

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0463 Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 5/19/2022 8:24 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: _____	Time: _____
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No. _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN
	5. Date Received: _____	8. <input type="checkbox"/> Last Cost Report for this Provider CCN	9. NPR Date: _____
		10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened	
		11. Contractor Vendor Code _____ 4	
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by JFK HARTWYCK AT OAK TREE (315251) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	-45,305	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0	0	4.00
5.00 SNF - BASED RHC I	0		0	0	5.00
6.00 SNF - BASED FQHC I	0		0	0	6.00
7.00 SNF - BASED CMHC I	0		0	0	7.00
100.00 TOTAL	0	-45,305	0	0	100.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/19/2022 8:24 am				
1.00		2.00		3.00				
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 2048 OAKTREE ROAD	PO Box:				1.00		
2.00	City: EDISON	State: NJ	Zip Code: 08820			2.00		
3.00	County: MIDDLESEX	CBSA Code: 35154	Urban/Rural: U			3.00		
3.01		CBSA Code: 0				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)			
		1.00	2.00	3.00	V	XVIII	XIX	
					4.00	5.00	6.00	
SNF and SNF-Based Component Identification:								
4.00	SNF	JFK HARTWYCK AT OAK TREE	315251	01/01/1988	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00
				From:	To:			
				1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2021	12/31/2021		14.00	
15.00	Type of Control (See Instructions)				2		15.00	
				Y/N				
				1.00				
Type of Freestanding Skilled Nursing Facility								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00
Miscellaneous Cost Reporting Information								
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.								
20.00	Straight Line					95,857		20.00
21.00	Declining Balance					0		21.00
22.00	Sum of the Year's Digits					0		22.00
23.00	Sum of line 20 through 22					95,857		23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					Y		25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00
				Part A	Part B	Other		
				1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.								
29.00	Skilled Nursing Facility				N	N	N	29.00
30.00	Nursing Facility							30.00
31.00	ICF/IID							31.00
32.00	SNF-Based HHA				N	N		32.00
33.00	SNF-Based RHC					N		33.00
34.00	SNF-Based FQHC					N		34.00
35.00	SNF-Based CMHC					N		35.00
36.00	SNF-Based OLTC							36.00
				Y/N				
				1.00			2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			N			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.						39.00	
				Premiums	Paid Losses	Self Insurance		
				1.00	2.00	3.00		
41.00	List malpractice premiums and paid losses:			0	0	0	41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/19/2022 8:24 am
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		Y/N	
		1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?	N	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		44.00
	1.00	2.00	3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name:	Contractor's Name:	Contractor's Number:
46.00	Street:	PO Box:	
47.00	City:	State:	Zip Code:

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/19/2022 8:24 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
		Y/N			
		1.00			
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.			Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.			N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.			N	11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.			N	12.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	04/21/2022	Y	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N	18.00

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

Provider No. : 315251

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

Worksheet S-2
 Part II
 Date/Time Prepared:
 5/19/2022 8:24 am

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

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

Provider No. : 315251

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

Worksheet S-2
 Part II
 Date/Time Prepared:
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		Part B		
		Date		
		4.00		
PS&R Data				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	04/21/2022		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.			14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:			17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.			18.00
			3.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STAFF		19.00
20.00	Enter the employer/company name of the cost report preparer.			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			21.00

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

Provider No. : 315251

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

Worksheet S-3
 Part I
 Date/Time Prepared:
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Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	120	43,800	0	4,386	21,543	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	60	21,900				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	180	65,700	0	4,386	21,543	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	9,504	35,433	0	173	145	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	730	730				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	10,234	36,163	0	173	145	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	227	545	0.00	25.35	148.57	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	1	1				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	228	546	0.00	25.35	148.57	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	65.01	0	187	141	229	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	730.00				1	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	66.23	0	187	141	230	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	557	172.72	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID						3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	1	1.00	0.00			5.00
6.00	SNF-Based CMHC		0.00	0.00			6.00
7.00	HOSPICE						7.00
8.00	Total (Sum of lines 1-7)	558	173.72	0.00			8.00

Provider No. : 315251

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

Worksheet S-3
Part II
Date/Time Prepared:
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	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	10,676,363	0	10,676,363	361,331.00	29.55
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	10,676,363	0	10,676,363	361,331.00	29.55
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
10.00	HOSPICE					
11.00	Other excluded areas	11,971	0	11,971	365.00	32.80
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	11,971	0	11,971	365.00	32.80
13.00	Total Adjusted Salaries (line 6 minus line 12)	10,664,392	0	10,664,392	360,966.00	29.54
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	1,703,011	0	1,703,011	25,111.00	67.82
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	2,474,541	0	2,474,541		
18.00	Wage-related costs other (See Part IV)	382,758	0	382,758		
19.00	Wage related costs (excluded units)	3,204	0	3,204		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	2,854,095	0	2,854,095		

Provider No. : 315251

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

Worksheet S-3
Part III
Date/Time Prepared:
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	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	849,679	0	849,679	25,921.00	2.00
3.00	Plant Operation, Maintenance & Repairs	279,725	0	279,725	12,308.00	3.00
4.00	Laundry & Linen Service	359,379	0	359,379	21,220.00	4.00
5.00	Housekeeping	0	0	0.00	0.00	5.00
6.00	Dietary	885,984	0	885,984	46,390.00	6.00
7.00	Nursing Administration	415,665	0	415,665	10,020.00	7.00
8.00	Central Services and Supply	60,285	0	60,285	3,956.00	8.00
9.00	Pharmacy	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0.00	0.00	10.00
11.00	Social Service	282,495	0	282,495	8,108.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	267,883	0	267,883	11,485.00	13.00
14.00	Total (sum lines 1 thru 13)	3,401,095	0	3,401,095	139,408.00	14.00

SNF WAGE RELATED COSTS	Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/19/2022 8:24 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	410,455	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)	1,350,320	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	708,766	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,000	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	2,474,541	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS	382,758	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 315251

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

Worksheet S-3
Part V
Date/Time Prepared:
5/19/2022 8:24 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	2,457,798	657,777	3,115,575	55,203.00	56.44	1.00
2.00	Licensed Practical Nurses (LPNs)	1,255,139	335,911	1,591,050	38,636.00	41.18	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,198,307	320,701	1,519,008	66,030.00	23.00	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,911,244	1,314,389	6,225,633	159,869.00	38.94	4.00
5.00	Physical Therapists	481,284	128,805	610,089	11,034.00	55.29	5.00
6.00	Physical Therapy Assistants	19,323	5,171	24,494	555.00	44.13	6.00
7.00	Physical Therapy Aides	102,121	27,331	129,452	6,048.00	21.40	7.00
8.00	Occupational Therapists	588,178	157,413	745,591	13,877.00	53.73	8.00
9.00	Occupational Therapy Assistants	6,327	1,693	8,020	204.00	39.31	9.00
10.00	Occupational Therapy Aides	102,121	27,331	129,452	6,048.00	21.40	10.00
11.00	Speech Therapists	327,526	87,655	415,181	8,141.00	51.00	11.00
12.00	Respiratory Therapists	725,173	194,077	919,250	16,150.00	56.92	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	140,346		140,346	1,565.00	89.68	14.00
15.00	Licensed Practical Nurses (LPNs)	572,476		572,476	7,368.00	77.70	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	967,968		967,968	15,940.00	60.73	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,680,790		1,680,790	24,873.00	67.57	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	22,221		22,221	238.00	93.37	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315251

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

Worksheet S-7

Date/Time Prepared:
5/19/2022 8:24 am

		Group	Days	
		1. 00	2. 00	
1. 00		RUX		1. 00
2. 00		RUL		2. 00
3. 00		RVX		3. 00
4. 00		RVL		4. 00
5. 00		RHX		5. 00
6. 00		RHL		6. 00
7. 00		RMX		7. 00
8. 00		RML		8. 00
9. 00		RLX		9. 00
10. 00		RUC		10. 00
11. 00		RUB		11. 00
12. 00		RUA		12. 00
13. 00		RVC		13. 00
14. 00		RVB		14. 00
15. 00		RVA		15. 00
16. 00		RHC		16. 00
17. 00		RHB		17. 00
18. 00		RHA		18. 00
19. 00		RMC		19. 00
20. 00		RMB		20. 00
21. 00		RMA		21. 00
22. 00		RLB		22. 00
23. 00		RLA		23. 00
24. 00		ES3		24. 00
25. 00		ES2		25. 00
26. 00		ES1		26. 00
27. 00		HE2		27. 00
28. 00		HE1		28. 00
29. 00		HD2		29. 00
30. 00		HD1		30. 00
31. 00		HC2		31. 00
32. 00		HC1		32. 00
33. 00		HB2		33. 00
34. 00		HB1		34. 00
35. 00		LE2		35. 00
36. 00		LE1		36. 00
37. 00		LD2		37. 00
38. 00		LD1		38. 00
39. 00		LC2		39. 00
40. 00		LC1		40. 00
41. 00		LB2		41. 00
42. 00		LB1		42. 00
43. 00		CE2		43. 00
44. 00		CE1		44. 00
45. 00		CD2		45. 00
46. 00		CD1		46. 00
47. 00		CC2		47. 00
48. 00		CC1		48. 00
49. 00		CB2		49. 00
50. 00		CB1		50. 00
51. 00		CA2		51. 00
52. 00		CA1		52. 00
53. 00		SE3		53. 00
54. 00		SE2		54. 00
55. 00		SE1		55. 00
56. 00		SSC		56. 00
57. 00		SSB		57. 00
58. 00		SSA		58. 00
59. 00		IB2		59. 00
60. 00		IB1		60. 00
61. 00		IA2		61. 00
62. 00		IA1		62. 00
63. 00		BB2		63. 00
64. 00		BB1		64. 00
65. 00		BA2		65. 00
66. 00		BA1		66. 00
67. 00		PE2		67. 00
68. 00		PE1		68. 00
69. 00		PD2		69. 00
70. 00		PD1		70. 00
71. 00		PC2		71. 00
72. 00		PC1		72. 00
73. 00		PB2		73. 00
74. 00		PB1		74. 00
75. 00		PA2		75. 00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 315251

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

Worksheet S-7

Date/Time Prepared:
5/19/2022 8:24 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315251

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

Worksheet A
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,239,216	1,239,216	0	1,239,216	1.00
3.00	00300		2,857,299	2,857,299	0	2,857,299	3.00
4.00	00400	849,679	2,179,950	3,029,629	0	3,029,629	4.00
5.00	00500	279,725	642,837	922,562	0	922,562	5.00
6.00	00600	359,379	63,181	422,560	0	422,560	6.00
7.00	00700		141,952	141,952	0	141,952	7.00
8.00	00800	885,984	673,337	1,559,321	0	1,559,321	8.00
9.00	00900	415,665	59,001	474,666	0	474,666	9.00
10.00	01000	60,285	434,285	494,570	0	494,570	10.00
11.00	01100		62,963	62,963	0	62,963	11.00
12.00	01200				0		12.00
13.00	01300	282,495		282,495	0	282,495	13.00
15.00	01500	267,883	35,693	303,576	0	303,576	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,911,244	1,680,790	6,592,034	0	6,592,034	30.00
31.00	03100				0		31.00
33.00	03300				0		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000		64,620	64,620	0	64,620	40.00
41.00	04100		25,463	25,463	0	25,463	41.00
42.00	04200		134,768	134,768	0	134,768	42.00
43.00	04300	725,173	107,398	832,571	0	832,571	43.00
44.00	04400	602,729		602,729	0	602,729	44.00
45.00	04500	696,625		696,625	0	696,625	45.00
46.00	04600	327,526		327,526	0	327,526	46.00
48.00	04800		208,292	208,292	0	208,292	48.00
49.00	04900		531,917	531,917	0	531,917	49.00
51.00	05100				0		51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	06200						62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000				0		70.00
71.00	07100				0		71.00
73.00	07300				0		73.00
SPECIAL PURPOSE COST CENTERS							
89.00		10,664,392	11,142,962	21,807,354	0	21,807,354	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000				0		90.00
91.00	09100				0		91.00
92.00	09200				0		92.00
93.00	09300				0		93.00
94.00	09400				0		94.00
95.00	09500	11,971		11,971	0	11,971	95.00
100.00		10,676,363	11,142,962	21,819,325	0	21,819,325	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 315251

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

Worksheet A
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + - col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	1,239,216	1.00
3.00	00300	EMPLOYEE BENEFITS	0	2,857,299	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-466,857	2,562,772	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	922,562	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	422,560	6.00
7.00	00700	HOUSEKEEPING	0	141,952	7.00
8.00	00800	DIETARY	0	1,559,321	8.00
9.00	00900	NURSING ADMINISTRATION	0	474,666	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	494,570	10.00
11.00	01100	PHARMACY	0	62,963	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	282,495	13.00
15.00	01500	PATIENT ACTIVITIES	0	303,576	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	6,592,034	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	64,620	40.00
41.00	04100	LABORATORY	0	25,463	41.00
42.00	04200	INTRAVENOUS THERAPY	0	134,768	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	832,571	43.00
44.00	04400	PHYSICAL THERAPY	0	602,729	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	696,625	45.00
46.00	04600	SPEECH PATHOLOGY	0	327,526	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	208,292	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	531,917	49.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FOHC			62.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
73.00	07300	CMHC	0	0	73.00
SPECIAL PURPOSE COST CENTERS					
89.00		SUBTOTALS (sum of lines 1-84)	-466,857	21,340,497	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	94.00
95.00	09500	ADULT DAY CARE/RESIDENTIAL	0	11,971	95.00
100.00		TOTAL	-466,857	21,352,468	100.00

Provider No. : 315251

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

Worksheet A-6

Date/Time Prepared:
5/19/2022 8:24 am

		Increases					
		Cost Center	Line #	Salary	Non Salary		
		2.00	3.00	4.00	5.00		
100.00	TOTALS	Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)				0	0 100.00

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

Provider No. : 315251

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

Worksheet A-6

Date/Time Prepared:
5/19/2022 8:24 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
100.00	TOTALS			0	0	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 315251

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

Worksheet A-7

Date/Time Prepared:
5/19/2022 8:24 am

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,470,000	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	5,371,108	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	286,400	0	0	0	5.00
6.00	Movable Equipment	532,102	9,244	0	9,244	6.00
7.00	Subtotal (sum of lines 1-6)	7,659,610	9,244	0	9,244	7.00
8.00	Reconciling Items	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	7,659,610	9,244	0	9,244	9.00
Description		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,470,000	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	5,371,108	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	286,400	0			5.00
6.00	Movable Equipment	541,346	0			6.00
7.00	Subtotal (sum of lines 1-6)	7,668,854	0			7.00
8.00	Reconciling Items	0	0			8.00
9.00	Total (line 7 minus line 8)	7,668,854	0			9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 315251

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

Worksheet A-8

Date/Time Prepared:
5/19/2022 8:24 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line No.
			1.00	2.00	3.00
1.00 Investment income on restricted funds (chapter 2)	B		ADMINISTRATIVE & GENERAL	4.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	318,403			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines		0		0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	82.00	22.00
23.00 Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00		0		0.00	25.00
25.01		0		0.00	25.01
25.02 BAD DEBTS	A	-766,883	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 TAX PENALTY EXPENSE	A	-5,000	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04 COLLECTION FEES	A	-12,145	ADMINISTRATIVE & GENERAL	4.00	25.04
25.05 BARBER AND BEAUTY	A	-1,232	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06		0		0.00	25.06
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-466,857			100.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No. : 315251

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

Worksheet A-8-1
Parts 1-11
Date/Time Prepared:
5/19/2022 8:24 am

	Line No.	Cost Center	Expense Items		
	1.00	2.00	3.00		
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	1.00	
2.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	INTEREST EXPENSE	2.00	
3.00	4.00	ADMINISTRATIVE & GENERAL	HOSP CORP ALLOC INS	3.00	
4.00	3.00	EMPLOYEE BENEFITS	ALLOCATION EHW	4.00	
5.00	4.00	ADMINISTRATIVE & GENERAL	DIRECTOR FEES	5.00	
6.00	4.00	ADMINISTRATIVE & GENERAL	SALARY ALLOCATION	6.00	
7.00	45.00	OCCUPATIONAL THERAPY	SALARY ALLOCATION	7.00	
8.00	44.00	PHYSICAL THERAPY	SALARY ALLOCATION	8.00	
9.00	15.00	PATIENT ACTIVITIES	SALARY ALLOCATION	9.00	
9.01	13.00	SOCIAL SERVICE	SALARY ALLOCATION	9.01	
9.02	46.00	SPEECH PATHOLOGY	SALARY ALLOCATION	9.02	
9.03	3.00	EMPLOYEE BENEFITS	FRINGE BENEFIT REALLOCATION	9.03	
9.04	3.00	EMPLOYEE BENEFITS	FRINGE BENEFIT REALLOCATION	9.04	
9.05	4.00	ADMINISTRATIVE & GENERAL	DIRECTOR FEES	9.05	
9.06	4.00	ADMINISTRATIVE & GENERAL	SALARY ALLOCATION	9.06	
9.07	43.00	OXYGEN (INHALATION) THERAPY	CONTRACT LABOR	9.07	
9.08	4.00	ADMINISTRATIVE & GENERAL	AMBULANCE	9.08	
9.09	41.00	LABORATORY	LABORATORY	9.09	
9.10	49.00	DRUGS CHARGED TO PATIENTS	DRUGS PHARMACY LEGEND	9.10	
9.11	42.00	INTRAVENOUS THERAPY	SOLUTIONS IV	9.11	
9.12	42.00	INTRAVENOUS THERAPY	SOLUTIONS IV	9.12	
9.13	3.00	EMPLOYEE BENEFITS	FRINGE BENEFIT REALLOCATION	9.13	
9.14	1.00	CAP REL COSTS - BLDGS & FIXTURES	LEASE REAL ESTATE NON AFFIL	9.14	
9.15	4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	9.15	
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.			10.00	
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	545,215	545,215	0	1.00	
2.00	-2,302	-2,302	0	2.00	
3.00	60,814	60,814	0	3.00	
4.00	1,350,320	1,350,320	0	4.00	
5.00	18,000	18,000	0	5.00	
6.00	213,864	213,864	0	6.00	
7.00	455,574	455,574	0	7.00	
8.00	323,303	323,303	0	8.00	
9.00	111,708	111,708	0	9.00	
9.01	179,130	179,130	0	9.01	
9.02	256,354	256,354	0	9.02	
9.03	176,520	176,520	0	9.03	
9.04	208,463	208,463	0	9.04	
9.05	94,116	94,116	0	9.05	
9.06	168,856	168,856	0	9.06	
9.07	15,863	15,863	0	9.07	
9.08	0	46,622	-46,622	9.08	
9.09	15,257	15,257	0	9.09	
9.10	519,711	519,711	0	9.10	
9.11	46,124	46,124	0	9.11	
9.12	72,050	72,050	0	9.12	
9.13	155,914	155,914	0	9.13	
9.14	12,136	12,136	0	9.14	
9.15	365,025	0	365,025	9.15	
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.			10.00	
	5,362,015	5,043,612	318,403		

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8-1 Parts I-III Date/Time Prepared: 5/19/2022 8:24 am
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Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	B	0.00	1.00
2.00	B	0.00	2.00
3.00	B	0.00	3.00
4.00	B	0.00	4.00
5.00	B	0.00	5.00
6.00		0.00	6.00
7.00		0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

	Related Organization(s) and/or Home Office		
	Name	Percentage of Ownership	Type of Business
	4.00	5.00	6.00

PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	COMMUNITY HOSPITAL GROUP	0.00	HEALTHCARE	1.00
2.00	HARTWYCK AT EDISON ESTATE	0.00	HEALTHCARE	2.00
3.00	HMH RESIDENTIAL CARE, INC.	0.00	HEALTHCARE	3.00
4.00	HMHEALTH/QUALITYCARE MANAGEMENT	0.00	HEALTHCARE	4.00
5.00	HMH NETWORK	0.00	HEALTHCARE	5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315251

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADM NI STRATI VE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	3.00	3A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	1,239,216	1,239,216			1.00
3.00 00300	EMPLOYEE BENEFITS	2,857,299	0	2,857,299		3.00
4.00 00400	ADM NI STRATI VE & GENERAL	2,562,772	92,867	227,398	2,883,037	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	922,562	45,052	74,862	1,042,476	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	422,560	20,630	96,180	539,370	6.00
7.00 00700	HOUSEKEEPING	141,952	14,289	0	156,241	7.00
8.00 00800	DI ETARY	1,559,321	97,473	237,114	1,893,908	8.00
9.00 00900	NURSI NG ADM NI STRATI ON	474,666	12,125	111,244	598,035	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	494,570	21,915	16,134	532,619	10.00
11.00 01100	PHARMACY	62,963	0	0	62,963	11.00
12.00 01200	MEDI CAL RECORDS & LI BRARY	0	4,113	0	4,113	12.00
13.00 01300	SOCI AL SERVI CE	282,495	4,970	75,604	363,069	13.00
15.00 01500	PATI ENT ACTI VI TI ES	303,576	98,566	71,693	473,835	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKI LLED NURSI NG FACI LI TY	6,592,034	397,156	1,314,391	8,303,581	30.00
31.00 03100	NURSI NG FACI LI TY	0	0	0	0	31.00
33.00 03300	OTHE R LONG TERM CARE	0	0	0	0	33.00
ANCI LLARY SERVI CE COST CENTERS						
40.00 04000	RADI OLOGY	64,620	0	0	64,620	40.00
41.00 04100	LABORATORY	25,463	0	0	25,463	41.00
42.00 04200	INTRAVENOUS THERAPY	134,768	0	0	134,768	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	832,571	0	194,077	1,026,648	43.00
44.00 04400	PHYSI CAL THERAPY	602,729	82,006	161,307	846,042	44.00
45.00 04500	OCCUPATIONAL THERAPY	696,625	16,410	186,436	899,471	45.00
46.00 04600	SPEECH PATHOLOGY	327,526	10,926	87,655	426,107	46.00
48.00 04800	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	208,292	14,974	0	223,266	48.00
49.00 04900	DRUGS CHARGED TO PATI ENTS	531,917	0	0	531,917	49.00
51.00 05100	SUPPOR T SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00 06200	FOHC					62.00
OTHE R REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
SPECI AL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	21,340,497	933,472	2,854,095	21,031,549	89.00
NONRE IMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSI CI ANS' PRI VATE OFFI CES	0	0	0	0	92.00
93.00 09300	NONPAI D WORKERS	0	0	0	0	93.00
94.00 09400	PATI ENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	ADULT DAY CARE/RESIDENTIAL	11,971	305,744	3,204	320,919	95.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	21,352,468	1,239,216	2,857,299	21,352,468	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315251

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,205,204				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	22,576	646,141			6.00
7.00	00700	HOUSEKEEPING	15,637	0	196,267		7.00
8.00	00800	DIETARY	106,670	0	17,940	2,314,153	8.00
9.00	00900	NURSING ADMINISTRATION	13,269	0	2,232	0	706,888
10.00	01000	CENTRAL SERVICES & SUPPLY	23,983	0	4,034	0	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	4,501	0	757	0	0
13.00	01300	SOCIAL SERVICE	5,439	0	915	0	0
15.00	01500	PATIENT ACTIVITIES	107,865	0	18,141	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	434,629	646,141	73,096	2,267,439	706,888
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	89,743	0	15,093	0	0
45.00	04500	OCCUPATIONAL THERAPY	17,958	0	3,020	0	0
46.00	04600	SPEECH PATHOLOGY	11,956	0	2,011	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,387	0	2,756	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	870,613	646,141	139,995	2,267,439	706,888
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	334,591	0	56,272	46,714	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	1,205,204	646,141	196,267	2,314,153	706,888

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 315251

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

Worksheet B
Part I
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	
		10.00	11.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	643,777				10.00
11.00	01100	PHARMACY	0	72,791			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	10,013		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	426,097	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	0	15.00
						673,806	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	643,777	72,791	10,013	426,097	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	643,777	72,791	10,013	426,097	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00	09500	ADULT DAY CARE/RESIDENTIAL	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	643,777	72,791	10,013	426,097	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		BLDGS & FIXTURES				
	0	1.00	2A	3.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0		3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	92,867	92,867	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	45,052	45,052	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	20,630	20,630	0	6.00
7.00 00700	HOUSEKEEPING	0	14,289	14,289	0	7.00
8.00 00800	DIETARY	0	97,473	97,473	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	12,125	12,125	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	21,915	21,915	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	4,113	4,113	0	12.00
13.00 01300	SOCIAL SERVICE	0	4,970	4,970	0	13.00
15.00 01500	PATIENT ACTIVITIES	0	98,566	98,566	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	397,156	397,156	0	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	82,006	82,006	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	16,410	16,410	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	10,926	10,926	0	46.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,974	14,974	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00 06200	FQHC					62.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
73.00 07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	0	933,472	933,472	0	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00 09500	ADULT DAY CARE/RESIDENTIAL	0	305,744	305,744	0	95.00
98.00	Cross Foot Adjustments		0	0		98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	1,239,216	1,239,216	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	50,294				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	942	24,284			6.00
7.00	00700	HOUSEKEEPING	653	0	15,728		7.00
8.00	00800	DIETARY	4,451	0	1,438	112,885	8.00
9.00	00900	NURSING ADMINISTRATION	554	0	179	0	15,865
10.00	01000	CENTRAL SERVICES & SUPPLY	1,001	0	323	0	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	188	0	61	0	0
13.00	01300	SOCIAL SERVICE	227	0	73	0	0
15.00	01500	PATIENT ACTIVITIES	4,501	0	1,454	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	18,137	24,284	5,857	110,606	15,865
31.00	03100	NURSING FACILITY	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	3,745	0	1,210	0	0
45.00	04500	OCCUPATIONAL THERAPY	749	0	242	0	0
46.00	04600	SPEECH PATHOLOGY	499	0	161	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	684	0	221	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	36,331	24,284	11,219	110,606	15,865
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	13,963	0	4,509	2,279	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	50,294	24,284	15,728	112,885	15,865

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES						
	10.00	11.00	12.00	13.00	15.00						
GENERAL SERVICE COST CENTERS											
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00					
3.00 00300 EMPLOYEE BENEFITS						3.00					
4.00 00400 ADMINISTRATIVE & GENERAL						4.00					
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS						5.00					
6.00 00600 LAUNDRY & LINEN SERVICE						6.00					
7.00 00700 HOUSEKEEPING						7.00					
8.00 00800 DIETARY						8.00					
9.00 00900 NURSING ADMINISTRATION						9.00					
10.00 01000 CENTRAL SERVICES & SUPPLY	25,917					10.00					
11.00 01100 PHARMACY	0	317				11.00					
12.00 01200 MEDICAL RECORDS & LIBRARY	0	0	4,383			12.00					
13.00 01300 SOCIAL SERVICE	0	0	0	7,096		13.00					
15.00 01500 PATIENT ACTIVITIES	0	0	0	0	106,903	15.00					
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00 03000 SKILLED NURSING FACILITY	25,917	317	4,383	7,096	106,903	30.00					
31.00 03100 NURSING FACILITY	0	0	0	0	0	31.00					
33.00 03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00					
ANCILLARY SERVICE COST CENTERS											
40.00 04000 RADIOLOGY	0	0	0	0	0	40.00					
41.00 04100 LABORATORY	0	0	0	0	0	41.00					
42.00 04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00					
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00					
44.00 04400 PHYSICAL THERAPY	0	0	0	0	0	44.00					
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00					
46.00 04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00					
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00					
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00					
51.00 05100 SUPPORT SURFACES	0	0	0	0	0	51.00					
OUTPATIENT SERVICE COST CENTERS											
62.00 06200 FOHC						62.00					
OTHER REIMBURSABLE COST CENTERS											
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00					
71.00 07100 AMBULANCE	0	0	0	0	0	71.00					
73.00 07300 CMHC	0	0	0	0	0	73.00					
SPECIAL PURPOSE COST CENTERS											
89.00	SUBTOTALS (sum of lines 1-84)					25,917	317	4,383	7,096	106,903	89.00
NONREIMBURSABLE COST CENTERS											
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00					
91.00 09100 BARBER & BEAUTY SHOP	0	0	0	0	0	91.00					
92.00 09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00					
93.00 09300 NONPAID WORKERS	0	0	0	0	0	93.00					
94.00 09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00					
95.00 09500 ADULT DAY CARE/RESIDENTIAL	0	0	0	0	0	95.00					
98.00	Cross Foot Adjustments					0	0	0	0	98.00	
99.00	Negative Cost Centers					0	0	0	0	99.00	
100.00	TOTAL					25,917	317	4,383	7,096	106,903	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 315251

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

Worksheet B
Part II
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		Subtotal	Post Step-Down Adjustments	Total	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
11.00	01100	PHARMACY			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
15.00	01500	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	758,271	0	758,271
31.00	03100	NURSING FACILITY	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	325	0	325
41.00	04100	LABORATORY	128	0	128
42.00	04200	INTRAVENOUS THERAPY	678	0	678
43.00	04300	OXYGEN (INHALATION) THERAPY	5,162	0	5,162
44.00	04400	PHYSICAL THERAPY	91,215	0	91,215
45.00	04500	OCCUPATIONAL THERAPY	21,924	0	21,924
46.00	04600	SPEECH PATHOLOGY	13,728	0	13,728
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,002	0	17,002
49.00	04900	DRUGS CHARGED TO PATIENTS	2,674	0	2,674
51.00	05100	SUPPORT SURFACES	0	0	0
OUTPATIENT SERVICE COST CENTERS					
62.00	06200	FOHC			62.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	0
71.00	07100	AMBULANCE	0	0	0
73.00	07300	CMHC	0	0	0
SPECIAL PURPOSE COST CENTERS					
89.00		SUBTOTALS (sum of lines 1-84)	911,107	0	911,107
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0
94.00	09400	PATIENTS' LAUNDRY	0	0	0
95.00	09500	ADULT DAY CARE/RESIDENTIAL	328,109	0	328,109
98.00		Cross Foot Adjustments	0	0	0
99.00		Negative Cost Centers	0	0	0
100.00		TOTAL	1,239,216	0	1,239,216

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315251

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

Worksheet B-1
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		CAPITAL RELATED COSTS BLDG'S & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
		1.00	3.00	4A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	57,846				1.00
3.00	00300	EMPLOYEE BENEFITS	0	10,676,363			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,335	849,679	-2,883,037	18,469,431	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,103	279,725	0	1,042,476	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	963	359,379	0	539,370	6.00
7.00	00700	HOUSEKEEPING	667	0	0	156,241	7.00
8.00	00800	DIETARY	4,550	885,984	0	1,893,908	8.00
9.00	00900	NURSING ADMINISTRATION	566	415,665	0	598,035	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	1,023	60,285	0	532,619	10.00
11.00	01100	PHARMACY	0	0	0	62,963	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	192	0	0	4,113	12.00
13.00	01300	SOCIAL SERVICE	232	282,495	0	363,069	13.00
15.00	01500	PATIENT ACTIVITIES	4,601	267,883	0	473,835	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	18,539	4,911,244	0	8,303,581	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	64,620	40.00
41.00	04100	LABORATORY	0	0	0	25,463	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	134,768	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	725,173	0	1,026,648	43.00
44.00	04400	PHYSICAL THERAPY	3,828	602,729	0	846,042	44.00
45.00	04500	OCCUPATIONAL THERAPY	766	696,625	0	899,471	45.00
46.00	04600	SPEECH PATHOLOGY	510	327,526	0	426,107	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	699	0	0	223,266	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	531,917	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	43,574	10,664,392	-2,883,037	18,148,512	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00	09500	ADULT DAY CARE/RESIDENTIAL	14,272	11,971	0	320,919	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	1,239,216	2,857,299		2,883,037	1,205,204
103.00		Unit cost multiplier (Wkst. B, Part I)	21.422674	0.267628		0.156098	23.443900
104.00		Cost to be allocated (per Wkst. B, Part II)		0		92,867	50,294
105.00		Unit cost multiplier (Wkst. B, Part II)		0.000000		0.005028	0.978330

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315251

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

Worksheet B-1

Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS EXC. RES.)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	NURSING ADMINISTRATION (PATIENT DAYS EXC. RES.)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS EXC. RES.)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	35,433				6.00
7.00	00700	HOUSEKEEPING	0	49,778			7.00
8.00	00800	DIETARY	0	4,550	36,163		8.00
9.00	00900	NURSING ADMINISTRATION	0	566	0	35,433	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,023	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	192	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	232	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	4,601	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	35,433	18,539	35,433	35,433	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	3,828	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	766	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	510	0	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	699	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	06200	FOHC					62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
89.00		SUBTOTALS (sum of lines 1-84)	35,433	35,506	35,433	35,433	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00	09500	ADULT DAY CARE/RESIDENTIAL	0	14,272	730	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	646,141	196,267	2,314,153	706,888	643,777
103.00		Unit cost multiplier (Wkst. B, Part I)	18.235571	3.942846	63.992285	19.949990	18.168854
104.00		Cost to be allocated (per Wkst. B, Part II)	24,284	15,728	112,885	15,865	25,917
105.00		Unit cost multiplier (Wkst. B, Part II)	0.685350	0.315963	3.121561	0.447746	0.731437

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 315251

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

Worksheet B-1

Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description	PHARMACY (PATIENT DAYS EXC. RES.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS EXC. RES.)	SOCIAL SERVICE (PATIENT DAYS EXC. RES.)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT DAYS EXC. RES.)		
	11.00	12.00	13.00	15.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES					1.00	
3.00 00300 EMPLOYEE BENEFITS					3.00	
4.00 00400 ADMINISTRATIVE & GENERAL					4.00	
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS					5.00	
6.00 00600 LAUNDRY & LINEN SERVICE					6.00	
7.00 00700 HOUSEKEEPING					7.00	
8.00 00800 DIETARY					8.00	
9.00 00900 NURSING ADMINISTRATION					9.00	
10.00 01000 CENTRAL SERVICES & SUPPLY					10.00	
11.00 01100 PHARMACY	35,433				11.00	
12.00 01200 MEDICAL RECORDS & LIBRARY	0	35,433			12.00	
13.00 01300 SOCIAL SERVICE	0	0	35,433		13.00	
15.00 01500 PATIENT ACTIVITIES	0	0	0	35,433	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 SKILLED NURSING FACILITY	35,433	35,433	35,433	35,433	30.00	
31.00 03100 NURSING FACILITY	0	0	0	0	31.00	
33.00 03300 OTHER LONG TERM CARE	0	0	0	0	33.00	
ANCILLARY SERVICE COST CENTERS						
40.00 04000 RADIOLOGY	0	0	0	0	40.00	
41.00 04100 LABORATORY	0	0	0	0	41.00	
42.00 04200 INTRAVENOUS THERAPY	0	0	0	0	42.00	
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00	
44.00 04400 PHYSICAL THERAPY	0	0	0	0	44.00	
45.00 04500 OCCUPATIONAL THERAPY	0	0	0	0	45.00	
46.00 04600 SPEECH PATHOLOGY	0	0	0	0	46.00	
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00	
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00	
51.00 05100 SUPPORT SURFACES	0	0	0	0	51.00	
OUTPATIENT SERVICE COST CENTERS						
62.00 06200 FOHC					62.00	
OTHER REIMBURSABLE COST CENTERS						
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	0	70.00	
71.00 07100 AMBULANCE	0	0	0	0	71.00	
73.00 07300 CMHC	0	0	0	0	73.00	
SPECIAL PURPOSE COST CENTERS						
89.00	SUBTOTALS (sum of lines 1-84)	35,433	35,433	35,433	35,433	89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00	
91.00 09100 BARBER & BEAUTY SHOP	0	0	0	0	91.00	
92.00 09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00	
93.00 09300 NONPAID WORKERS	0	0	0	0	93.00	
94.00 09400 PATIENTS' LAUNDRY	0	0	0	0	94.00	
95.00 09500 ADULT DAY CARE/RESIDENTIAL	0	0	0	0	95.00	
98.00	Cross Foot Adjustments				98.00	
99.00	Negative Cost Centers				99.00	
102.00	Cost to be allocated (per Wkst. B, Part I)	72,791	10,013	426,097	673,806	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	2.054328	0.282590	12.025428	19.016341	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	317	4,383	7,096	106,903	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.008946	0.123698	0.200265	3.017046	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS		Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet C Date/Time Prepared: 5/19/2022 8:24 am		
Cost Center Description		Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)		
		1.00	2.00	3.00		
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	74,707	64,620	1.156097	40.00
41.00	04100	LABORATORY	29,438	25,463	1.156109	41.00
42.00	04200	INTRAVENOUS THERAPY	155,805	134,768	1.156098	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,186,906	832,571	1.425591	43.00
44.00	04400	PHYSICAL THERAPY	1,082,943	1,114,560	0.971633	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,060,855	1,124,055	0.943775	45.00
46.00	04600	SPEECH PATHOLOGY	506,588	942,135	0.537702	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	277,260	208,292	1.331112	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	614,948	531,917	1.156098	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS						
62.00	06200	FOHC	0	0	0.000000	62.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	4,989,450	4,978,381		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/19/2022 8:24 am
		Title XVIII (1)	Skilled Nursing Facility	PPS

Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST						
ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADIOLOGY	1.156097	0	0	0	0 40.00
41.00	04100 LABORATORY	1.156109	0	0	0	0 41.00
42.00	04200 INTRAVENOUS THERAPY	1.156098	0	0	0	0 42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.425591	0	0	0	0 43.00
44.00	04400 PHYSICAL THERAPY	0.971633	393,020	0	381,871	0 44.00
45.00	04500 OCCUPATIONAL THERAPY	0.943775	385,890	0	364,193	0 45.00
46.00	04600 SPEECH PATHOLOGY	0.537702	184,110	0	98,996	0 46.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.331112	0	0	0	0 48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.156098	176,252	0	203,765	0 49.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0 51.00
OUTPATIENT SERVICE COST CENTERS						
62.00	06200 FOHC					62.00
71.00	07100 AMBULANCE (2)	0.000000		0		0 71.00
100.00	Total (Sum of lines 40 - 71)		1,139,272	0	1,048,825	0 100.00

(1) For title V and XIX use columns 1, 2, and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/19/2022 8:24 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description				1.00
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PART II - APPORTIONMENT OF VACCINE COST					
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)		1.156098	1.00
2.00		Program vaccine charges (From your records, or the PS&R)		0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)		0	3.00

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

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	74,707	0	0.000000	0	0	40.00
41.00	04100	LABORATORY	29,438	0	0.000000	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	155,805	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,186,906	0	0.000000	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,082,943	0	0.000000	381,871	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,060,855	0	0.000000	364,193	0	45.00
46.00	04600	SPEECH PATHOLOGY	506,588	0	0.000000	98,996	0	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	277,260	0	0.000000	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	614,948	0	0.000000	203,765	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00		Total (Sum of lines 40 - 52)	4,989,450	0		1,048,825	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 5/19/2022 8:24 am
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		35,433	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,386	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		15,554,427	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		27,531,215	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.564974	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		15,554,427	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		438.98	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,925,366	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,925,366	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		758,271	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		21.40	21.00
22.00	Program capital related cost (Line 3 times line 21)		93,860	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,831,506	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,831,506	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		35,433	1.00
2.00	Program inpatient days (see instructions)		4,386	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.123783	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Prepared: 5/19/2022 8:24 am
		Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,843,613	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		2,843,613	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		374,154	5.00
6.00	Allowable bad debts (From your records)		45,615	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		29,828	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		29,650	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)		2,499,109	11.00
12.00	Interim payments (See instructions)		2,544,414	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		0	14.75
14.99	Sequestration amount (see instructions)		0	14.99
15.00	Balance due provider/program (see Instructions)		-45,305	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 315251	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Date/Time Prepared: 5/19/2022 8:24 am	
		Title XVIII	Skilled Nursing Facility	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,540,542		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/24/2021	3,872		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		3,872		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,544,414		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	PROGRAM TO PROVIDER		0		0
6.02	PROVIDER TO PROGRAM		45,305		0
7.00	Total Medicare program liability (see instructions)		2,499,109		0
			Contractor Name		Contractor Number
			1.00	2.00	
8.00	Name of Contractor				0

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

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

Provider No. : 315251

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

Worksheet G

Date/Time Prepared:
5/19/2022 8:24 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	637,805	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	4,891,541	0	0	0	4.00
5.00	Other receivables	196,856	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-2,188,376	0	0	0	6.00
7.00	Inventory	73,219	0	0	0	7.00
8.00	Prepaid expenses	16,155	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	3,627,200	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,470,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	5,371,108	0	0	0	15.00
16.00	Less Accumulated depreciation	-2,525,869	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	286,400	0	0	0	19.00
20.00	Less: Accumulated depreciation	-28,414	0	0	0	20.00
21.00	Automobiles and trucks	31,337	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	541,346	0	0	0	23.00
24.00	Less: Accumulated depreciation	-381,833	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	4,764,075	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	1,981,068	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1,981,068	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	10,372,343	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	995,364	0	0	0	35.00
36.00	Salaries, wages, and fees payable	24,327	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	464,647	0	0	0	40.00
41.00	Due to other funds	879,790	0	0	0	41.00
42.00	Other current liabilities	1,216,069	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	3,580,197	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	PATIENT FUND LIABILITY	106,405	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	106,405	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	3,686,602	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	6,685,741	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	6,685,741	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	10,372,343	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 315251

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

Worksheet G-1

Date/Time Prepared:
5/19/2022 8:24 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-776,779		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		7,462,520			2.00
3.00	Total (sum of line 1 and line 2)		6,685,741		0	3.00
4.00	Additions (credit adjustments)					4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		6,685,741		0	11.00
12.00	Deductions (debit adjustments)					12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		6,685,741		0	19.00
		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments)					4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 5 - 9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments)					12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315251

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

Worksheet G-2
Parts I-III
Date/Time Prepared:
5/19/2022 8:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	27,531,215		27,531,215	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	113,150		113,150	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	27,644,365		27,644,365	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	3,767,185	0	3,767,185	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	31,411,550	0	31,411,550	14.00
Cost Center Description					
			1.00	2.00	
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			21,819,325	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			21,819,325	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 315251

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

Worksheet G-3

Date/Time Prepared:
5/19/2022 8:24 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	31,411,550	1.00
2.00	Less: contractual allowances and discounts on patients accounts	13,488,018	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,923,532	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	21,819,325	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-3,895,793	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	17,956	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	0	23.00
24.00	OTHER INCOME	10,290,460	24.00
24.50	COVID-19 PHE Funding	1,049,897	24.50
25.00	Total other income (Sum of lines 6 - 24)	11,358,313	25.00
26.00	Total (Line 5 plus line 25)	7,462,520	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)	7,462,520	31.00