
42. 00 04200 I NTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	890, 835	792, 522	1. 124051	43.00
44. 00 O4400 PHYSI CAL 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 ELECTROCARDI OLOGY	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
OUTPATIENT SERVICE COST CENTERS				
60. 00 06000 CLI NI C	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

Ratio of Cost to Charges (Fr. Wkst. Column 3)	Health Financial Systems	PREAKNESS HEAL	THCARE CENTER		In Li∈	eu of Form CMS-:	2540-10
Ratio of Cost to Charges (Fr. Wkst. C Column 3)	APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der				
Ratio of Cost to Charges (Fr. Wkst. C Column 3) 1.00 2.00 3.00 4.00 5.00							
Ratio of Cost to Charges (Fr. Wkst. C Column 3)					10 12/31/2022		
Ratio of Cost to Charges (Fr. Wkst. C Column 3)			Title	XVIII (1)	Skilled Nursing		7 PIII
Ratio of Cost to Charges (Fr. Wkst. C Column 3) 1.00 2.00 3.00 4.00 5.00			11 11 0	XVIII (1)		110	
To Charges (Fr. Wkst. C Col umn 3)			Heal th Care Pi	rogram Charge		Program Cost	
To Charges (Fr. Wkst. C						•	
To Charges (Fr. Wkst. C							
CFr. Wkst. C Column 3 Colum			Part A	Part B		,	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST					x col. 2)	x col. 3)	
PART - CALCULATION OF ANCILLARY AND OUTPATIENT COST		,					
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST			0.00	0.00	4.00	F 00	
ANCI LLARY SERVI CE COST CENTERS 40. 00 04000 RADI OLOGY 41. 00 04100 LABORATORY 41. 00 04200 I NTRAVENOUS THERAPY 42. 00 04300 OXYGEN (I NHALATI ON) THERAPY 43. 00 04300 OXYGEN (I NHALATI ON) THERAPY 45. 00 04400 PHYSI CAL THERAPY 46. 00 04400 PHYSI CAL THERAPY 47. 00 04400 OCCUPATI ONAL THERAPY 48. 00 04500 OCCUPATI ONAL THERAPY 49. 00 04500 OCCUPATI ONAL THERAPY 41. 021192 43. 00 04500 OCCUPATI ONAL THERAPY 41. 021192 43. 00 04500 OCCUPATI ONAL THERAPY 41. 00 04500 OCCUPATI ONAL THERAPY 42. 00 04500 OCCUPATI ONAL THERAPY 43. 00 04500 OCCUPATI ONAL THERAPY 44. 00 04500 OCCUPATI ONAL THERAPY 45. 00 04500 OCCUPATI ONAL THERAPY 46. 00 04500 OCCUPATI ONAL THERAPY 47. 00 04500 OCCUPATI ONAL THERAPY 48. 00 04500 OCCUPATI ONAL THERAPY 49. 00 04500 ORCUPATI NAL	DADT I CALCULATION OF ANGLILADY AND OUTDA		2.00	3.00	4.00	5.00	
40. 00		ITENT COST					1
41. 00		1 124024	375	I	0 422	0	40.00
42. 00						1	
43. 00					0, 231		
44. 00			l e		0 26 272		
45. 00				l .		l	
46. 00						Ō	
48. 00						l	46. 00
49. 00	47. 00 04700 ELECTROCARDI OLOGY	0. 000000	0		0 0	0	47. 00
50. 00 05000 DENTAL CARE - TITLE XIX ONLY 0.000000 0 1.032 0 51.00 05100 SUPPORT SURFACES 1.124045 918 0 1,032 0 51.00 000000 CLINIC 0.000000 0 0 0 0 0 0 0	48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1. 124054	8, 304		0 9, 334	0	48. 00
51. 00 05100 SUPPORT SURFACES 1. 124045 918 0 1, 032 0 51. 00 0UTPATIENT SERVICE COST CENTERS 60. 00 06100 RURAL HEALTH CLINIC 61. 00 62. 00 71. 00 07100 AMBULANCE (2) 0. 000000 0 0 0 0 0 71. 00	49.00 04900 DRUGS CHARGED TO PATIENTS	1. 124051	116, 547		0 131, 005	0	49. 00
00.00 0610.00 0610.00 FOHC 0.000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	50.00 05000 DENTAL CARE - TITLE XIX ONLY	0. 000000	0		0		50.00
60. 00 06000 CLINIC 0. 000000 0 0 0 60. 00 61. 00 06100 RURAL HEALTH CLINIC 61. 00 62. 00 06200 FOHC 62. 00 71. 00 07100 AMBULANCE (2) 0. 000000 0 0 71. 00	51. 00 05100 SUPPORT SURFACES	1. 124045	918		0 1, 032	0	51. 00
61. 00					_		
62. 00 06200 FOHC	60. 00 06000 CLI NI C	0. 000000	0		0	0	60.00
71. 00 07100 AMBULANCE (2) 0. 000000 0 71. 00							61. 00
100.00 Total (Sum of Lines 40 - 71) 456,865 0 748,992 0 100.00		0. 000000	ł		0		
(1) For title V and VIV was released 1, 2, and 4 release			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.

Heal th	Financial Systems	PREAKNESS HEAL	THCARE CENTER		In Lie	u of Form CMS-2	2540-10
APPORT	IONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315361	Period: From 01/01/2022 To 12/31/2022	5/30/2023 3:1	
			Ti tl	e XVIII	Skilled Nursing Facility	PPS	
	Cost Center Description		·			1. 00	
	PART II - APPORTIONMENT OF VACCINE COST					1.00	
1.00	Drugs charged to patients - ratio of o	ost to charges	(From Workshee	t C. column 3	. line 49)	1, 124051	1.00
2.00	Program vaccine charges (From your red					0	2. 00
3.00	00 Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet						3. 00
	E, Part I, line 18)						
	Cost Center Description Total Cost Nursing & Ratio of Program Part A Part						
			Allied Health		Cost (From	& Allied	
		· ·	(From Wkst. B,			Heal th Costs	
		18	Part I, Col. 14)	Costs to Tota Costs - Part	, , , ,	for Pass Through (Col.	
			14)	(Col. 2 / Col		3 x Col . 4)	
				1)		3 X 001. 4)	
		1.00	2.00	3.00	4. 00	5. 00	
	PART III - CALCULATION OF PASS THROUGH COST	FOR NURSING &	ALLI ED HEALTH				
	ANCILLARY SERVICE COST CENTERS						
	04000 RADI OLOGY	4, 749	l e	1 0.0000		0	
	04100 LABORATORY	21, 169	0	0.00000		0	1
	04200 I NTRAVENOUS THERAPY	0	0	0.00000		0	
	04300 OXYGEN (INHALATION) THERAPY	890, 835	l e	0.00000		0	
	04400 PHYSI CAL THERAPY	669, 348	l e	0.00000		0	1 00
	04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY	597, 408 303, 789		0.00000		0	
	04700 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	303, 789		0.00000		0	
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	43, 230		0.00000		0	
	04900 DRUGS CHARGED TO PATIENTS	390, 419	l e	0.00000		0	
	05000 DENTAL CARE - TITLE XIX ONLY	0,0,11,	l	•		0	
	05100 SUPPORT SURFACES	60, 749	Ö			0	
	1	2, 981, 696	l o		1		100.00

COMPLIT	ealth Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of OMPUTATION OF INPATIENT ROUTINE COSTS Provider No.: 315361 Period: Work							
COMI O	ATTON OF THE ATTENT ROOTING 50515	Trovider No 313301	From 01/01/2022 To 12/31/2022	Parts I-II Date/Time Pre 5/30/2023 3:1	pared:			
	Title XVIII Skilled Nursing Facility							
	-		racitity	1				
	T			1. 00				
	PART I CALCULATION OF INPATIENT ROUTINE COSTS INPATIENT DAYS				-			
1. 00	Inpatient days including private room days			96, 205	1.00			
2. 00	Private room days			70, 203	2.00			
3.00	Inpatient days including private room days applicable to the F	Program		3, 236				
4. 00	Medically necessary private room days applicable to the Progra			0	4. 00			
5.00	Total general inpatient routine service cost			47, 295, 239	5. 00			
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
6. 00	General inpatient routine service charges			35, 197, 300				
7. 00	General inpatient routine service cost/charge ratio (Line 5 c	livided by line 6)		1. 343718				
8. 00	Enter private room charges from your records			0				
9. 00	Average private room per diem charge (Private room charges lir 2)	ne 8 divided by private	room days, line	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 divide	d by	365. 86				
	semi -pri vate room days)	onar goo i i no i o, ai i i ao	u 2)	000100				
12. 00		ıs line 11)		0.00	12.00			
13. 00	Average per diem private room cost differential (Line 7 times	0.00	13.00					
14.00								
15. 00	00 General inpatient routine service cost net of private room cost differential (Line 5 minus line 14) 47,295,239 PROGRAM INPATIENT ROUTINE SERVICE COSTS							
16. 00		vided by line 1)		491. 61	16. 00			
17. 00				1, 590, 850				
18. 00	, ,	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 co	sts (From Wkst. B, Par	t II column 18,	3, 784, 645	20. 00			
	line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)							
21. 00				39. 34				
22. 00	Program capital related cost (Line 3 times line 21) Inpatient routine service cost (Line 19 minus line 22)			127, 304 1, 463, 546				
24. 00	1 '	ovider records)		1, 463, 546				
25. 00	1 33 3		nus line 24)	1, 463, 546				
	Enter the per diem limitation (1)	20 1110 20 111	21)	., 100, 040	26. 00			
27. 00		er diem limitation line	26) (1)		27. 00			
28. 00	Reimbursable inpatient routine service costs (Line 22 plus the	ne lesser of line 25 or	line 27)		28. 00			
	(Transfer to Worksheet E, Part II, line 4) (See instructions)							
(1) Li	nes 26 and 27 are not applicable for title XVIII, but may be us	sed for title V and or t	itle XIX					
				1. 00				
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS	FOR PPS PASS-THROUGH						
1. 00	Total SNF inpatient days			96, 205				
2.00	Program inpatient days (see instructions)			3, 236				
3.00	Total nursing & allied health costs. (see instructions) (Do not	complete for titles V	or XLX)	0	3. 00			
4.00	Nursing & allied health ratio. (line 2 divided by line 1)			0. 033637	4.00			

Health Financial Systems	E CENTER	In Lieu of Form CMS-2540-10			
CALCULATION OF REIMBURSEMENT SETTLEMEN	FOR TITLE XVIII	Provi der No.: 315361	From 01/01/2022	Worksheet E Part I Date/Time Prepared: 5/30/2023 3:17 pm	
		Title XVIII	Skilled Nursing	PPS	

		Title XVIII	Skilled Nursing Facility	PPS		
			raciiity			
				1. 00		
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURS	EMENT	<u>'</u>			
1.00	Inpatient PPS amount (See Instructions)			2, 615, 885	1.00	
2.00	Nursing and Allied Health Education Activities (pass through pa	yments)		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			328, 316	5. 00	
6.00	Allowable bad debts (From your records)			207, 894	6. 00	
7.00	Allowable Bad debts for dual eligible beneficiaries (See instru	ctions)		207, 894	7. 00	
8.00	Adjusted reimbursable bad debts. (See instructions)			135, 131	8. 00	
9.00	Recovery of bad debts - for statistical records only			0	9. 00	
10.00	Utilization review			0	10.00	
11. 00	Subtotal (See instructions)			2, 422, 700	11. 00	
12.00	Interim payments (See instructions)			2, 261, 041	12.00	
13.00	Tentati ve adjustment			0	13.00	
14.00	OTHER adjustment (See instructions)			0	14. 00	
14. 50	Demonstration payment adjustment amount before sequestration		0	14. 50		
14. 55	Demonstration payment adjustment amount after sequestration		0	14. 55		
14. 75	Sequestration for non-claims based amounts (see instructions)			1, 703	14. 75	
14. 99	Sequestration amount (see instructions)			26, 528	14. 99	
15.00		133, 428	15. 00			
16.00	5.00 Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)					
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER	OF COST OR CHARGES -	TITLE XVIII ONLY			
17.00	Ancillary services Part B			0	17. 00	
18.00	Vaccine cost (From Wkst D, Part II, line 3)			0	18. 00	
19. 00	Total reasonable costs (Sum of lines 17 and 18)			0	19. 00	
20.00	Medicare Part B ancillary charges (See instructions)			0	20. 00	
21. 00	Cost of covered services (Lesser of line 19 or line 20)			0	21. 00	
22. 00	Primary payor amounts			0	22. 00	
23. 00	Coinsurance and deductibles			0	23. 00	
24.00	Allowable bad debts (From your records)			0	24. 00	
24. 01	Allowable Bad debts for dual eligible beneficiaries (see instru	ctions)		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	Tentati ve 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	, ,			0	28. 99	
29. 00	Balance due provider/program (see instructions)			0	29. 00	
30. 00	Protested amounts (Nonallowable cost report items) in accordance	e with CMS Pub.15-2,	section 115.2	0	30. 00	

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

PPS

Title XVIII Skilled Nursing

			9 /////	Facility		
		Inpatien	t Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2. 00	3. 00	4. 00	
1.00	Total interim payments paid to provider		2, 261, 041		0	1. 00
2.00	Interim payments payable on individual bills, either		0		0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	enter zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	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)					
2 01	Program to Provider ADJUSTMENTS TO PROVIDER				0	2 01
3. 01 3. 02	ADJUSTMENTS TO PROVIDER		0		0	
3.02			0		0	
3. 03			0		0	
3. 05			0		0	
3.03	Provider to Program		0		0	3.03
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3. 51	THE TO THOUSE IN		ő		0	
3. 52			0		Ō	
3. 53			o o		Ō	
3.54			0		0	
3. 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50		0		0	3. 99
	- 3.98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		2, 261, 041		0	4. 00
	(Transfer to Wkst. E, Part I line 12 for Part A, and line					
	26 for Part B)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1) Program to Provider					
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02	TENTATIVE TO PROVIDER		0		0	
5. 02			0		0	
5.05	Provider to Program		<u> </u>		<u> </u>	3.03
5. 50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			o o		Ō	
5. 52			0		0	5. 52
5. 99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50		0		0	
	- 5. 98)					
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)					
6. 01	PROGRAM TO PROVIDER		133, 428		0	
6. 02	PROVI DER TO PROGRAM		0		0	
7. 00	Total Medicare program liability (see instructions)		2, 394, 469		0	7. 00
			Contract	tor Name	Contractor	
			1.	00	Number 2.00	
8. 00	Name of Contractor		1.	00	2.00	8. 00
0.00	maine of contractor		l		I	1 0.00

^{8.00 |}Name of Contractor | | (1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

ealth Financial Systems PREAKNESS HEALTHCARE CENTER In Lieu of Form CMS-2540-10

Health Financial Systems PREAKNESS HEAD
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

Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/30/2023 3:17 pm

11 y)		1	0 16		5/30/2023 3:1	/ pm
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3. 00	4. 00	
	ssets URRENT ASSETS					-
	Cash on hand and in banks		0	0	0	1.
- 1	emporary investments		Ö		0	
- 1	lotes recei vabl e	0	C	0	0	
00 A	ccounts receivable	0	C	0	0	
- 1	Other recei vabl es	0	O C	0	0	1
	ess: allowances for uncollectible notes and accounts	0	C	0	0	6.
- 1	recei vabl e nventory			0	0	7.
- 1	Prepaid expenses			0	0	
- 1	Other current assets		i c	0	0	
D. 00 D	Due from other funds	0	o c	0	0	10.
	OTAL CURRENT ASSETS (Sum of lines 1 - 10)	0	C	0	0	11.
_	I XED ASSETS	1	1	1		
- 1	and improvements	0	1	_	0	
- 1	and improvements ess: Accumulated depreciation		C	_	0	
- 1	Buildings			-	0	
- 1	ess Accumulated depreciation		i c	-	0	
	easehold improvements	0	C	0	0	17.
	ess: Accumulated Amortization	0	C	0	0	
	ixed equipment	0	C	0	0	
1	ess: Accumulated depreciation	0		0	0	1
1	uutomobiles and trucks .ess: Accumulated depreciation			0	0	
	lajor movable equipment			-	0	
1	ess: Accumulated depreciation		Ö	_	0	
- 1	li nor equi pment - Depreci abl e	0	C	0	0	
	li nor equi pment nondepreci abl e	0	o c	0	0	26
	ther fixed assets	0	C	0	0	1
	OTAL FIXED ASSETS (Sum of lines 12 - 27)	0	<u>C</u>	0	0	28
	THER ASSETS			0	0	1
4	nvestments Deposits on Leases		C	_	0	
4	Due from owners/officers			0	0	
- 1	Other assets	1		0	0	
8. 00 T	OTAL OTHER ASSETS (Sum of lines 29 - 32)	1	[c	0	0	33.
	OTAL ASSETS (Sum of lines 11, 28, and 33)	1	C	0	0	34.
	iabilities and Fund Balances					-
	URRENT LIABILITIES accounts payable		0	0	0	35
	alaries, wages, and fees payable			_	0	
	Payroll taxes payable		i c		0	
	lotes & Loans payable (Short term)	0	C	0	0	38
	Deferred income	0	C	0	0	
	ccel erated payments	0	_	_	_	40
1 -	Due to other funds	0	0	0	0	
	other current liabilities OTAL CURRENT LIABILITIES (Sum of lines 35 - 42)		C		0	
	ONG TERM LIABILITIES		1	0	0	43
	lortgage payable	C	C	0	0	44
. 00 N	lotes payabl e	0	C	0	0	45.
. 00 U	Insecured Loans	0	C	0	0	
- 1	oans from owners:	0	O C	0	0	
- 1	Other long term liabilities	0		0	0	
- 1	OTHER (SPECIFY) OTAL LONG TERM LIABILITIES (Sum of lines 44 – 49			0	0	
	OTAL LIABILITIES (Sum of lines 43 and 50)			_	0	
	API TAL ACCOUNTS			J	<u> </u>	1 "
	General fund balance	1				52
. 00 S	Specific purpose fund		C			53
	Donor created - endowment fund balance - restricted			0		54
- 1	Donor created - endowment fund balance - unrestricted			0		55
1	Soverning body created - endowment fund balance			0	_	56
1	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	
	replacement, and expansion					ا
	OTAL FUND BALANCES (Sum of Lines 52 thru 58)	1	0	0	0	59
	OTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and	1		O	0	
l e	(9)		1			1

Ceneral Fund Special Purpose Fund Endowment Fund						То	12/31/2022	Date/Time Pre 5/30/2023 3:1	pared: 7 pm
1.00			General	Fund	Speci al	Purp	oose Fund	Endowment Fund	
1.00									
2.00			1.00						
Total (sum of line 1 and line 2) Additions (credit adjustments) 0 3.00 0.00				0			0		
5.00 6.00 7.00 8.00 7.00 7.00 8.00 7.00				1			0		
6.00		Additions (credit adjustments)							
7. 00 8. 00 9. 00 0 0 0 0 0 0 0 0 0			0			0			
8.00 9.00 10.00 Total additions (sum of line 5 - 9) 10.00 11.00 Subtotal (line 3 plus line 10) 11.00 12.00 13.00 14.00 15.00 16.00 16.00 17.00 18.00 17.00 18.00 19.00 19.00 19.00 19.00 19.00 10.00 1			0			0			
10.00 Total additions (sum of line 5 - 9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adj ustments) 0			o o			0			
11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) 1 0 12.00 12.00 13.00 14.00 0 0 0 0 0 0 14.00 15.00 15.00 0 0 0 0 0 0 0 0 0			0	_		0	_	0	
12. 00 Deductions (debit adjustments)				0			ŭ		
13.00				'			0		
15.00			O			0		0	
16.00			0			0			
17.00			0			0		_	
19.00 Fund balance at end of period per balance 1			l o			0			
Sheet (Line 11 - line 18)				0			-		
Endowment Fund	19. 00			1			0		19. 00
1. 00 Fund balances at beginning of period 0 1. 00 2. 00 Net income (loss) (from Wkst. G-3, line 31) 0 0 3. 00 4. 00 4. 00 0 4. 00 4. 00 0 0 5. 00 6. 00 0 6. 00 7. 00 0 0 6. 00 7. 00 0 0 8. 00 9. 00 0 0 9. 00 10. 00 Total additions (sum of line 5 - 9) 0 0 10. 00 11. 00 Subtotal (line 3 plus line 10) 0 0 11. 00 12. 00 13. 00 0 13. 00 14. 00 0 14. 00 0		Janeer (Line 11 - 11the 10)	Endowment Fund	PI ant	Fund				
1. 00 Fund balances at beginning of period 0 1. 00 2. 00 Net income (loss) (from Wkst. G-3, line 31) 0 0 3. 00 4. 00 4. 00 0 4. 00 4. 00 0 0 5. 00 6. 00 0 6. 00 7. 00 0 0 6. 00 7. 00 0 0 8. 00 9. 00 0 0 9. 00 10. 00 Total additions (sum of line 5 - 9) 0 0 10. 00 11. 00 Subtotal (line 3 plus line 10) 0 0 11. 00 12. 00 13. 00 0 13. 00 14. 00 0 14. 00 0				7.00					
2.00 3.00 Additions (credit adjustments) 0 Additions (credit adjustments)	1 00	Fund halances at hoginning of pariod		7. 00	8.00	0			1 00
3.00 Total (sum of line 1 and line 2) 0 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 Total additions (sum of line 5 - 9) 0 0 10.00 12.00 Deductions (debit adjustments) 0 0 13.00 14.00 14.00 0 14.00 0 14.00 14.00 0 14.00 14.00 0 15.00 14.00 14.00 15.00 14.00 15.00 14.00 15.00 14.00 15.00						U			
5.00 6.00 7.00 8.00 9.00 10.00 Total additions (sum of line 5 - 9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) 0 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00			0			0			
6.00 7.00 8.00 9.00 10.00 Total additions (sum of line 5 - 9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) 0 0 0 13.00 14.00		Additions (credit adjustments)		0					
7.00 8.00 9.00 10.00 Total additions (sum of line 5 - 9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) 0 13.00 14.00				0					
9.00 10.00 Total additions (sum of line 5 - 9) 11.00 Subtotal (line 3 plus line 10) 12.00 Deductions (debit adjustments) 13.00 14.00 9.00 0 10.00 11.00 12.00 13.00 14.00				0					
10.00 Total additions (sum of line 5 - 9)				0					
11.00 Subtotal (line 3 plus line 10) 0 11.00 12.00 13.00 14.00 0 14.00 0 14.00 15.00 1		Total additions (sum of line 5 - 9)	0	U		0			
13. 00 14. 00			o o			0			
14. 00		Deductions (debit adjustments)							
				0					
				0					
16.00				0					
17.00 0 17.00 18.00 Total deductions (sum of lines 13 - 17) 0 18.00		Total deductions (cum of lines 12 17)		0					
18.00 Total deductions (sum of lines 13 - 17) 0 0 18.00 19.00 Fund balance at end of period per balance 0 0 19.00			0						
sheet (Line 11 - line 18)									

Health Financial Systems PREAKNESS HEALTHCARE CENTER				In Lieu of Form CMS-2540-10			
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provide		Provi der		Peri od: From 01/01/2022 To 12/31/2022 Date/Time Pre 5/30/2023 3:1			
	Cost Center Description		I npati ent	Outpati ent	Total		
	DADT I DATIENT DEVENUEC		1.00	2. 00	3. 00		
	PART I - PATIENT REVENUES General Inpatient Routine Care Services						
1. 00	SKILLED NURSING FACILITY		34, 248, 14	2	34, 248, 142	1. 00	
2.00	NURSING FACILITY		34, 240, 14		34, 240, 142	2.00	
3.00	ICF/IID				0	3. 00	
4. 00	OTHER LONG TERM CARE			n	0	4. 00	
5. 00	Total general inpatient care services (Sum of lines 1 - 4)		34, 248, 14	2	34, 248, 142	5. 00	
All Other Care Services						0.00	
6.00	ANCI LLARY SERVI CES			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	
	HOSPI CE			0	0	12. 00	
	OTHER (SPECIFY)			0	0	13. 00	
14. 00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer colur	mn 3 to	34, 248, 14	2 0	34, 248, 142	14. 00	
	Worksheet G-3, Line 1)						
	Cost Center Description			1.00			
DADT II. OPEDATING SYNERICS				1. 00	2. 00		
1 00	PART II - OPERATING EXPENSES				22 204 025	1 00	
1. 00 2. 00	Operating Expenses (Per Worksheet A, Col. 3, Line 100) Add (Specify)			0	33, 296, 025	1. 00 2. 00	
3.00	COUNTY-WIDE CENTRAL SERVICE			7, 293, 179	l	3. 00	
4.00	COUNTY-WIDE CENTRAL SERVICE			16, 297, 779	l	4. 00	
5.00	CAPITAL INTEREST EXPENSE			2, 304, 643	•	5.00	
6.00	CAPITAL ASSET DEPRECIATION			3, 018, 639	•	6. 00	
7. 00				0,010,007	l e	7. 00	

28, 914, 240

9. 00 10. 00

12.00

13. 00 24, 631 14. 00

62, 185, 634 15. 00

Total Additions (Sum of lines 2 - 7)

9.00 Deduct (Specify)
10.00 CREDIT ADJ FOR MENTAL HLTH-INDIGENT
11.00 PHYSICIAN RCE DISALLOWANCE

14.00 Total Deductions (Sum of lines 9 - 13)

15.00 Total Operating Expenses (Sum of lines 1 and 8, minus line 14)

8.00

12.00

13.00

Heal th	Health Financial Systems PREAKNESS HEALTHCARE CENTER In Lie			eu of Form CMS-2540-10						
STATEM	STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider No.: 315361 Period:			Worksheet G-3						
			From 01/01/2022 To 12/31/2022	D-+- /T: D						
	Date/Time Prepared: 5/30/2023 3:17 pm									
				37 307 2023 3. 1	/ piii					
				1. 00						
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)				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						
	Other income:									
6.00	Contributions, donations, bequests, etc				6. 00					
7.00	0 Income from investments				7. 00					
8.00	00 Revenues from communications (Telephone and Internet service)				8. 00					
9. 00	Revenue from television and radio service			0	9. 00					
	Purchase di scounts			0	10.00					
	Rebates and refunds of expenses			0	11. 00					
	Parking lot receipts			0	12. 00					
	Revenue from Laundry and Linen service			0	13. 00					
	00 Revenue from meals sold to employees and guests				14. 00					
	Revenue from rental of living quarters				15. 00					
	Revenue from sale of medical and surgical supplies to other than patients			0	1 .0.00					
	Revenue from sale of drugs to other than patients			0	17. 00					
	Revenue from sale of medical records and abstracts			0	1 .0.00					
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19. 00					
	Revenue from gifts, flower, coffee shops, canteen			0	20. 00					
	Rental of vending machines			0	21. 00					
	Rental of skilled nursing space			0	22. 00					
	Governmental appropriations			27, 937, 493						
24. 00	Other miscellaneous revenue (specify)			0	24. 00					

0 24.00 0 24.50 193 25.00 1 26.00 0 27.00 0 28.00 0 29.00

0 30.00 1 31.00

27, 937, 493

24. 50 COVID-19 PHE Funding
25. 00 Total other income (Sum of lines 6 - 24)
26. 00 Total (Line 5 plus line 25)
27. 00 Other expenses (specify)

30.00 Total other expenses (Sum of lines 27 - 29)
31.00 Net income (or loss) for the period (Line 26 minus line 30)

28. 00 29. 00 Supplemental Schedules Required by the Medicaid Program

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		
	ATION OR FALSIFICATION OF ANY INFORMATI UNISHABLE BY FINE AND/OR IMPRISONMENT		
supporting schedules, and ending on 12/31/2	that I have read the above statement and that I have ex and financial information prepared for the facility with a 2022, and that to the best of my knowledge and belief, it oks and records of the providers(s) in accordance with N	Cost Report period beginn is a true, correct, and com	ing on 01/01/2022 plete statement
	Printed Nan	ne: Lucinda Corrado	
	Ti	tle: Executive Director	
	Signatu	re: <u>Lucindo</u> (<u>lionalo, LN</u> NA
	Date Sign	ed: <u>5/30/23</u>	
	Phone Numb	er: <u>(</u> 973) 585-2169	
	Email Addre	ss: lcorrado@passaicco	untynj.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

njnfcr@mslc.com

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

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

Version:

3.00

Department of Human Services

Nursing Facility Rate Setting and Reimbursement Cost Report

Schedule A - General Input

		Facility Name			care Center					
	Peri	od Beginning:	J	anuary 1,	2022			Number o	of Months: 12	
	P	Period Ending:	Dec	cember 3	1, 2022					1
	D.	H.S. Number:		16518				Please t	ype in the green cells	
	Mo	olina Number:		449730	9				ONLY.	
	Facili	ty Telephone:		973-904-5	000					
		FAX Number:								
	Е	mail Address:	Icorrado	@passaic	countynj.org			Website:	www.passaiccour	ntynj.org
1. 2.	(A) X	A. Hospital Nursing Fac	Type of Facility (B)	(Chec	al Administrativ	ks with an "	X ")		B. Type of Ownersh Proprietary Voluntary	nip
3.		Residential	Unit					Х	Governmental	
4.		Medical Day						X	Other * SCNF - Spec	ify:
_	V	(a : 10								
5	Х	Special Car							D 11.11	1 1
		TYPE:	BMGT						<u>Building</u>	<u>Land</u>
		DHS#	1651B							
		MOLINA #	4497317							
	V							Owned b	y Operator X	X
6	Х	Special Care					1.6	D 1 4 10		
		TYPE:	VENT			Lea	ased from	Related O	rganization	
		DHS#	1651V				.,			
		MOLINA #	253596			Leas	ea from U	nrelated O	rganization	
7.		Special Care	۵.							
/·		TYPE:	o.				Name of I	licensee O	wning Facility:	
		DHS#					1 101116 01 1		SSAIC COUNTY	
		MOLINA #						17	100/110 0001111	
		INIOEINA #			•		Name of 0	Organizatio	on Operating Facility:	
8.		Other-Speci	fv:				rianio or i	_	SSAIC COUNTY	
		TYPE:	.,,							
		DHS#								
		MOLINA #								
				<u> </u>					C. Cost Report Prepa	rer
						C	Company	PINO COI	NSULTING GROUP IN	1C
							ct Name	JOSEPH		
									MONS WAY, BLDG A	
									VER, NJ 08755	
						Phone	Number	(609) 448-		
						E-mail	Address		CONSULTING.COM	

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

		Total							
		(A)	(B)	(C)	(D)				
				Recoveries	Net				
				for Medicaid	Ancillary				
SCNF Ancillary Services		Salaries	Fees	Patients	Expenses				
1.00 Respiratory Therapists	RESP				-				
Rehabilitative Services*									
2.00 Physical Therapy		334,893	11,339		346,232				
3.00 Occupational Therapy		310,957	11,333		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				
		(E)	(E)	(0)	410				
		(E)	(F)	(G)	(H)				
		Charges Associated with SCNF Medicaid Residents	All Other Charges	Total Charges	Medicaid SCNF Net Ancillary Expenses				
1.00 Respiratory Therapists		Charges Associated with SCNF Medicaid			Medicaid SCNF Net Ancillary				
1.00 Respiratory Therapists Rehabilitative Services*		Charges Associated with SCNF Medicaid			Medicaid SCNF Net Ancillary				
		Charges Associated with SCNF Medicaid			Medicaid SCNF Net Ancillary				
Rehabilitative Services*		Charges Associated with SCNF Medicaid Residents	All Other Charges	Total Charges -	Medicaid SCNF Net Ancillary Expenses				
Rehabilitative Services* 2.00 Physical Therapy 3.00 Occupational Therapy 4.00 Speech/Language Pathology		Charges Associated with SCNF Medicaid Residents	All Other Charges	Total Charges - 346,232	Medicaid SCNF Net Ancillary Expenses -				
Rehabilitative Services* 2.00 Physical Therapy 3.00 Occupational Therapy		Charges Associated with SCNF Medicaid Residents 18,606 16,711	327,626 294,246	Total Charges - 346,232 310,957	Medicaid SCNF Net Ancillary Expenses - 18,606 16,711				

^{*} As defined by N.J.A.C. 8:85 - 2.4

^{**} Including Neuropsychological Treatment

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

		Total								
		(A)	(B)	(C)	(D)					
				Recoveries	Net					
				for Medicaid	Ancillary					
SCNF Ancillary Services		Salaries	Fees	Patients	Expenses					
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					
		(E)	(F)	(G)	(H)					
		Charges								
		Associated with			Medicaid SCNF					
		•	All Other Charges	Total Charges	Medicaid SCNF Net Ancillary Expenses					
1.00 Respiratory Therapists		Associated with SCNF Medicaid	All Other Charges	Total Charges	Net Ancillary					
		Associated with SCNF Medicaid Residents	-		Net Ancillary Expenses					
Rehabilitative Services*		Associated with SCNF Medicaid Residents 731,096	61,426	792,522	Net Ancillary Expenses 731,096					
Rehabilitative Services* 2.00 Physical Therapy		Associated with SCNF Medicaid Residents 731,096	61,426	792,522 346,232	Net Ancillary Expenses 731,096					
Rehabilitative Services* 2.00 Physical Therapy 3.00 Occupational Therapy		Associated with SCNF Medicaid Residents 731,096 8,310 7,463	61,426 337,922 303,494	792,522 346,232 310,957	Net Ancillary Expenses 731,096 8,310 7,463					
Rehabilitative Services* 2.00 Physical Therapy 3.00 Occupational Therapy 4.00 Speech/Language Pathology		Associated with SCNF Medicaid Residents 731,096	61,426	792,522 346,232	Net Ancillary Expenses 731,096					
Rehabilitative Services* 2.00 Physical Therapy 3.00 Occupational Therapy		Associated with SCNF Medicaid Residents 731,096 8,310 7,463	61,426 337,922 303,494	792,522 346,232 310,957	Net Ancillary Expenses 731,096 8,310 7,463					

^{*} As defined by N.J.A.C. 8:85 - 2.4

^{**} Including Neuropsychological Treatment

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

		Total							
		(A)	(B)	(C)	(D)				
				Recoveries	Net				
				for Medicaid	Ancillary				
SCNF Ancillary Services		Salaries	Fees	Patients	Expenses				
1 00 Dospiratow Thoranists	RESP								
1.00 Respiratory Therapists	KESP				-				
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*				-					
Rehabilitative Services* 2.00 Physical Therapy				-	-				
2.00 Physical Therapy3.00 Occupational Therapy					-				
2.00 Physical Therapy3.00 Occupational Therapy4.00 Speech/Language Pathology				-	-				
2.00 Physical Therapy3.00 Occupational Therapy				-					

^{*} 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:	1651	8		
Molina Number:	449730	9		
Cost Report FYE:	12/31/2	2		
	ON OR FALSIFICATION OF ANY INI SHABLE BY FINE AND/OR IMPRISO			

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 form 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
nue.	Executive Director
Signature:	
Date Signed:	
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

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.

	(A)	(B)	(c)	(D) Specialized Care Nursing	(E)	(F)	(G)	(H)	(I) Total Charges	(J) Total Charges from Cost	* See Note # 1 Below (K)	(L)
			Nursing Facility (NF)	Facility (SCNF) Medicaid	NF Medicare	SCNF Medicare	NF Other	SCNF Other	(Sum Col. C through	Report	Variance	
	Cost Center Line Number	Ancillary Cost Center Description	Medicaid Charges	Charges	Charges	Charges	Charges	Charges	Col. H)	(CR Wrksht C)	(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.

*See Note # 1 Below

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)	(B)	(C)	(D) Specialized Care	(E)	(F)	(G)	(H)	(1)	(μ)	(K)	(L)	(M)
				Nursing Facility						Total Charges	Total Charges from		
	Cost Center Line	Amaillana Cant Cantan Danasintian	Nursing Facility (NF)	(SCNF) Medicaid Charges	NF Medicare	SCNF Medicare	NF Other	SCNF Other	Harried Charac	(Sum Col. C through	Cost Report	Variance	
-	Number	Ancillary Cost Center Description	Medicaid Charges	Charges	Charges	Charges	Charges	Charges	Hospital Charges	Col. I)	(CR Wrksht C part I)	(COL. J - COL. K)	Provider Explanation of Variance
1.00	50.00	OPERATING ROOM								Ι.			
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)											
		(0.110.110.100.010.1)								l			
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)								-			
										1			
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



PREAKNESS HEALTHCARE CENTER RECONCILIATION OF REPORTED COSTS TO FINANCIAL STATEMENTS

	CALENDAR YEAR 2022								
	PER COUNTY	DED 115 000T							
	FINANCIAL STATEMENTS	PER NF COST REPORT	DIFFERENCE						
SALARIES AND WAGES	STATEMENTS	KEFOKI	DIFFERENCE						
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							
TOTAL SALARIES AND WAGES	\$ 26,049,112.24	\$ 26,049,112.24	\$ -						
OTHER EXPENSES									
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	\$ -						
TOTAL OTHER EXPENSES	\$ 7,246,912.54	\$ 7,246,912.54	\$ -						
TOTAL DIRECT COSTS, EXCLUDING OTHER COST REPORT									
ADJUSTMENTS	\$ 33,296,024.78	\$ 33,296,024.78	\$ -						
OTHER COST REPORT ADJUSTMENTS									
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)							
TOTAL OTHER COST REPORT ADJUSTMENTS		\$ 22,745,935.22	:						
TOTAL COSTS REPORTED	;	\$ 56,041,960.00	:						
PER CMS-2540, SCHEDULE A, COLUMN 7	:	\$ 56,041,960.00	1						
DIFFERENCE		\$ -	:						

PREAKNESS HEALTHCARE CENTER TRIAL BALANCE OF EXPENSES CALENDAR YEAR 2022

		NE	T EXPENDED IN CA	I FNDAR YFAR 201	12				ADUSTED		ADUSTED
EXPENSE ACCOUNT DESCRIPTION	ACCOUNT NUMBER	CURRENT FUND			TOTAL PAID	ADJUSTMENTS	RECLASSIFIED	REF	TOTAL	MEDICARE COST REPORT COST CENTER	TOTAL
SALARIES & WAGES:											
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-PYSCH GRANT	-
TOTAL SALARIES & WAGES		25,981,298.43	(130,516.19)	198,330.00	26,049,112.24	-	-		26,049,112.24		26,049,112.24
OTHER EXPENSES:											
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: ACCOUNTING	Y-01-27-172-001-213 Y-01-27-172-001-213	1,525,256.29	278,113.18		1,803,369.47		(1,772,330.06)		31,039.41	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	31,039.41
BILLING SERVICES	Y-01-27-172-001-213						42.643.48	(A)	42.643.48	ADMINISTRATIVE & GENERAL 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 EMPLOYEE REIMBURSEMENT	Y-01-27-172-001-213 Y-01-27-172-001-213				-		-	(A)	-	SKILLED NURSING FACILITY ADMINISTRATIVE & GENERAL	-
ADMINISTRATIVE MONITORING SERVICE	Y-01-27-172-001-213 Y-01-27-172-001-213							(A)		ADMINISTRATIVE & GENERAL 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 SUPPLIES AND EQUIPMENT	Y-01-27-172-001-213 Y-01-27-172-001-213				-		768,106.35 23,957.19	(A)	768,106.35 23,957.19	SKILLED NURSING FACILITY CENTRAL SERVICES & SUPPLY	768,106.35 23,957.19
PEST CONTROL	Y-01-27-172-001-213						2,059.00	(A)	2,059.00	PLANT OPERATION, MAINT, & REPAIRS	23,957.19
REFUND TO RESIDENT	Y-01-27-172-001-213						2,033.00	(A)	2,055.00	ADMINISTRATIVE & GENERAL	2,033.00
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) ARBITRATION FEE	Y-01-27-172-001-213 Y-01-27-172-001-213				-		-	(A)	-	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	-
CHAPLAIN SERVICES	Y-01-27-172-001-213 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						51,147.55	(A)	31,147.33	ADMINISTRATIVE & GENERAL	31,147.33
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 OVERNIGHT DELIVERY	Y-01-27-172-001-213 Y-01-27-172-001-213				-		5,597.44 1.034.85	(A)	5,597.44 1.034.85	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	5,597.44 1,034.85
PHYSICIAN FEE	Y-01-27-172-001-213						1,034.85	(A)	1,034.85	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	1,034.85
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 EQUIPMENT RENTAL (POSTAGE METER)	Y-01-27-172-001-219 Y-01-27-172-001-221	151,098.42 971.18	23,981.48 3.320.52		175,079.90				175,079.90	PLANT OPERATION, MAINT. & REPAIRS CAP REL COSTS - BLDGS & FIXTURES	175,079.90
EXPENDABLE EQUIPMENT (NON-DEPRECIABLE)	Y-01-27-172-001-221 Y-01-27-172-001-223	69.019.27	13.948.98		4,291.70 82.968.25				4,291.70 82.968.25	CAP REL COSTS - BLDGS & FIXTURES CAP REL COSTS - BLDGS & FIXTURES	4,291.70 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		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 CHAPLAIN	Y-01-27-172-001-233 Y-01-27-172-001-233				-		-	(B)	-	ADMINISTRATIVE & GENERAL SOCIAL SERVICE	-
PSYCHOLOGIST (HASSON)	Y-01-27-172-001-233 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

		NI	ET EXPENDED IN CA	LENDAR YEAR 202	12				ADUSTED		ADUSTED
EXPENSE ACCOUNT DESCRIPTION	ACCOUNT NUMBER	CURRENT FUND	RESERVE FUND	GRANT FUND	TOTAL PAID	ADJUSTMENTS	RECLASSIFIED	REF	TOTAL	MEDICARE COST REPORT COST CENTER	TOTAL
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			(0)	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	32,020.04	400.00		51,420.04				52,420.04	ADMINISTRATIVE & GENERAL	51,420.04
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		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		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		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-PYSCH GRANT	2,550.00
MEDICAL/HOSPITAL/DRUG	G-01-41-713-016-M01				-				-	NON-REIMBURSEABLE GERO-PYSCH GRANT	
TOTAL OTHER EXPENSES		6,143,740.72	1,100,621.82	2,550.00	7,246,912.54		0.00		7,246,912.54		7,246,912.54
GRAND TOTAL EXPENSES		32,125,039.15	970,105.63	200,880.00	33,296,024.78		0.00		33,296,024.78		33,296,024.78
VERIFICATION TO FINACIAL 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				

THER 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-PYSCH GRANT	2,550.00
TOTAL	7,246,912.54

Account No		Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD %Us Unexpended	sed
2-01-27-170-002-M01		MEDICAL/HOSE	PITAL/DRUG					
			625,180.00 392,426.75 392,426.75	0.00 232,753.25	0.00 0.00 0.00	625,180.00 0.00 625,180.00	0.00 232,753.25	100
Extd: 002	Total							
	_		3,660,900.00 2,471,559.16 2,471,559.16	0.00 873,339.96	0.00 0.00 0.00	3,660,900.00 0.00 3,344,899.12	316,000.88 1,189,340.84	91
Department: 170	Total		4,003,262.00 2,753,689.10 2,753,689.10	0.00 879,044.40	0.00 0.00 0.00	4,003,262.00 0.00 3,632,733.50	370,528.50 1,249,572.90	91
2-01-27-172-001-000 2-01-27-172-001-100		PREAKNESS HO						
2-01-27-172-001-101		BASE PAY	27,779,000.00 22,830,302.50 22,830,302.50	0.00 0.00	3,078,001.00- 208,330.00 208,330.00	24,700,999.00 0.00 22,621,972.50	2,079,026.50 2,079,026.50	92
2-01-27-172-001-105		OVERTIME	2,400,000.00 3,086,743.96 3,086,743.96	0.00 0.00	0.00 0.00 0.00	2,400,000.00 0.00 3,086,743.96	686,743.96- 686,743.96-	
2-01-27-172-001-1UA		UNIFORM ALLO			0.00	3,000,7.13130		
			321,000.00 272,581.97 272,581.97	0.00 0.00	0.00 0.00 0.00	321,000.00 0.00 272,581.97	48,418.03 48,418.03	85
Control: 100	Total		30,500,000.00 26,189,628.43 26,189,628.43	0.00 0.00	3,078,001.00- 208,330.00 208,330.00	27,421,999.00 0.00 25,981,298.43	1,440,700.57 1,440,700.57	95
2-01-27-172-001-200 2-01-27-172-001-201		PREAKNESS HO	OSPITAL O/E					
			50,000.00 18,500.23 18,500.23	0.00 3,764.87	0.00 0.00 0.00	50,000.00 0.00 22,265.10	27,734.90 31,499.77	45
2-01-27-172-001-207		BUILDING MA	NTENANCE					
			60,000.00 70,239.09 70,239.09	0.00 3,480.63	0.00 0.00 0.00	60,000.00 0.00 73,719.72	13,719.72- 10,239.09-	
2-01-27-172-001-211		CONFERENCES	6,000.00 954.00 954.00	0.00 2,703.00	0.00 0.00 0.00	6,000.00 0.00 3,657.00	2,343.00 5,046.00	61
2-01-27-172-001-213		CONTRACTED S			0100	3,337100		
			3,200,000.00 1,525,256.29 1,525,256.29	0.00 646,109.14	200,000.00 0.00 0.00	3,400,000.00 0.00 2,171,365.43	1,228,634.57 1,874,743.71	64

Account No	Description Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD %Used Unexpended
2-01-27-172-001-215	COPY MACHINE SUPPLIES				
	16,000.00 6,548.04 6,548.04	0.00 9,451.96	0.00 0.00 0.00	16,000.00 0.00 16,000.00	0.00 100 9,451.96
2-01-27-172-001-217	EDUCATION/TRAINING 79,000.00 15,904.15 15,904.15	0.00 8,356.58	0.00 0.00 0.00	79,000.00 0.00 24,260.73	54,739.27 31 63,095.85
2-01-27-172-001-219	EQUIPMENT MAINTENANCE		0.00	24,200.73	
	225,000.00 151,098.42 151,098.42	0.00 47,584.30	0.00 0.00 0.00	225,000.00 0.00 198,682.72	26,317.28 88 73,901.58
2-01-27-172-001-221	EQUIPMENT RENTAL 25,000.00 971.18 971.18	0.00 56.80	0.00 0.00 0.00	25,000.00 0.00 1,027.98	23,972.02 4 24,028.82
2-01-27-172-001-223	EXPENDABLE EQUIPMENT 130,000.00 69,019.27 69,019.27	0.00 77,981.88	0.00 0.00 0.00	130,000.00 0.00 147,001.15	17,001.15- 113 60,980.73
2-01-27-172-001-225	JANITORIAL SUPPLIES		0.00	147,001.13	
	200,000.00 228,351.24 228,351.24	0.00 28,392.27	0.00 0.00 0.00	200,000.00 0.00 256,743.51	56,743.51- 128 28,351.24-
2-01-27-172-001-231	PRINTING				
	13,000.00 99.99 99.99	0.00 6,794.00	0.00 0.00 0.00	13,000.00 0.00 6,893.99	6,106.01 53 12,900.01
2-01-27-172-001-233	PROFESSIONAL/CONSULTANTS 408,000.00 495,662.77 495,662.77	0.00 132,329.88	600,000.00 2,550.00 2,550.00	1,008,000.00 0.00 625,442.65	382,557.35 62 514,887.23
2-01-27-172-001-237	STATIONERY/OFFICE SUPPLIES 35,000.00 27,351.11 27,351.11	0.00 19,816.00	0.00 0.00 0.00	35,000.00 0.00 47,167.11	12,167.11- 135 7,648.89
2-01-27-172-001-239	SUBSCRIPTION/DUES				
	35,000.00 31,026.64 31,026.64	0.00 400.00	0.00 0.00 0.00	35,000.00 0.00 31,426.64	3,573.36 90 3,973.36
2-01-27-172-001-245	TRAVEL 5,000.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	5,000.00 0.00 0.00	5,000.00 0 5,000.00
2-01-27-172-001-249	VEHICLE MAINTENANCE		0.00	0.00	
	3,000.00 3.00 3.00	0.00 0.00	0.00 0.00 0.00	3,000.00 0.00 3.00	2,997.00 0 2,997.00

Account No		Description Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD %Used Unexpended
2-01-27-172-001-F04		FOOD 1,550,000.0 1,525,968.0 1,525,968.0	5 276,335.18	0.00 49,551.95 49,551.95	1,550,000.00 0.00 1,752,751.28	202,751.28- 113 73,583.90
2-01-27-172-001-K01 2-01-27-172-001-L05		KITCHEN SUPPLIES 115,000.0 256,575.4 256,575.4	9 58,907.39	0.00 48.00 48.00	115,000.00 0.00 315,434.88	200,434.88- 274 141,527.49-
		LAUNDRY 625,000.0 770,317.1 770,317.1	89,028.60	0.00 0.00 0.00	625,000.00 0.00 859,345.70	234,345.70- 138 145,317.10-
2-01-27-172-001-M01		MEDICAL/HOSPITAL/DRUG 1,350,000.0 1,507,261.4 1,507,261.4	2 143,539.04	0.00 0.00 0.00	1,350,000.00 0.00 1,650,800.46	300,800.46- 122 157,261.42-
2-01-27-172-001-M02		MEALS ON WHEELS 0.0 807,537.3 807,537.3	1 162,964.69	0.00 1,344,019.00 1,344,019.00	0.00 0.00 373,517.00-	373,517.00 0 536,481.69
2-01-27-172-001-M03		MEDICAL TRANSPORTATION 16,000.0 6,432.0 6,432.0	0 10,568.00	0.00 0.00 0.00	16,000.00 0.00 17,000.00	1,000.00- 106 9,568.00
2-01-27-172-001-P01		PATIENT ACTIVITIES 54,000.0 24,832.8 24,832.8	8 8,028.97	0.00 0.00 0.00	54,000.00 0.00 32,861.85	21,138.15 61 29,167.12
Control: 200 Extd: 001	Total	8,200,000.0 7,539,909.6 7,539,909.6	0.00 7 1,736,593.18	800,000.00 1,396,168.95 1,396,168.95	9,000,000.00 0.00 7,880,333.90	1,119,666.10 88 2,856,259.28
		38,700,000.0 33,729,538.1 33,729,538.1	0 1,736,593.18	2,278,001.00- 1,604,498.95 1,604,498.95	36,421,999.00 0.00 33,861,632.33	2,560,366.67 93 4,296,959.85
Department: 172	Total	38,700,000.0 33,729,538.1 33,729,538.1	0 1,736,593.18	2,278,001.00- 1,604,498.95 1,604,498.95	36,421,999.00 0.00 33,861,632.33	2,560,366.67 93 4,296,959.85
2-01-27-176-001-000 2-01-27-176-001-100 2-01-27-176-001-101		OFFICE ON AGING OFFICE ON AGING S&W BASE PAY				
		136,100.0 189,589.9 189,589.9	7 0.00	0.00 53,489.97 53,489.97	136,100.00 0.00 136,100.00	0.00 100 0.00
2-01-27-176-001-1WE		WEATHERIZATION SW 0.0 304,568.8 304,568.8	4 0.00	0.00 304,568.84 304,568.84	0.00 0.00 0.00	0.00 0 0.00

Account No	Descri	ption Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD %Us Unexpended	ed
1-01-27-170-001-241	TELEPH	ONE					
		956.43 252.63 252.63	0.00 0.00	0.00 0.00 0.00	956.43 0.00 252.63	703.80 703.80	26
1-01-27-170-001-245	TRAVEL	2,000.00 15.29 15.29	0.00 0.00	0.00 0.00 0.00	2,000.00 0.00 15.29	1,984.71 1,984.71	1
1-01-27-170-001-PE1	PROGRA	M EXPENSE					
		3,000.00 277.99 277.99	0.00 0.00	0.00 0.00 0.00	3,000.00 0.00 277.99	2,722.01 2,722.01	9
Control: 200	Total	8,192.03 1,095.85 1,095.85	0.00 0.00	0.00 0.00 0.00	8,192.03 0.00 1,095.85	7,096.18 7,096.18	13
Extd: 001	DEPARTMENT OF YOU	TH SERVICES Total 21,396.21 1,095.85 1,095.85	0.00	0.00 0.00 0.00	21,396.21 0.00 1,095.85	20,300.36 20,300.36	5
1-01-27-170-002-205	BEDDIN	G/BLANKETS					
2 02 27 270 002 203		22,505.98 22,505.98 22,505.98	0.00 0.00	0.00 0.00 0.00	22,505.98 0.00 22,505.98	0.00 0.00	100
1-01-27-170-002-213	CONTRA	CT SERVICES		0100	22,505150		
		214,375.87 42,525.00 42,525.00	0.00 0.00	170,000.00- 0.00 0.00	44,375.87 0.00 42,525.00	1,850.87 1,850.87	96
1-01-27-170-002-217	EDUCAT	ION/TRAINING					
		154,794.29 0.00 0.00	0.00 0.00	150,000.00- 0.00 0.00	4,794.29 0.00 0.00	4,794.29 4,794.29	0
1-01-27-170-002-M01		L/HOSPITAL/DRUG 117,373.06 0.00 0.00	0.00 0.00	110,000.00- 0.00 0.00	7,373.06 0.00 0.00	7,373.06 7,373.06	0
Extd: 002	Total	509,049.20 65,030.98 65,030.98	0.00 0.00	430,000.00- 0.00 0.00	79,049.20 0.00 65,030.98	14,018.22 14,018.22	82
Department: 170	Total						
		530,445.41 66,126.83 66,126.83	0.00 0.00	430,000.00- 0.00 0.00	100,445.41 0.00 66,126.83	34,318.58 34,318.58	66
1-01-27-172-001-000 1-01-27-172-001-100 1-01-27-172-001-101		ESS HOSPITAL ESS HOSPITAL S&W					
T 01 51 .115-001-101	DAJE P	1,036,424.90 8,312.03 8,312.03	0.00 0.00	790,000.00- 0.00 0.00	246,424.90 0.00 8,312.03	238,112.87 238,112.87	3

Account No		Description	Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD %Use Unexpended	ed
1-01-27-172-001-105		OVERTIME						
			449,560.45- 138,828.22- 138,828.22-	0.00 0.00	0.00 0.00 0.00	449,560.45- 0.00 138,828.22-	310,732.23- 310,732.23-	31
1-01-27-172-001-1UA		UNIFORM ALLO						_
			72,619.36 0.00 0.00	0.00 0.00	0.00 0.00 0.00	72,619.36 0.00 0.00	72,619.36 72,619.36	0
Control: 100	Total		659,483.81 130,516.19-	0.00 0.00	790,000.00- 0.00	130,516.19- 0.00	0.00 0.00	100
			130,516.19-		0.00	130,516.19-		
1-01-27-172-001-200 1-01-27-172-001-201		PREAKNESS HO	·					
			62,886.15 1,419.73 1,419.73	0.00 0.00	0.00 0.00 0.00	62,886.15 0.00 1,419.73	61,466.42 61,466.42	2
1-01-27-172-001-207		BUILDING MAI	NTENANCE			·		
			31,030.95- 121.90 121.90	0.00 0.00	0.00 0.00 0.00	31,030.95- 0.00 121.90	31,152.85- 31,152.85-	0-
1-01-27-172-001-211		CONFERENCES	121130		0.00	121,30		
			3,907.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	3,907.00 0.00 0.00	3,907.00 3,907.00	0
1-01-27-172-001-213		CONTRACTED S			0.00	0.00		
			1,721,638.50 278,113.18 278,113.18	0.00 0.00	0.00 0.00 0.00	1,721,638.50 0.00 278,113.18	1,443,525.32 1,443,525.32	16
1-01-27-172-001-215		COPY MACHINE	SUPPLIES					
			6,537.71- 10,351.84 10,351.84	0.00 0.00	0.00 0.00 0.00	6,537.71- 0.00 10,351.84	16,889.55- 16,889.55-	158-
1-01-27-172-001-217		EDUCATION/TF		0.00	0.00	14 004 73	1 217 00	01
			14,804.72 13,486.86 13,486.86	0.00 0.00	0.00 0.00 0.00	14,804.72 0.00 13,486.86	1,317.86 1,317.86	91
1-01-27-172-001-219		EQUIPMENT MA	1NTENANCE 92,647.98	0.00	0.00	92,647.98	68,666.50	26
			23,981.48 23,981.48	0.00	0.00	23,981.48	68,666.50	
1-01-27-172-001-221		EQUIPMENT RE	9,550.76 3,320.52	0.00	0.00	9,550.76	6,230.24 6,230.24	35
4 04 27 472 224 222			3,320.52	•	0.00	3,320.52	-,	
1-01-27-172-001-223		EXPENDABLE E	64,140.68 13,948.98 13,948.98	0.00 0.00	0.00 0.00 0.00	64,140.68 0.00 13,948.98	50,191.70 50,191.70	22

Account No	Description Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD %Used Unexpended
1-01-27-172-001-225	JANITORIAL SUPPLIES				
	25,131.96- 43,577.72 43,577.72	0.00	0.00 0.00 0.00	25,131.96- 0.00 43,577.72	68,709.68- 173 68,709.68-
1-01-27-172-001-231	PRINTING		0100	13,377172	
	10,140.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	10,140.00 0.00 0.00	10,140.00 10,140.00
1-01-27-172-001-233	PROFESSIONAL/CONSULTANTS				
	506,134.31 104,906.95 104,906.95	0.00 0.00	0.00 0.00 0.00	506,134.31 0.00 104,906.95	401,227.36 23 401,227.36
1-01-27-172-001-237	STATIONERY/OFFICE SUPPLIES 12,620.82 6,691.81 6,691.81	0.00 0.00	0.00 0.00 0.00	12,620.82 0.00 6,691.81	5,929.01 53 5,929.01
1-01-27-172-001-239	SUBSCRIPTION/DUES		0.00	0,091.01	
	18,571.18 400.00 400.00	0.00 180.00	0.00 0.00 0.00	18,571.18 0.00 580.00	17,991.18 18,171.18
1-01-27-172-001-245	TRAVEL		0.00	300.00	
	3,788.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	3,788.00 0.00 0.00	3,788.00 3,788.00
1-01-27-172-001-249	VEHICLE MAINTENANCE		0.00	3100	
1 01 27 172 001 504	2,683.77 268.43 268.43	0.00 0.00	0.00 0.00 0.00	2,683.77 0.00 268.43	2,415.34 10 2,415.34
1-01-27-172-001-F04	FOOD 153,961.29 138,006.17 138,006.17	0.00 0.00	0.00 0.00 0.00	153,961.29 0.00 138,006.17	15,955.12 90 15,955.12
1-01-27-172-001-к01	KITCHEN SUPPLIES				
	65,604.72 25,739.08 25,739.08	0.00 0.00	0.00 0.00 0.00	65,604.72 0.00 25,739.08	39,865.64 39,865.64
1-01-27-172-001-L05	LAUNDRY 166,225.80 41,930.01 41,930.01	0.00 0.00	0.00 0.00 0.00	166,225.80 0.00 41,930.01	124,295.79 29 124,295.79
1-01-27-172-001-M01	MEDICAL/HOSPITAL/DRUG				
1 01 27 172 001 1:02	161,825.02 311,034.80 311,034.80	0.00 0.00	0.00 0.00 0.00	161,825.02 0.00 311,034.80	149,209.78- 197 149,209.78-
1-01-27-172-001-M02	MEALS ON WHEELS 776,425.56 88,405.67 88,405.67	0.00	0.00 14,899.56 14,899.56	776,425.56 0.00 73,506.11	702,919.45 702,919.45

Account No		Description Adopted Expended YTD Expended Curr	Amended Encumber YTD	Transfers Reimbrsd YTD Reimbrsd Curr	Modified Canceled Pd/Chrgd YTD	Balance YTD %Us Unexpended	ed
1-01-27-172-001-M03		MEDICAL TRANSPORTATION 8,192.50 8,490.00 8,490.00	0.00	0.00 0.00 0.00	8,192.50 0.00 8,490.00	297.50- 297.50-	
1-01-27-172-001-P01	T.4.1	PATIENT ACTIVITIES 43,297.73 1,326.25 1,326.25	0.00	0.00 0.00 0.00	43,297.73 0.00 1,326.25	41,971.48 41,971.48	3
Control: 200	Total	3,836,345.87 1,115,521.38 1,115,521.38	0.00 180.00	0.00 14,899.56 14,899.56	3,836,345.87 0.00 1,100,801.82	2,735,544.05 2,735,724.05	29
Extd: 001		HOSPITAL Total 4,495,829.68 985,005.19 985,005.19	0.00 180.00	790,000.00- 14,899.56 14,899.56	3,705,829.68 0.00 970,285.63	2,735,544.05 2,735,724.05	26
Department: 172	Total	4,495,829.68 985,005.19 985,005.19	0.00 180.00	790,000.00- 14,899.56 14,899.56	3,705,829.68 0.00 970,285.63	2,735,544.05 2,735,724.05	26
1-01-27-176-001-000 1-01-27-176-001-100 1-01-27-176-001-1WE		OFFICE ON AGING OFFICE ON AGING S&W WEATHERIZATION SW					
1 01 17 170 001 1111		10.58 10.58 10.58	0.00 0.00	0.00 0.00 0.00	10.58 0.00 10.58	0.00 0.00	100
Control: 100	Total	10.58 10.58 10.58	0.00 0.00	0.00 0.00 0.00	10.58 0.00 10.58	0.00 0.00	100
1-01-27-176-001-200 1-01-27-176-001-217		OFFICE ON AGING O/E EDUCATION/TRAINING					
1 01 27 170 001 217		1,015.54- 0.00 0.00	- 0.00 0.00	0.00 0.00 0.00	1,015.54- 0.00 0.00	1,015.54- 1,015.54-	
1-01-27-176-001-237		STATIONERY/OFFICE SUPPLIES 11,131.52 237.00 237.00	0.00 0.00	0.00 0.00 0.00	11,131.52 0.00 237.00	10,894.52 10,894.52	2
1-01-27-176-001-245		TRAVEL 802.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	802.00 0.00 0.00	802.00 802.00	0
Control: 200	Total	10,917.98 237.00 237.00	0.00 0.00	0.00 0.00 0.00 0.00	10,917.98 0.00 237.00	10,680.98 10,680.98	2
Extd: 001	OFFICE ON	AGING Total 10,928.56 247.58 247.58	0.00	0.00 0.00 0.00	10,928.56 0.00 247.58	10,680.98 10,680.98	2

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	Sused
G-01-41-713-022-000 G-01-41-713-022-101		Preakness Ger SALARY & WAGE	o-Psych Program					
G-01-41-71J-022-101		263,210.00	263,210.00	0.00	0.00	263,210.00	64,880.00	75
		203,210.00	198,330.00	0.00	0.00	0.00	64,880.00	13
			198,330.00	0100	0.00	198,330.00	01,000100	
Control: 000	Total	601,420.00	263,210.00	0.00	0.00	263,210.00	64,880.00	75
301121311 300	10001	002, 120100	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	Preakness	Gero-Psych Pro				222 242 22	40= 000 00	
		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	
5	1		200,880.00		0.00	200,880.00		
Department: 713	Total	676 420 00	220 210 00	0.00	0.00	220 210 00	127 220 00	го
		676,420.00	338,210.00 200,880.00	0.00 0.00	0.00 0.00	338,210.00 0.00	137,330.00 137,330.00	59
			200,880.00	0.00	0.00	200,880.00	137,330.00	
G-01-41-714-022-000		CADES Act Dro	vider Relief Fun	d				
G-01-41-714-022-LR1		LOST REVENUES		u				
d of 11 /11 off the		0.00	0.00	1,457,554.03	0.00	1,457,554.03	1,457,554.03	0
		0100	0.00	0.00	0.00	0.00	1,457,554.03	·
			0.00	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	CARES Act	Provider Relie	f Fund Total					
		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		
Department: 714	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 0.00	0.00 0.00	1,457,554.03	
c 01 41 721 020 000		LITOA ABUU = 00			0.00	0.00		
G-01-41-721-020-000		WIOA ADULT 20	•					
G-01-41-721-020-213		CONTRACT SERV		0.00	0.00	734,745.08	13,451.93	98
		0.00	734,745.08 721,293.15	0.00	0.00	734,745.08 0.00		30
			721,293.15	0.00	0.00	721,293.15	13,451.93	
Control: 000	Total	0.00	734,745.08	0.00	0.00	734,745.08	13,451.93	98
		U - UU		0.00	0.00	1371/73100	エフ・エフエ・ブン	70
CONTITUTE 000	10001	0100	721,293.15	0.00	0.00	0.00	13,451.93	

PHCC Patient Days

2022

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

_

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

PHCC Admissions & Discharges

2022	TOTALS Admitted	TOTALS
	Admitted	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	-	-
The area and a series are a series and a ser	-	-
Respite	1	1
MCR HMO	22	19
HOSPICE MEDICAID	9	30
TOTAL	349	365

PHCC Total Revenues 2022 - Cash Basis

Current Fund - Source	Total Revenue
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)
Subtotal	30,040,859.15
Received From COVID-19 Fund	3,869,072.68
Total - Current Fund Revenue	33,909,931.83
Add: Gero-Psych Grant	338,210.00
Grand Total Revenue	34,248,141.83

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

Ī			Total F	Paid Salaries and	Wages				FTE's				
	Total	Reclass	Ref.	Adj Total	Pathways	Vent	LTC	Total P	athways	Vent	LTC	Total Hours	MEDICARE COST REPORT COST CENTER
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 Cert. Nurse Attend. (Nurse Aide/Attend) Licensed Pract. Nurses Graduate Nurses Nurses-Supervisors	16,670,993.35	(16,670,993.35) 9,287,374.02 2,079,683.36 2,917,407.04 1,517,565.07	(G) (G) (G) (G)	9,287,374.02 2,079,683.36 2,917,407.04 1,517,565.07	1,233,363.27 112,718.84 292,032.44	583,247.09 47,000.84 221,431.19	7,470,763.66 1,919,963.68 2,403,943.40 1,517,565.07	207.50 33.79 37.75 15.51	27.56 1.83 3.78 1.55	13.03 0.76 2.87 1.18	166.91 31.19 31.10 12.78	431592.13 70281.83 78514.90 32268.50	SKILLED NURSING FACILITY SKILLED NURSING FACILITY SKILLED NURSING FACILITY 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 Rehab-Physical Thrpst Rehab-Speech Path	310,956.72 334,893.29 180,350.34			310,956.72 334,893.29 180,350.34			310,956.72 334,893.29 180,350.34	3.14 3.22 1.33			3.14 3.22 1.33	6521.94 6704.84 2759.65	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY
Medical Director	-	212,109.08	(D)	212,109.08			212,109.08	1.05			1.05	2190.72	ADMINISTRATIVE & GENERAL
Totals	28,552,907.47	0.00		28,552,907.47	2,007,653.43	851,679.13	25,693,574.91	520.45	41.46	17.84	461.15	1,082,537.49	
Total SW Per County Financial													
Statements (CY 2022)				26,049,112.24	2,007,653.43	851,679.13	23,189,779.68						
Reconciling Adj	-2,503,795.23			-2,503,795.23			-2,503,795.23						SKILLED NURSING FACILITY
													RECAP:
	1,515,425,09 1,295,196,09 1,295,196,09 88,104,87 2,418,462,36 3,456,153,00 449,839,30 1,305,215,54 14,694,515,64 310,956,72	1,399.82 - - - (1,399.82) 0.00		1,516,824.91 1,295,196.09 88,104.87 2,418,462.36 3,456,153.00 449,839.30 1,303,815.72 14,694,515.64 310,956.72	72,514.10 297,024.78 1,638,114.55	851,679.13	1,516,824.91 1,295,196.09 88,104.87 2,418,462.36 3,456,153.00 377,325.20 1,006,790.94 12,204,721.96	16.47 28.59 2.06 52.62 73.48 5.67 24.72 309.15	0.91 5.83 34.72	- - - - - 17.84	16.47 28.59 2.06 52.62 73.48 4.75 18.89 256.60	34,253.81 59,470.13 4,291.07 109,457.72 152,830.39 11,787.77 51,423.38 643,036.79 6,521.94	ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. & REPAIRS LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY SOCIAL SERVICE PATIENT ACTIVITIES SKILLED NURSING FACILITY BARBER & BEAUTY SHOP OCCUPATIONAL THERAPY
	334,893.29 180,350.34 26,049,112.24	0.00		334,893.29 180,350.34 26,049,112.24	- -	851,679.13	334,893.29 180,350.34 23,189,779.68	3.22 1.33 520.45	41.46	17.84	3.22 1.33	6,521.94 6,704.84 2,759.65 1,082,537.49	PHYSICAL THERAPY SPEECH PATHOLOGY TOTALS

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

	Total Salary	Nursing	_			Total	Ventilator
Title	Expense	Facility	Pathways	Ventilator	Allocation Basis	Hours	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	-	
Totals	16,934,339	14,241,616	1,781,768	920,880		632,895.01	37,635.70
•	_		MEDICAID	MEDICAID	•		MEDICAID
			WORKSHEET	WORKSHEET			WS S-3, Part
			A-6	A-6			II, Col. 4, Ln 7

	Nursing								
	Total Days	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
Totals	16,934,339	632,895.01

Preakness Healthcare Center CY 2022 Summary of Capital Asset Depreciation

		Beginning	Current Year	Accumulated		
Department / Account / Description	Acquisition Cost	Depreciation	Depreciation	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
Total Dept. #172 - Preakness	4,669,548.04	3,346,477.73	289,101.61	3,635,579.34	981,584.43	
	·					
Total Dept. #112 - Buildings and Grounds	99,916,021.34	37,579,603.69	2,462,663.34	40,042,267.03	59,873,754.31	See Worksheet from Capital Asset Inventory
	·					
Grand Totals	104,585,569.38	40,926,081.42	2,751,764.95	43,677,846.37	60,855,338.74	- -

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		CI-INSTALL HAND RAILING
200 - LAND IMPROVEMENTS Total	·	_,,		79,240.04	42,921.67	3,962.00	
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		SHINGLE REPAIRS FOR SOLAR AND CHIMNEY LEAK
300 - CONSTRUCTION	1	3/16/2022	25	11,591.98	347.76		REHABILITATE THE SUB-FLOOR IN THE KITCHEN
300 - CONSTRUCTION Total				29,954.98	4,911.04	1,165.78	
500 - MACHINERY & EQUIPMENT	1	1/1/2013	15	4,500.00	3,000.00	300.00	MAKER, ICE
500 - MACHINERY & EQUIPMENT	1		5	4,752.48	4,752.48		SCALE PLATFORM
500 - MACHINERY & EQUIPMENT	1		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	1	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	0, _0, _0 0	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		10	14,515.71	14,515.71	-	STATION VISION INSTRUMENT
500 - MACHINERY & EQUIPMENT	1		5	4,451.48	4,451.48	-	MACHINE XRAY
500 - MACHINERY & EQUIPMENT	1	., .,	10	3,677.31	3,677.31	-	STATION DENTAL INSTRUMENT
500 - MACHINERY & EQUIPMENT	1		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		10	18,870.42	18,870.42	-	SYSTEM BATHING HC ACCESS WHIRLPOOL
500 - MACHINERY & EQUIPMENT	1		5	4,645.03	4,645.03	-	SCALE PLATFORM
500 - MACHINERY & EQUIPMENT		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	,, = 0 0 0	10	5,628.00	5,628.00	-	SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	., .,	10	3,575.70	3,575.70	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1		10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	., .,	10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	, ,	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

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		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		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		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	4 045 00		MAKER, ICE
500 - MACHINERY & EQUIPMENT	1	1/1/2009	5	4,645.03	4,645.03	-	SCALE PLATFORM

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		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		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		LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1		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		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		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		LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1		10	5,628.00	5,628.00		SHOWER TROLLEY BED
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80		LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT		11/10/2009	20	6,078.00	4,001.35		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		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		TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	3,250.17	2,925.16		TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	4,574.22	4,116.80		TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	8,480.00	7,632.00		TABLE COUNTER SS
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	6,199.00	5,579.10		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		FREEZER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	12,000.00	10,800.00		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		10	3,677.31	3,677.31	-	LIFT SLING SCALE
500 - MACHINERY & EQUIPMENT	1	8/31/2012	10	8,256.80	8,256.80		LIFT SCALE PERSONAL
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	4,574.22	4,269.28		MACHINE, FLOOR BURNISHER
DUU - IVIAUTIINEKT & EQUIPIVIENT	1	1/1/2009	15	4,374.22	4,209.28	304.95	INIACHINE, FLOOK DUKINIOHEK

asset_cat	quantity	acq_date	use_life	org_cost	accum_dep	cur_yr_dep	asset_desc
500 - MACHINERY & EQUIPMENT	1	1/1/2009	15	4,574.22	4.269.28		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	,	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		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		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		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

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	ı		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		COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00		COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00		COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00		COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00		COOLER, WALK-IN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	14,000.00	12,600.00		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		SINK, S/S, 2 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	5,058.00	4,552.20		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 15	2,906.54	- 0.577.00	-	TABLE, PREPARATION
500 - MACHINERY & EQUIPMENT 500 - MACHINERY & EQUIPMENT	1	6/26/2009 6/26/2009	15	9,530.00 3,621.26	8,577.00 3,259.14		COOLER SANDWICH STATION 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	3,430.67	3,430.67		SINK, S/S, 3 BASIN
500 - MACHINERY & EQUIPMENT	1	6/26/2009	10	22,322.00	22,322.00	241.42	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		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		STORAGE SYSTEM-RESIDENT SEASONAL
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	10,305.00	6,912.94		STORAGE SYSTEM-LINEN STORAGE
500 - MACHINERY & EQUIPMENT	1	8/11/2009	20	10,144.00	6,804.93		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

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		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		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		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		TRACK SHELVING KIT
500 - MACHINERY & EQUIPMENT	1	6/26/2009	15	8,249.00	7,424.10		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		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 GYNOCOLOGY
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		COMBI OVEN BOILER
500 - MACHINERY & EQUIPMENT	1	9/9/2013	10	374,300.00	349,346.67		NURSE CALL SYSTEM
500 - MACHINERY & EQUIPMENT	1	12/23/2013	10	4,995.00	4,495.50		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 500 - MACHINERY & EQUIPMENT	1	9/13/2016	10	15,993.29	10,129.09		CAMERAS
500 - MACHINERY & EQUIPMENT	1	12/25/2016 6/26/2016	5 10	3,880.00 6,775.00	3,880.00 4,403.75		HP 6 TB 3.5" INTEL HARD DRIVE ARJO MAXI-MOVE LIFT W/ SCALE
500 - MACHINERY & EQUIPMENT	1		10	8,358.30	· · · · · · · · · · · · · · · · · · ·		28" LG HEALTHCARE HDTV
500 - MACHINERY & EQUIPMENT	1	7/19/2016 7/19/2016	10	11.340.00	5,363.24 7,276.50		ZENITH 9000 76"/80" GRID
500 - MACHINERY & EQUIPMENT	1	11/2/2016	10	8,732.50	5,385.04	,	32" LG HEALTHCARE HDTV
	1	11/2/2016	5	10,101.00			
500 - MACHINERY & EQUIPMENT 500 - MACHINERY & EQUIPMENT	1	5/10/2016	5	17,160.00	10,101.00 17,160.00		VLA SQL PER DEVICE CAL 2016 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		CAMERA 2.8 TO 12MM FOCAL
500 - MACHINERY & EQUIPMENT	1	10/10/2018	10	7,033.16	2,989.10		SLICER
500 - MACHINERY & EQUIPMENT	1	10/3/2018	10	12,493.00	5,309.53		COPIER (NURSING SUPERVISORS)
500 - MACHINERY & EQUIPMENT	1	10/3/2018	10	12,493.00	5,309.53		COPIER (NURSING ADMINISTRATOR'S OFFICE)
500 - MACHINERY & EQUIPMENT	1	10/10/2018	10	12,493.00	5,309.53		COPIER (NORSING ADMINISTRATOR'S OFFICE)
500 - MACHINERY & EQUIPMENT	1	2/21/2018	10	7,520.00	3,634.67		BARIATRIC SHOWER TROLLEY
	1	2/21/2018	10	7,520.00	3,634.67		
500 - MACHINERY & EQUIPMENT	1)	2/21/2018	10	7,520.00	3,034.67	752.00	BARIATRIC SHOWER TROLLEY

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	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	VARIOIUS 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
500 - MACHINERY & EQUIPMENT Total				4,234,202.74	3,353,432.18	245,464.20	
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	,	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
600 - LICENSED VEHICLES Total				326,150.02	234,314.45	38,509.63	
Grand Total				4,669,547.78	3,635,579.34	289,101.61	

COUNTY OF PASSAIC CAPITAL ASSET INVENTORY CY 2022

BUILDINGS AND GROUNDS - PREAKNESS HEALTHCARE CENTER

asset nm	status	dept c	bldg_desc	quantity	acq_date	use life	org_cost	accum_dep	cur_yr_dep	asset desc
100106	ACTIVE	_	PREAKNESS HEALTHCARE CENTER	1	42692	15	5,820.00	2,360.33		FURNISH AND INSTALL ONE NEW PUMP
2013-0023	ACTIVE		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		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1463	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1464	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60		STREET LIGHT SINGLE FIXTURE METAL
2013-1465	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1466	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60	162.90	STREET LIGHT SINGLE FIXTURE METAL
2013-1467	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60		STREET LIGHT SINGLE FIXTURE METAL
2013-1468	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60		STREET LIGHT SINGLE FIXTURE METAL
2013-1469	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60		STREET LIGHT SINGLE FIXTURE METAL
2013-1470	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60		STREET LIGHT SINGLE FIXTURE METAL
2013-1471	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60		STREET LIGHT SINGLE FIXTURE METAL
2013-1472	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	3,257.99	2,280.60		STREET LIGHT SINGLE FIXTURE METAL
2013-1473	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1474	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1475	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1476	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1477	ACTIVE		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		STREET LIGHT SINGLE FIXTURE METAL
2013-1479	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1480	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1481	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1482	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1483	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76	206.34	STREET LIGHT SINGLE FIXTURE METAL
2013-1484	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1485	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	4,126.78	2,888.76		STREET LIGHT SINGLE FIXTURE METAL
2013-1486	ACTIVE		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		STREET LIGHT DOUBLE FIXTURE METAL
2013-1488	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96		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 CAPITAL ASSET INVENTORY CY 2022

BUILDINGS AND GROUNDS - PREAKNESS HEALTHCARE CENTER

asset nm	status	dent c	bldg_desc	quantity	acq_date	use life	org_cost	accum_dep	cur_yr_dep	asset desc
2013-1490	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96		STREET LIGHT DOUBLE FIXTURE METAL
2013-1491	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96		STREET LIGHT DOUBLE FIXTURE METAL
2013-1492	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96		STREET LIGHT DOUBLE FIXTURE METAL
2013-1493	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96		STREET LIGHT DOUBLE FIXTURE METAL
2013-1494	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	5,212.78	3,648.96		STREET LIGHT DOUBLE FIXTURE METAL
2013-1495	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	15	336,112.88	313,705.36		BACKUP GENERATOR 700 KW
2013-1496	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	45,920.63	32,144.42		WELDED STEEL FUEL STORAGE TANK
2013-1497	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	686,000.00	480,200.00		GROUP OF ASPHALT PAVING
2013-1498	ACTIVE	112	PREAKNESS HEALTHCARE CENTER	1	39814	20	45,000.00	31,500.00		GROUP OF CONCRETE PAVING
2013-1499	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	39814	20	5,000.00	3,500.00		GROUP OF CHAIN LINK FENCING
2015285	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	41982	20	9,464.40	3,825.20		MISCELLANEOUS
2015286	ACTIVE		HOSPITAL UNIT 3	1	42044	20	4,251.00	1,682.69		MISCELLANEOUS
2015291	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42179	20	22,363.09	8,386.15		REPAIR AERCO-LARS HOT WATER
2015291	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42179	20	45,451.00	17,044.13		RECOVER REFRIGERANT
2015293	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42179	20	83,830.00	31,436.25		REPLACE 2 MCQUAY COMPRESSORS
2016071	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42608	20	18,589.00	5,886.52		PREAKNESS HOTWATER PVI
2016071	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42521	20	5,400.00	1,777.50		HOT WATER BYPASS ISOLATION
2016072	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42558	20	12,589.00	4,091.43		AC# 2 TOP COOLING COIL REPLACEMENT
2016073	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42559	10	5,693.59	3,700.84		INSTALLED PULLEY &BELTS.
2016074	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42506	20	3,422.66	1,126.61		REPAIR CHILL EATER COIL TO AHU#2
2016073	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42626	20	6,470.00	2,048.83		HOT WATER HEATER BOILER REPAIR AND COMBUSTION
2016077	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42559	10	10,593.73	6,885.92		MISCELLANEOUS SERVICE & REPAIR
2016087	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	42654	10	9,225.00	5,765.63		MISCELLANEOUS SERVICE & REPAIR MISCELLANEOUS
	ACTIVE			1		20				BOILER REPAIR
2016095 2016098	ACTIVE		PREAKNESS HEALTHCARE CENTER PREAKNESS HEALTHCARE CENTER	1	42660 42720	10	6,900.00 8,532.00	2,127.50 5,119.20		ALUMINUM AND GLASS
	ACTIVE			1	42720	10	3,620.00	2,232.33		
2016127 2018085	ACTIVE		PREAKNESS HEALTHCARE CENTER PREAKNESS HEALTHCARE CENTER	1		20		2,702.08		PREAKNESS HOSPITAL 3-0 X7-0 LEMIEUX 1515 15 LITE INSTALL NEW RETROFIT CONTROL PANEL
2018085	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	43168 43340	20	11,181.00	1.190.15		INSTALL LEAD WEDGES, BACK ROD & CAULK
	ACTIVE			1			5,493.00	4,909.78		
2018104			PREAKNESS HEALTHCARE CENTER		43116	20	19,972.00			INSTALLATION OF THREE NEW NAE'S
2018105	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	43461 43406	10 20	6,124.00	2,449.60		8FT.6IN. ALUMINUM PLATFORM BODY. ALUMINUM FUEL FILL, SPREADER GAS REGULATOR, FLAME SENSOR, DIFFERENTIAL PRESSURE REGULATOR, AND SPARK IGNITOR
2018106	ACTIVE ACTIVE		PREAKNESS HEALTHCARE CENTER	1		20	4,157.60	866.17		
2019018 2019030	ACTIVE		PREAKNESS HEALTHCARE CENTER PREAKNESS HEALTHCARE CENTER	1	43533 43523	10	28,697.00 9,135.30	5,500.26 3,501.87		INSTALL COMPRESSOR UNIT # 5 RENOVATE STATES/PAVERS
				1			·			
2019037	ACTIVE		PREAKNESS HEALTHCARE CENTER		43559	10	11,935.73	4,475.89		INTALL & SUPPLY TANDUS CRAYON MODULUE TILE
2019053 2019054	ACTIVE ACTIVE		PREAKNESS HEALTHCARE CENTER	1	43615 43530	10 10	3,349.26	1,200.16		REPLACE ANNUNCIATOR PANEL
	ACTIVE		PREAKNESS HEALTHCARE CENTER	1		0	7,320.00	2,806.00	732.00	INSTALL SHINGLES
2019190			PREAKNESS HEALTHCARE CENTER		43830		1.00		4 0 4 7 4 4	ESIP PROGRAM - PREAKNESS HEALTHCARE
2020027	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	43533	10 10	12,471.05	4,780.57	•	TON SPLIT SYSTEM
2020040	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	43985		5,262.89	1,359.58		MANNINGTON NATURE'S PATHS
2020048	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	43949	10	3,950.00	1,053.33		FURNISH AND INSTALL NEW ELEVATOR MOTOR
2020049	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	43949	10	3,770.00	1,005.33		FURNISH AND INSTALL NEW PUMP SLEEVE
2021899	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	44532	20	17,128.80	927.81		BOILER 2 INSTALLATION - PREAKNESS HCC
2021900	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	44532	20	22,032.19	1,193.41	·	BOILER 1 INSTALLATION - PREAKNESS HCC
2021901	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	44274	20	4,131.69	361.52		BOILER 3 INSTALLATION - PREAKNESS HCC
2022016	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	44637	20	5,540.00	207.75		BOILER #5 INSTALLATION - (PHCC)
2022017	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	44742	20	4,095.00	102.38		BOILER #2 REPLACEMENT OF DEFECTIVE BLOWER - (PHCC)
2022020	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	44614	25	13,503.49	450.12		SPRINKLER REPAIR 500/REPLACE BACKFLOW VALVES (PHCC)
2022036	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	44565	30	8,265.00	275.50		HEAT PUMP REPAIRS AND INSTALLATION (PHCC)
COP018001	ACTIVE		PREAKNESS HEALTHCARE CENTER	1	31412	40	43,833.00	37,258.12	·	PREAKNESS HOSPITAL UNIT 2-HOMELESS SHELTER
COP018002	ACTIVE	112	HOSPITAL UNIT 3	1	33055	40	9,371,544.00	9,207,913.86		PREAKNESS HOSPITAL UNIT 3
COP018003	ACTIVE	112	HOSPITAL UNIT 4	1	40269	40	83,414,599.82	28,152,427.50		PREAKNESS HOSPITAL UNIT 4
			TOTALS				99,916,021.34	40,042,267.03	2,462,663.34	

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

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

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.

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

		(4)	(2)	(2)	(4)	(E)	
		(1)	(2)	(3)	(4)	(5)	
		2020 Actual Co. Central	2020 Budget Central		2022 Budget Central		
2020		Service Costs		Amount (Over)		Allowable	
Passaic		(Sch. A-1,	(Sch. A-1,	Or Under	(Sch. A-1,	Costs for 2022	Medicare
Co. CSCAP		Pages 2.1.1-	Pages 2.1 -	Claimed in	Pages 2.1 -	Medicare Cost	Cost Report
Ref	Passaic County Central Service Costs	2.2)	2.2)	2020	2.2)	Report	Cost Center
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 County Administrator: Administration	359,480	309,799	49,681	358,431	408,112	Adm & Gen Adm & Gen
5.2	County Administrator: Administration County Administrator: Supervisor of Motor Pool	359,460	309,799	(484)	356,431	(477)	Adm & Gen
5.3 5.4	County Administrator: Motor Pool Cars	639	2,098	(1,459)	651	(808)	Adm & Gen
5.5	County Administrator: Salary and Wage Adjustment	- 039	2,030	(1,459)		(808)	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 Finance: Cost Allocation Plan	-	14,668		-		Adm & Gen
6.16 6.17	Finance: Cost Allocation Plan Finance: Records Management	45,597	48,905	(14,668)	49,302	(14,668) 45,994	Adm & Gen 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 Buildings and Grounds: Elevator Maintenance	96,194	2,250	93,944	105,637	199,581	Adm & Gen
11.14 11.15	Buildings and Grounds: Elevator Maintenance Buildings and Grounds: Preakness Maintenance	39,083 2,161,625	75,377 1,784,009	(36,294)	3,413	(32,881) 2,749,096	Oper/Plant Oper/Plant
	Buildings and Grounds: Postage	1,122	54,577	377,616 (53,455)	2,371,480	(53,455)	Adm & Gen
12.1	Roads and Bridges: Vehicle Maintenance	1,122	54,577	(55,455)	_	(55,455)	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	- 7.400.000	- 7.540.444	- (000 470)	- # 7,000,050	- 0.054.004	Oper/Plant
	Total County Central Service Costs	\$ 7,163,263	\$ 7,546,441	\$ (383,178)	\$ 7,338,059		
						(NOTE 2)	
		Summe	ary of Coete by	Cost Report Cos	t Center		
			· · · · · ·	•	1	-	
			Cap Rel-Bldgs/F	IX	107,912	-	
			Adm & Gen		3,022,328	-	
			Oper/Plant		3,824,641	-	
		Total Allawahia	Cost 2022 Madia	oro Cost Bons#	6.054.004		
		ı otal Allowable	Cost-2022 Medic	care Cost Report	6,954,881	<u> </u>	

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; LVANDERVEEN-S-5058426

Total # of Pages	
Provider#-Report Type	
Total # of Pages	
Provider#-Report Type	
Total # of Pages	0
Provider#-Report Type	315361-225
Total # of Pages	6
Provider#-Report Type	315361-210

1:23:26 PM

SYSTEM REIMBURSEMENT STATISTICAL AND PROVIDER

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 PERIO 01/01/22 - 12/31/22	PERIOD /31/22	SERVICES FOR PERIOD No Data Requested	OR PERIOD equested	SERVICES No Data	SERVICES FOR PERIOD No Data Requested	SERVICES No Dat	SERVICES FOR PERIOD No Data Requested
STATIST	STATISTIC SECTION								
DISCHARGES	GES		27						
MEDICARE DAYS	RE DAYS	and the same of th	3,236						
CLAIMS			247						
CHARGE	CHARGE SECTION								
*** ACCO!	*** ACCOMMODATION CHARGES ***								
REV CODE	REV CODE DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	STINO	CHARGES	UNITS	CHARGES
0120	ROOM-BOARD/SEMI	3,236	\$1,132,600.00						
0183	LOA/THERAP	0	\$0.00						
TOTAL A	TOTAL ACCOMMODATIONS	3,236	\$1,132,600.00						
*** ANCIL	*** ANCILLARY CHARGES ***				:				
REV CODE	REV CODE DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	STINU	CHARGES	STIND	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	Q	\$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						
TOTAL A	TOTAL ANCILLARY	3,280	\$456,865.00						

1:23:26 PM

SYSTEM REIMBURSEMENT A N STATISTICAL W W ROVID

Paid Dates: 08/01/07 THRU 04/12/23 Report Run Date: 04/11/23 Program ID: REDESIGN

PROVIDER SUMMARY REPORT SNF - INPATIENT - PART A PPS

Report #: OD44203 Report Type: 210 SERVICES FOR PERIOD No Data Requested Page: 2 SERVICES FOR PERIOD No Data Requested SERVICES FOR PERIOD No Data Requested \$0.00 \$0.00 \$0.00 \$0.00 \$328,316.00 \$26,528.12 \$2,615,885.49 \$1,589,465.00 SERVICES FOR PERIOD 01/01/22 - 12/31/22 Provider FVE: 12/31 Provider Number: 315361 Preakness HEALTH CENTER PRE-SEQUESTRATION DEMO REDUCTION REIMBURSEMENT SECTION GROSS REIMBURSEMENT TOTAL COVERED CHARGES **NET MSP PAYMENTS** BLOOD DEDUCTIBLE CASH DEDUCTIBLE SEQUESTRATION COINSURANCE **PAYMENT** LESS

ADDITIONAL INFORMATION SECTION

\$0.00

POST-SEQUESTRATION DEMO REDUCTION

NET REIMBURSEMENT

\$2,261,041.37

00'0\$		\$0.00	-\$21,095.90
CALCULATED NET REIMB FOR PIP	ACTUAL CLAIM PAYMENTS FOR PIP	CLAIM INTEREST PAYMENTS	VALUE BASED PURCHASING ADJ

The following schedule reflects the individual RUG utilization to assist in the completion of Worksheet 5-7 of the Medicare Cost Report

UNITS	The second secon	0	
UNITS UNITS		0	The second control of
NO		TOTAL	

SYSTEM REIMBURSEMENT STATISTICAL AND PROVIDER

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

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

Page: 1 Report #: OD44203 Report Type: 225

	SERVICES FOR PERIOI 01/01/22 - 12/31/22	(PERIOD 2/31/22	SERVICES FOR PERIOD No Data Requested	t PERIOD quested	SERVICI No Da	SERVICES FOR PERIOD NO Data Requested	SERVICES	SERVICES FOR PERIOD No Data Requested
STATISTIC SECTION CLAIMS		158						
CHARGE SECTION								
REV CODE DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	STIND	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						The second secon
0444 SPEECH PATH/EVAL/15 MIN	20	\$4,000.00						
TOTAL COVERED CHARGES	2,383	\$136,900.00					and the second s	The state of the s
REIMBURSEMENT SECTION								
GROSS REIMBURSEMENT	proposed by the contract of th	\$91,583.89					The second secon	
LESS		A SECURE OF THE	The same of the sa					
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			\$0.00		\$0.00	\$0.00
POST-SEQUESTRATION DEMO REDUCTION		\$0.00						materials of the control of the state of the
REBILLING ADJUSTMENT		\$0.00						
NET REIMBURSEMENT		\$72,353.34						
ADDITIONAL INFORMATION SECTION								
CLAIM INTEREST PAYMENTS		\$0.00			e de la companya de l			

1:23:36 PM

SYSTEM REIMBURSEMENT A D STATISTICAL PROVIDER

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 04/12/23
Report Run Date: 04/11/23
Provider PVE: 12/31

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

Page: 2 Report #: OD44203 Report Type: 225

> Provider FYE: 12/31 Provider Number: 315361 Preakness HEALTH CENTER

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

SERVICES FOR PERIOD
No Data Requested

SERVICES FOR PERIOD

No Data Requested

DEVICE CREDIT

\$0.00

Preakness Healthcare Center Total Charges Provider Number: 31-5361

12/31/2022 FYE

Description	Total	Direct Cost From Worksheet	Medicare	Total Charges To	Sch D -	Total Charges To Medicaid Supplemental Sch D
Description	Revenue/Charges	Α	Revenue	Worksheet C	BMGT	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
Grand Totals	0	2,092,955	593,765	2,092,955	45,009	751,198
Total Patient Days Medicaid Patient Days				96,205 86,338	5,196 5,170	2,503 2,309

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

	Revenue Codes	Part A Per PS&R	Part B Fee Screen Per PS&R	Part B Cost Reim. Per PS&R	Total Per PS&R
Patient Days		3,236			
Discharges	-	72			
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 -	0	0	0	0
	-	456,865	136,900	0	593,765
MSP		0		0	
Deductible		0		0	
Sequestration		0		0	
Net Reimbursement	-	2,333,395		0	
Gross Reimbursement	=	2,333,395		0	