SPRING CREEK REHABILITATION AND NURSING CENTER LLC
(a limited liability company)

FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2024

Brand Sonnenschine LLP
Certified Public Accountants & Advisors

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INDEPENDENT AUDITORS' REPORT

To the Members of
Spring Creek Rehabilitation and Nursing Center LLC

Opinion

We have audited the accompanying financial statements of Spring Creek Rehabilitation and Nursing Center LLC (a limited liability company), which comprise the balance sheet as of December 31, 2024, and the related statements of operations and members' deficiency, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Spring Creek Rehabilitation and Nursing Center LLC, as of December 31, 2024, and the results of its operations and change in members' equity and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Spring Creek Rehabilitation and Nursing Center LLC, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Spring Creek Rehabilitation and Nursing Center LLC's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

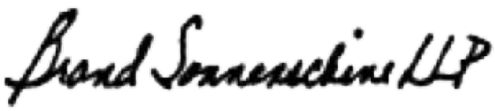
Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Spring Creek Rehabilitation and Nursing Center LLC's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Spring Creek Rehabilitation and Nursing Center LLC's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



June 27, 2025

SPRING CREEK REHABILITATION AND NURSING CENTER LLC
(a limited liability company)
BALANCE SHEET
AT DECEMBER 31, 2024

ASSETS		
Current assets		
Cash (note 2)	$	209,198
Cash - restricted (patient funds) (note 2)		52,029
Accounts receivable - net (note 3)		1,680,451
Due from related entities (note 6)		13,501
Due from prior owner (note 11)		470,339
Prepaid expenses and other		205,874
Total current assets		2,631,392
Property and equipment - net (note 4)		4,332,398
Right-of-use assets - operating lease (note 7)		19,353,955
TOTAL ASSETS	$	26,317,745
LIABILITIES AND MEMBERS' DEFICIENCY		
Current liabilities		
Accounts payable	$	1,599,578
Accrued expenses and withheld taxes		575,223
Operating lease liability (note 7)		202,400
Due to private and third-party payors (note 12)		529,662
Patients' funds payable		52,029
Total current liabilities		2,958,892
Due to landlord (note 6)		3,090,038
Due to related entities (notes 6)		1,404,557
Operating lease liability (note 7)		19,151,555
Total liabilities		26,605,042
Members' deficiency		(287,297)
TOTAL LIABILITIES AND MEMBERS' DEFICIENCY	$	26,317,745

See accompanying notes to the financial statements.

SPRING CREEK REHABILITATION AND NURSING CENTER LLC
(a limited liability company)
STATEMENTS OF OPERATIONS AND MEMBERS' DEFICIENCY
YEAR ENDED DECEMBER 31, 2024

Revenues	$	12,984,765
Operating expenses		13,896,614
Loss from operations		(911,849)
Non-operating revenue (expense):		
Interest income		3,517
Interest expense		(8,145)
NET LOSS		(916,477)
Members' equity - December 31, 2023		472,265
Prior period adjustment (note 15)		178,341
Restated members' equity - December 31, 2023		650,606
		(265,871)
Net members' equity distributed		(21,426)
MEMBERS' DEFICIENCY - DECEMBER 31, 2024	$	(287,297)

See accompanying notes to the financial statements.

SPRING CREEK REHABILITATION AND NURSING CENTER LLC
(a limited liability company)
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2024

Cash flows from operating activities		
Net loss	$	(916,477)
Adjustments to reconcile net loss		
to net cash used in operating activities:		
Depreciation		44,667
(Increase) decrease in assets		
Accounts receivable		568,370
Prepaid expenses and other		61,223
Due from prior owner		(123,151)
Increase (decrease) in liabilities		
Accounts payable		(194,143)
Accrued expenses and withheld taxes		224,579
Due to landlord		122,239
Due to private and third-party payors		1,912
Patients' funds payable		(1,104)
Net cash used in operating activities		(211,885)
Cash flows from investing activities		
Purchase of property and equipment		(717,882)
Net cash used in investing activities		(717,882)
Cash flows from financing activities		
Due to related entities	*	1,048,042
Members' equity distributed		(21,426)
Net cash provided by financing activities		1,026,616
Net increase in cash, restricted cash, and cash equivalents		96,849
Cash, restricted cash, and cash equivalents - December 31, 2023		164,378
CASH, RESTRICTED CASH, AND CASH EQUIVALENTS - DECEMBER 31, 2024	$	261,227

(*) The prior period adjustment amounts give effect to due to related entities of $178,341.

SPRING CREEK REHABILITATION AND NURSING CENTER LLC
(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and business – Spring Creek Rehabilitation and Nursing Center LLC, the "Company" was formed on May 10, 2021, without a finite life. On November 30, 2021, the Company began operating the skilled nursing facility. The Company leases the land, building, and rights to its license in Perth Amboy, New Jersey, from a related entity. The Company was licensed to operate a long-term care facility consisting of 179 long-term care beds. The members of the Company are generally protected from liability for acts and obligations of the Company. The operating agreements provide, among other things, for the Company to continue at the will of the General Members, unless sooner terminated as provided in the agreement.

Basis of accounting – The books and records of the Company are maintained on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Cash equivalents – Cash equivalents represent short-term investments with original maturity dates of three months or less.

Restricted cash – patient funds – The Company adopted Financial Accounting Standards Board standard ("FASB") "ASU-2016-18, Statement of Cash Flows (Topic 230): Restricted Cash." This standard requires that cash, restricted cash, and cash equivalents be included in beginning and ending cash, restricted cash, and cash equivalents on the statement of cash flows. The Company is required to maintain patient funds in a separate restricted account. The amount at all times must be equal to or exceed the aggregate of all outstanding obligations to the patients.

Trade accounts receivable – Trade accounts receivable are stated at the amount management expects to collect from outstanding balances. The Company has adopted Accounting Standards Update ("ASU") No. 2016-13, Measurement of Credit Losses on Financial Instruments, and its related amendments using the prospective method. The new standard changes the impairment model for most financial assets that are measured at amortized cost and certain other instruments, including trade receivables, from an incurred loss model to an expected loss model and adds certain new required disclosures. Under the expected loss model, entities will recognize credit losses to be incurred over the entire contractual term of the instrument rather than delaying recognition of credit losses until it is probable the loss has been incurred. In accordance with Accounting Standards Codification ("ASC") 326, the Company evaluates certain criteria, including aging and historical write-offs, current economic condition of specific payors, and future economic conditions to determine the appropriate allowance for credit losses. The impact of the adoption of ASC 326 to the Company's opening balance of net assets was not material.

Revenues – Revenue is derived primarily from providing healthcare services to patients. Revenues are recognized when services are provided to the patients at the amount that reflects the consideration to which the Company expects to be entitled from patients and third-party payors, including Medicaid, Medicare, and insurers (private and Medicare replacement plans), in exchange for providing patient care. The healthcare services in transitional and skilled, home health, and hospice patient contracts include routine services in exchange for a contractual agreed-upon amount or rate. Routine services are treated as a single-performance obligation satisfied over time as services are rendered. As such, patient care services represent a bundle of services that are not capable of being distinct. Additionally, there may be ancillary services, which are not included in the daily rates for routine services, but instead are treated as separate performance obligations satisfied at a point in time, if and when those services are rendered.

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue recognized from healthcare services is adjusted for estimates of variable consideration to arrive at the transaction price. The Company determines the transaction price based on contractually agreed-upon amounts or rates, adjusted for estimates of variable consideration. The Company uses the expected value method to determine the variable component that should be used to arrive at the transaction price, using contractual agreements and historical reimbursement experience within each payor type. The amount of variable consideration, which is included in the transaction price may be constrained and is included in the net revenue only to the extent that it is probable that a significant reversal in the amount of the cumulative revenue recognized will not occur in a future period. If actual amounts of consideration ultimately received differ from estimates, estimates are adjusted, which would affect net service revenue in the period such variances become known.

Property and equipment – Property and equipment are stated at cost. Depreciation is computed by the straight-line method over the estimated useful lives of the assets. Expenditures for maintenance and repairs are charged to operations as incurred. Significant renovations and replacements, which improve and extend the life of the asset are capitalized.

Income taxes – The Company is treated as a partnership for federal and state income tax purposes and do not incur income taxes. Instead, their earnings and losses are included in the personal returns of the members and taxed depending on their personal tax situations. The financial statements do not reflect a provision for income taxes. The policy of the Companies is to record interest expenses and penalties relating to income taxes in operating expense. For the year ended December 31, 2024, there were no income tax-related interest or penalty expenses and no accrued interest and penalties.

In 2020, the State of New Jersey passed the Business Alternative Income Tax ("BAIT") Act. This law allowed LLCs to pay tax due on partnership earnings instead of on the individual owners return. The tax rates are graduated and range from 5.675% to 10.9% of earnings. The Company recorded $21,426 as a distribution during the year for tax payments on behalf of the members.

Estimates – The preparation of the financial statements in conformity with the GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Advertising – Advertising costs, except for costs associated with direct-response advertising, are charged to operations when incurred. The costs of direct-response advertising are capitalized and amortized over the period during which future benefits are expected to be received.

Guaranteed payments to members – Guaranteed payments to members that are intended as compensation for services rendered are accounted for as expenses of the Company rather than as allocations of the Company's net earnings. Guaranteed payments that are intended as payments of interest on capital accounts are not accounted for as expenses of the Company, but rather, as part of the allocation of net earnings.

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Leases – The Company has adopted ASC-842 Leases. With adoption, the Company determined which contracts conveyed the Company a right to control identified property, plant, or equipment for a period of time in exchange for consideration. The Company classified these contracts as Right-of-Use ("ROU") assets. ROU assets and lease liabilities are recognized based on the present value of lease payments over the lease term with lease expense recognized on a straight-line basis.

Lease agreements may contain rent escalation clauses, rent holidays, or certain landlord incentives, including tenant improvement allowances. ROU assets include amounts for scheduled rent increases and may be reduced by lease incentive amounts. Using the transition approach, the Company elected to use the following practical expedients and, therefore, did not reassess any of the following: (1) whether any expired or existing contracts are or contain leases; (2) the lease classification of pre ASC-842 operating leases, which continue to be reported as operating leases, and the lease classification of pre ASC-842 capital leases, which are now reported as financing leases; and (3) initial direct costs for any existing leases.

With implementation, the Company also elected the following practical expedients: (1) using the Company's implicit borrowing rate (if available at the time of the lease origination); or (2) using a risk-free discount rate (US Treasury Rate) for the lease-derived ROU assets. ROU assets were treated separately from non-lease components of all asset classes. For leases utilizing the risk-free rate expedient, the Company elected to use a period comparable with that of the lease term, as an accounting policy election for all leases.

Subsequent events – The Company has reviewed subsequent events and transactions for potential recognition and disclosure in the financial statements through June 27, 2025, the date the financial statements were available to be issued. There were no subsequent events identified.

NOTE 2 – CASH, RESTRICTED CASH, AND CASH EQUIVALENTS

The balance in cash, restricted cash, and cash equivalents at December 31, 2024, consists of the following:

Operating cash	$	209,198
Restricted cash – patient funds		52,029
Total cash, restricted cash, and cash equivalents	$	261,227

NOTE 3 – ALLOWANCE FOR CREDIT LOSSES

The following table summarizes the changes in the allowance for credit losses included in accounts receivable for the year ended December 31, 2024:

Activity:		
Balance – December 31, 2023	$	145,900
Provision for credit losses		243,896
Less: write-offs		43,796
Balance – December 31, 2024	$	346,000

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2024, are summarized as follows:

	Life (Years)		
Leasehold improvements	15	$	4,312,133
Equipment	5-7		94,896
			4,407,029
Less: accumulated depreciation			74,631
		$	4,332,398

Depreciation expense was $44,667 for the year. Included in leasehold improvements is $3,894,767 of construction in progress, which will be depreciated upon completion of the project when assets are placed into service. The estimated cost to complete the project cannot be determined.

NOTE 5 – REVENUES

Approximately 6% of revenues during the year were derived from billings to the New York State Department of Social Services for stays by Medicaid patients.

Approximately 4% of revenues during the year were derived from billings to the New Jersey Department of Health for stays by Medicaid patients. Approximately 59% of the revenues during the year were derived from billings to the New Jersey Managed Care Companies.

Approximately 23% of the revenues during the year were derived from billings to the Federal government for stays by Medicare patients covered by Part A and for services provided which are covered by Medicare Part B.

As a result of appeals and changes in interim rates of prior years, adjustments were made to interim rates received in prior years. These adjustments resulted in an increase in revenues of $19,710.

Effective July 2014, the New Jersey Department of Human Services changed its reimbursement methodology to a Managed Care Organization (“MCO”) system. The Company entered into contracts with state approved MCOs that will be paying for all new Medicaid admissions. All subsequent rates will be negotiated between the Company and each MCO.

NOTE 6 – RELATED-PARTY TRANSACTIONS

The balance of loans owed by related entities was $13,501 and the balance of loans owed to related entities was $861,197 at December 31, 2024. The loans are non-interest-bearing and there is no formal plan of repayment, therefore, the balances are classified as non-current liabilities as full payments are not anticipated until after 2025.

During the year, the Company recorded $652,143 of management fees to a related company for 2024. The balance due to the related management company at December 31, 2024, was $543,360.

The Company leases the property from 1 Lindbergh LLC, a related entity, related through common ownership, (note 7). The balance due to the landlord at December 31, 2024, was $3,090,037.

NOTE 7 – LEASES

The Company has operating leases for the nursing facility, and equipment. ROU assets represent the Company's right to use an underlying asset for the lease term if greater than twelve months. Lease obligations represent the Company's liability to make lease payments arising from the lease. Operating and finance lease ROU assets and related obligations are recognized at the commencement date based on the present value of lease payments over the lease term discounted using an appropriate incremental borrowing rate.

The Company used its incremental borrowing rate of 8.33% to calculate the present value of its operating lease liability. The incremental borrowing rate is based on the information available at the commencement date in determining the present value of lease payments. The value of an option to extend or terminate a lease is reflected to the extent it is reasonably certain management will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

The Company occupies their premises under an operating lease from a related party, related through common ownership. The initial lease term is for thirty years and expires in November 2051, with optional extensions for two successive ten-year periods. The lease provides for an annual base rent of the sum of the required monthly debt-service payments. Rent expense during the year for the premises was $2,522,573.

The following table is a summary of components of lease expense and year-end ROU assets and lease liabilities relating to operating leases for the year ended December 31, 2024.

Operating lease cost	$	1,794,516
Short-term lease cost		25,434
Variable lease cost		728,057
Total	$	2,548,007
OPERATING LEASES		
Operating lease ROU assets	$	19,353,955
Operating lease current liabilities	$	202,400
Operating lease long-term liabilities		19,151,555
Total operating lease liabilities	$	19,353,955

NOTE 7 – LEASES (CONTINUED)

WEIGHTED-AVERAGE REMAINING LEASE TERM	
Operating leases	26.83 years
WEIGHTED-AVERAGE DISCOUNT RATE	
Operating leases	8.33%

Future minimum annual lease payments to be paid under the above lease at December 31, 2024, are as follows:

2025	$	1,794,516
2026		1,794,516
2027		1,794,516
2028		1,794,516
2029		1,794,516
Thereafter		39,180,266
Total undiscounted maturities of lease liabilities		48,152,846
Less: discount on lease liabilities		(28,798,891)
TOTAL LEASE LIABILITIES	$	19,353,955

The following table presents supplemental cash flow information for the year:

Cash paid for amounts included in the measurement of lease liabilities:

Operating cash flows for operating leases	$	2,248,038

NOTE 8 – CONCENTRATION OF CREDIT RISK

The Company maintains its cash balances at several financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to $250,000, per entity. At December 31, 2024, the Company had approximately $8,300 of uninsured balances.

At December 31, 2024, the Company had approximately 4% of its receivables due from the New York State Department of Social Services for stays by Medicaid patients, 12% of its receivables due from the New Jersey Department of Health, approximately 39% of its receivables due from the New Jersey Managed Care companies, and 21% of its receivables due from the Federal government for Medicare recipients.

At December 31, 2024, approximately 26% of the accounts payable balance was payable to one vendor.

NOTE 9 – ECONOMIC DEPENDENCY

During the year, the Company purchased a substantial portion of its services from one vendor. Purchases from this company were approximately $1,178,000. The balances due to this vendor and included in accounts payable at December 31, 2024, were approximately $422,000.

NOTE 10 – ADVERTISING

Advertising expenses was $50,445 for the year. There were no direct-response advertising costs either capitalized or expensed.

NOTE 11 – DUE FROM PRIOR OWNER

The Company had either received payments due to the prior owner or has made the recoupments, which the prior owner was required to reimburse. The balance due from the prior owner at December 31, 2024, was $470,339.

NOTE 12 – DUE TO PRIVATE AND THIRD-PARTY PAYORS

The Company has received funds from various private and third-party payors, which are presently being repaid or may have to be repaid upon audit.

NOTE 13 – EMPLOYEE BENEFIT PLAN

The Company implemented a qualified Salary-Reduction Profit-Sharing Plan (the "Plan") for eligible employees under section 401(K) of the Internal Revenue Code. The Plan provides for voluntary employee contributions through salary-reduction and employer contributions at the discretion of the Company. There were no employer contributions made for the year ended December 31, 2024.

NOTE 14 – SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash paid during the year for:

Interest	$ 8,233

NOTE 15 – PRIOR PERIOD ADJUSTMENT

In prior years, the Company contributed excess funds to its insurance plan and recorded the full premium as an expense, rather than only the actual claims and administrative fees. As a result, employee benefit expenses were overstated in those years. A prior period adjustment of $178,341 was made to adjust the employee benefits expense for the insurance policy (note 16). This resulted in restating due to related entities from $1,217,785 to $1,407,254 and members' equity from $472,265 to $650,606 at December 31, 2023.

NOTE 16 – CONTINGENCIES

Revenues are based on current billings. Certain adjustments may be made in subsequent periods as a result of audits or appeals, the final results of which are not determinable until the time they are made. Any such adjustments, therefore, are reflected in revenues in the period they are determined.

NOTE 16 – CONTINGENCIES (CONTINUED)

At times, the Company may be involved in various lawsuits and subject to certain contingencies in the normal course of business. Management vigorously defends any claims that may be asserted.

There were no corporate credit cards used by the Company.

The Company, along with other companies related through common ownership, maintains a high-deductible health plan policy with stop-loss coverage, which runs on a fiscal year from June 1 through May 31. For the plan year ending May 31, 2025, the companies on the plan are responsible for deductibles of the first $100,000 of claims for each employee. The plan covers eligible claims above this deductible, with no limit. Once aggregate deductibles reach approximately $5,085,000, based on the current population of employees, the plan reimburses deductibles, for up to $1,000,000. The companies are responsible for deductibles in excess of $1,000,000 above the aggregate deductible. The Company is contingently liable for unpaid claims of its affiliates. Since joining the plan, the Company contributed $487,977. During the year, the Company contributed $0 to the plan and incurred $159,077 of claims and administration fees. At December 31, 2024, the total expense incurred in excess of amounts contributed to the plan was $189,469 which was funded by the other related companies and is included in due to related entities.

The New Jersey Department of Health is currently in the process of revising the methodology used to calculate the Medicaid reimbursement rate paid to the Company. The effect of these revisions on future operations cannot be determined at this time.

Spring Creek
12/31/2024

Worksheet A-8 Adjustments

Acct. #	Account Title	Amount	Cost Center	
Revenue Adjustments				
51-100-00	Other Rev>Miscellaneous	(9,887)	4c	
51-160-00	Other Rev>Interest	(3,517)	1c	
51-181-00	Other Rev>Vending Machines	(3,333)	8c	
51-818-00	Other Rev>Medical Records	(419)	4c	
Expense Adjustments				
71-202-00	Resident Missing Items	(243)	4C	
80-246-00	Donations/Charity	(500)	4C	
80-250-00	Marketing & Advertising	(33,884)	4C	
80-251-00	Bad Debt	(246,896)	4C	(356,126)
80-251-74	Medicare Coinsurance	(109,230)	4C	
80-279-00	Management Fee	(652,143)	4C	

Total	(1,060,052)
From A-8-1	(52,628)
Adjusted Total	(1,112,681)

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

SPRING CREEK HEALTHCARE CENTER	Period:	Run Date Time:	5/22/2025 10:36 am
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315305	To: 12/31/2024	Version:	11.1.179.1

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report.
3.01. [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only:

4. [1] Cost Report Status
(1) As Submitted
(2) Settled without audit
(3) Settled with audit
(4) Reopened
(5) Amended
5. Date Received: _____

6. Contractor No.: _____
7. [ ] First Cost Report for this Provider CCN
8. [ ] Last Cost Report for this Provider CCN
9. NPR Date: _____
10. If line 4, column 1 is "4": Enter number of times reopened 0
11. Contractor Vendor Code: 4
12. [F] 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 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 SPRING CREEK HEALTHCARE CENTER, {Provider Name(s) and CCN(s)}for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that 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	Signature Date				4

PART III - SETTLEMENT SUMMARY

			Title XVIII			
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	90,476	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	**0**	**90,476**	**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 this information collection is estimated 202 hours per response, including the time to review instructions, search existing data 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 this 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.

SPRING CREEK HEALTHCARE CENTER	Period:	Run Date Time: 5/22/2025 10:36 am
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315305	To: 12/31/2024	Version: 11.1.179.1

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

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1.00	Street:	1 LINDBERGH AVENUE	P.O. Box:					1.00
2.00	City:	PERTH AMBOY	State:	NJ	ZIP Code:	08861		2.00
3.00	County:	MIDDLESEX	CBSA Code:	35154	Urban / Rural:	U		3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
4.00	SNF	SPRING CREEK HEALTHCARE CENTER	315305	05/01/1991	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)	01/01/2024	12/31/2024	14.00
15.00	Type of Control (See Instructions)	4 - Proprietary, Corporation		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	355,643	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	355,643	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00

		Part A	Part B	Other	
		1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					
29.00	Skilled Nursing Facility	N	N		29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA	N	N		32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC		N		35.00
36.00	SNF-Based OLTC				36.00

		Y/N		
		1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	N		38.00

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

Worksheet S-2
Part I
PPS

				Y/N	
				1.00	2.00	
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
				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
				Provider CCN	
				1.00	
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

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 Name:		Contractor Number:	45.00
46.00	Street:		P.O. Box:			46.00
47.00	City:		State:		ZIP Code:	47.00

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

Worksheet S-2
Part II
PPS

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 Facilites

Provider Organization and Operation

			Y/N	Date	
			1.00	2.00	
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	06/15/2025	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	Date	
		0	1.00	2.00	3.00	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.)		Y	04/01/2025	Y	04/01/2025	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

		1.00	2.00	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.	KITTY	BLISSIT	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	KITTY.BLISSIT@HCRNJ.NET		21.00

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

Worksheet S-3
Part I
PPS

				Inpatient Days/Visits					Discharges					
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	179	65,514	0	3,238	36,300	2,404	**41,942**	0	55	10	105	**170**	1.00
2.00	NURSING FACILITY	0	0	0		0	0	**0**	0		0	0	**0**	2.00
3.00	ICF/IID	0	0			0	0	**0**			0	0	**0**	3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care	0	0				0	**0**				0	**0**	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	**0**	0	0	0	0	**0**	7.00
8.00	Total (Sum of lines 1-7)	**179**	**65,514**	**0**	**3,238**	**36,300**	**2,404**	**41,942**	**0**	**55**	**10**	**105**	**170**	8.00

		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	58.87	3,630.00	**246.72**	0	26	3	78	**107**	103.80	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	**0.00**	0		0	0	**0**	0.00	0.00		2.00
3.00	ICF/IID			0.00	**0.00**			0	0	**0**	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care				**0.00**				0	**0**	0.00	0.00		5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0.00	0.00	0.00	**0.00**	0	0	0	0	**0**	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	**0.00**	**58.87**	**3,630.00**	**246.72**	**0**	**26**	**3**	**78**	**107**	**103.80**	**0.00**		8.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
PPS

PART II - DIRECT SALARIES

		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	
SALARIES							
1.00	Total salaries (See Instructions)	5,510,130	0	**5,510,130**	216,426.00	25.46	1.00
2.00	Physician salaries-Part A	0	0	**0**	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	**0**	0.00	0.00	3.00
4.00	Home office personnel	0	0	**0**	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	**0**	**0**	**0**	**0.00**	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	5,510,130	0	**5,510,130**	216,426.00	25.46	6.00
7.00	Other Long Term Care	0	0	**0**	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE	0	0	**0**	0.00	0.00	10.00
11.00	Other excluded areas	0	0	**0**	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	**0**	**0**	**0**	**0.00**	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	**5,510,130**	**0**	**5,510,130**	**216,426.00**	25.46	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	1,568,159	0	**1,568,159**	41,781.00	37.53	14.00
15.00	Contract Labor: Physician services-Part A	0	0	**0**	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	**0**	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	670,827	0	**670,827**			17.00
18.00	Wage-related costs other (See Part IV)	0	0	**0**			18.00
19.00	Wage related costs (excluded units)	0	0	**0**			19.00
20.00	Physician Part A - WRC	0	0	**0**			20.00
21.00	Physician Part B - WRC	0	0	**0**			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	**670,827**	**0**	**670,827**			22.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		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	
1.00	Employee Benefits	0	0	**0**	0.00	0.00	1.00
2.00	Administrative & General	477,559	0	**477,559**	12,405.00	38.50	2.00
3.00	Plant Operation, Maintenance & Repairs	161,143	0	**161,143**	8,273.00	19.48	3.00
4.00	Laundry & Linen Service	0	0	**0**	0.00	0.00	4.00
5.00	Housekeeping	387,097	0	**387,097**	23,712.00	16.32	5.00
6.00	Dietary	535,629	0	**535,629**	30,433.00	17.60	6.00
7.00	Nursing Administration	487,469	0	**487,469**	9,416.00	51.77	7.00
8.00	Central Services and Supply	0	0	**0**	0.00	0.00	8.00
9.00	Pharmacy	0	0	**0**	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	64,567	0	**64,567**	1,619.00	39.88	10.00
11.00	Social Service	83,345	0	**83,345**	2,028.00	41.10	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	188,018	0	**188,018**	9,334.00	20.14	13.00
14.00	Total (sum lines 1 thru 13)	**2,384,827**	**0**	**2,384,827**	**97,220.00**	24.53	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS			
		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	10	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)	2,591	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	95,488	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	572,738	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	**670,827**	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

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SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	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)	285,801	34,795	**320,596**	5,999.00	53.44	1.00
2.00	Licensed Practical Nurses (LPNs)	1,037,393	126,296	**1,163,689**	31,236.00	37.25	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,332,912	162,274	**1,495,186**	70,292.00	21.27	3.00
4.00	Total Nursing (sum of lines 1 through 3)	**2,656,106**	**323,365**	**2,979,471**	**107,527.00**	27.71	4.00
5.00	Physical Therapists	185,754	22,614	**208,368**	3,876.00	53.76	5.00
6.00	Physical Therapy Assistants	41,649	5,071	**46,720**	1,323.00	35.31	6.00
7.00	Physical Therapy Aides	0	0	**0**	0.00	0.00	7.00
8.00	Occupational Therapists	214,107	26,066	**240,173**	3,641.00	65.96	8.00
9.00	Occupational Therapy Assistants	57,112	6,953	**64,065**	1,324.00	48.39	9.00
10.00	Occupational Therapy Aides	0	0	**0**	0.00	0.00	10.00
11.00	Speech Therapists	54,932	6,688	**61,620**	1,519.00	40.57	11.00
12.00	Respiratory Therapists	0	0	**0**	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	**0**	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	370,611		**370,611**	5,780.00	64.12	14.00
15.00	Licensed Practical Nurses (LPNs)	529,855		**529,855**	11,854.00	44.70	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	667,693		**667,693**	24,147.00	27.65	16.00
17.00	Total Nursing (sum of lines 14 through 16)	**1,568,159**		**1,568,159**	**41,781.00**	37.53	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	0		**0**	0.00	0.00	25.00
26.00	Other Medical Staff	0		**0**	0.00	0.00	26.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **Worksheet S-7**

PPS

	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

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **Worksheet S-7**

PPS

	Group	Days	
	1.00	2.00	
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
76.00	PA1		76.00
99.00	AAA		99.00
100.00			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

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		2,636,381	**2,636,381**	0	2,636,381	-56,335	**2,580,046**	1.00
3.00	00300	EMPLOYEE BENEFITS	0	681,348	**681,348**	0	681,348	0	**681,348**	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	477,559	2,064,306	**2,541,865**	0	2,541,865	-1,053,013	**1,488,852**	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	161,143	512,690	**673,833**	0	673,833	0	**673,833**	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	2,935	**2,935**	0	2,935	0	**2,935**	6.00
7.00	00700	HOUSEKEEPING	387,097	31,531	**418,628**	0	418,628	0	**418,628**	7.00
8.00	00800	DIETARY	535,629	390,339	**925,968**	0	925,968	-3,333	**922,635**	8.00
9.00	00900	NURSING ADMINISTRATION	487,469	5,613	**493,082**	0	493,082	0	**493,082**	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	**0**	0	0	0	**0**	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	64,567	0	**64,567**	0	64,567	0	**64,567**	12.00
13.00	01300	SOCIAL SERVICE	83,345	0	**83,345**	0	83,345	0	**83,345**	13.00
15.00	01500	PATIENT ACTIVITIES	188,018	56,024	**244,042**	0	244,042	0	**244,042**	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	2,656,106	1,822,712	**4,478,818**	0	4,478,818	0	**4,478,818**	30.00
31.00	03100	NURSING FACILITY	0	0	**0**	0	0	0	**0**	31.00
32.00	03200	ICF/IID	0	0	**0**	0	0	0	**0**	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	**0**	0	0	0	**0**	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	3,213	**3,213**	0	3,213	0	**3,213**	40.00
41.00	04100	LABORATORY	0	11,847	**11,847**	0	11,847	0	**11,847**	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	**0**	0	0	0	**0**	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	1,991	**1,991**	0	1,991	0	**1,991**	43.00
44.00	04400	PHYSICAL THERAPY	148,659	22,357	**171,016**	0	171,016	0	**171,016**	44.00
45.00	04500	OCCUPATIONAL THERAPY	269,221	0	**269,221**	0	269,221	0	**269,221**	45.00
46.00	04600	SPEECH PATHOLOGY	51,317	0	**51,317**	0	51,317	0	**51,317**	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	**0**	0	0	0	**0**	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	**0**	0	0	0	**0**	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	97,282	**97,282**	0	97,282	0	**97,282**	49.00
51.00	05100	SUPPORT SURFACES	0	0	**0**	0	0	0	**0**	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	07100	AMBULANCE	0	19,811	**19,811**	0	19,811	0	**19,811**	71.00
SPECIAL PURPOSE COST CENTERS										
81.00	08100	INTEREST EXPENSE		0	**0**	0	0	0	**0**	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	**0**	0	0	0	**0**	82.00
83.00	08300	HOSPICE	0	0	**0**	0	0	0	**0**	83.00
89.00		SUBTOTALS (sum of lines 1-84)	5,510,130	8,360,380	**13,870,510**	0	13,870,510	-1,112,681	**12,757,829**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	**0**	0	0	0	**0**	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,915	**1,915**	0	1,915	0	**1,915**	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	**0**	0	0	0	**0**	92.00
93.00	09300	NONPAID WORKERS	0	0	**0**	0	0	0	**0**	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	**0**	0	0	0	**0**	94.00
95.00	09500	HOMELESS SHELTER	0	0	**0**	0	0	0	**0**	95.00
100.00		TOTAL	**5,510,130**	**8,362,295**	**13,872,425**	**0**	**13,872,425**	**-1,112,681**	**12,759,744**	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

	Increases				Decreases				
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	**TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2)**		**0**	**0**			**0**	**0**	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COSTS CENTERS **Worksheet A-7**

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	0	0	0	**0**	0	0	0	1.00
2.00	Land Improvements	0	0	0	**0**	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	**0**	0	0	0	3.00
4.00	Building Improvements	398,865	18,500	0	**18,500**	0	417,365	0	4.00
5.00	Fixed Equipment	0	15,202	0	**15,202**	0	15,202	0	5.00
6.00	Movable Equipment	79,694	0	0	**0**	0	79,694	0	6.00
7.00	Subtotal (sum of lines 1-6)	**478,559**	**33,702**	**0**	**33,702**	**0**	**512,261**	**0**	7.00
8.00	Reconciling Items	0	0	0	**0**	0	0	0	8.00
9.00	Total (line 7 minus line 8)	**478,559**	**33,702**	**0**	**33,702**	**0**	**512,261**	**0**	9.00

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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

PPS

	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-3,517	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-52,629			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	B	-419	ADMINISTRATIVE & GENERAL	4.00	18.00
19.00	Vending machines	B	-3,333	DIETARY	8.00	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	UTILIZATION REVIEW - SNF	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	Other adjustment (specify)		0		0.00	25.00
25.01	OTHER REVENUE - MISC	B	-9,887	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	RESIDENT MISSING ITEMS	A	-243	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	DONATIONS/CHARITY	A	-500	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	MARKETING	A	-33,884	ADMINISTRATIVE & GENERAL	4.00	25.04
25.05	BAD DEBTS	A	-356,126	ADMINISTRATIVE & GENERAL	4.00	25.05
25.07	MANAGEMENT FEE	A	-652,143	ADMINISTRATIVE & GENERAL	4.00	25.07
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		**-1,112,681**			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.

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

Worksheet A-8-1
Parts I & II
PPS

PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT	0	2,522,573	**-2,522,573**	1.00
2.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	DEPRECIATION	310,976	0	**310,976**	2.00
3.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	MORTGAGE INTEREST	1,814,324	0	**1,814,324**	3.00
4.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	REAL ESTATE TAXES	344,455	0	**344,455**	4.00
5.00	4.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE COSTS	189	0	**189**	5.00
6.00	0.00			0	0	**0**	6.00
7.00	0.00			0	0	**0**	7.00
8.00	0.00			0	0	**0**	8.00
9.00	0.00			0	0	**0**	9.00
10.00	**TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.**			**2,469,944**	**2,522,573**	**-52,629**	10.00

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 II 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A	B KURLAND	99.00	1 LINDBERG LLC	99.00	REALTY	1.00
2.00	A	N KURLAND	1.00	1 LINDBERG LLC	1.00	REALTY	2.00
3.00			0.00		0.00		3.00
4.00			0.00		0.00		4.00
5.00			0.00		0.00		5.00
6.00			0.00		0.00		6.00
7.00			0.00		0.00		7.00
8.00			0.00		0.00		8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

(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 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.
G. Other (financial or non-financial) specify:

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	2,580,046	2,580,046							1.00
3.00	EMPLOYEE BENEFITS	681,348	0	681,348						3.00
4.00	ADMINISTRATIVE & GENERAL	1,488,852	148,025	59,052	**1,695,929**	1,695,929				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	673,833	144,266	19,926	**838,025**	128,458	966,483			5.00
6.00	LAUNDRY & LINEN SERVICE	2,935	100,993	0	**103,928**	15,931	42,666	162,525		6.00
7.00	HOUSEKEEPING	418,628	56,320	47,866	**522,814**	80,140	23,793	0	626,747	7.00
8.00	DIETARY	922,635	321,262	66,233	**1,310,130**	200,825	135,720	0	94,511	8.00
9.00	NURSING ADMINISTRATION	493,082	0	60,277	**553,359**	84,822	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	**0**	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	64,567	0	7,984	**72,551**	11,121	0	0	0	12.00
13.00	SOCIAL SERVICE	83,345	9,362	10,306	**103,013**	15,790	3,955	0	2,754	13.00
15.00	PATIENT ACTIVITIES	244,042	50,718	23,249	**318,009**	48,746	21,426	0	14,920	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	4,478,818	1,691,600	328,437	**6,498,855**	996,184	714,631	162,525	497,646	30.00
31.00	NURSING FACILITY	0	0	0	**0**	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	**0**	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	**0**	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	3,213	0	0	**3,213**	493	0	0	0	40.00
41.00	LABORATORY	11,847	0	0	**11,847**	1,816	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	**0**	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,991	0	0	**1,991**	305	0	0	0	43.00
44.00	PHYSICAL THERAPY	171,016	12,163	18,382	**201,561**	30,896	5,139	0	3,578	44.00
45.00	OCCUPATIONAL THERAPY	269,221	11,279	33,290	**313,790**	48,100	4,765	0	3,318	45.00
46.00	SPEECH PATHOLOGY	51,317	0	6,346	**57,663**	8,839	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	**0**	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	**0**	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	97,282	7,372	0	**104,654**	16,042	3,114	0	2,169	49.00
51.00	SUPPORT SURFACES	0	0	0	**0**	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	19,811	0	0	**19,811**	3,037	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	**0**	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**12,757,829**	**2,553,360**	**681,348**	**12,731,143**	**1,691,545**	**955,209**	**162,525**	**618,896**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	1,915	26,686	0	**28,601**	4,384	11,274	0	7,851	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	**0**	0	0	0	0	94.00
95.00	HOMELESS SHELTER	0	0	0	**0**	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	**0**	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	**0**	0	0	0	0	99.00
100.00	TOTAL	**12,759,744**	**2,580,046**	**681,348**	**12,759,744**	**1,695,929**	**966,483**	**162,525**	**626,747**	100.00

SPRING CREEK HEALTHCARE CENTER	Period:	Run Date Time: 5/22/2025 10:36 am
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315305	To: 12/31/2024	Version: 11.1.179.1

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	1,741,186								8.00
9.00	NURSING ADMINISTRATION	0	638,181							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	83,672					12.00
13.00	SOCIAL SERVICE	0	0	0	0	125,512				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	403,101			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	1,741,186	638,181	0	83,672	125,512	403,101	**11,861,493**	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	**0**	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	**0**	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	**0**	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	**3,706**	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	**13,663**	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	**2,296**	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	**241,174**	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**369,973**	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**66,502**	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**125,979**	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	**0**	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	**22,848**	0	71.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	**0**	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**1,741,186**	**638,181**	**0**	**83,672**	**125,512**	**403,101**	**12,707,634**	**0**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	**0**	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	**52,110**	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	**0**	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	**0**	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	**0**	0	94.00
95.00	HOMELESS SHELTER	0	0	0	0	0	0	**0**	0	95.00
98.00	Cross Foot Adjustments	0	0	0			0	**0**	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	**0**	0	99.00
100.00	TOTAL	**1,741,186**	**638,181**	**0**	**83,672**	**125,512**	**403,101**	**12,759,744**	**0**	100.00

SPRING CREEK HEALTHCARE CENTER	Period:	Run Date Time: 5/22/2025 10:36 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Total		
		18.00		
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	**11,861,493**		30.00
31.00	NURSING FACILITY	**0**		31.00
32.00	ICF/IID	**0**		32.00
33.00	OTHER LONG TERM CARE	**0**		33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	**3,706**		40.00
41.00	LABORATORY	**13,663**		41.00
42.00	INTRAVENOUS THERAPY	**0**		42.00
43.00	OXYGEN (INHALATION) THERAPY	**2,296**		43.00
44.00	PHYSICAL THERAPY	**241,174**		44.00
45.00	OCCUPATIONAL THERAPY	**369,973**		45.00
46.00	SPEECH PATHOLOGY	**66,502**		46.00
47.00	ELECTROCARDIOLOGY	**0**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	**0**		48.00
49.00	DRUGS CHARGED TO PATIENTS	**125,979**		49.00
51.00	SUPPORT SURFACES	**0**		51.00
OTHER REIMBURSABLE COST CENTERS				
71.00	AMBULANCE	**22,848**		71.00
SPECIAL PURPOSE COST CENTERS				
81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	**0**		83.00
89.00	SUBTOTALS (sum of lines 1-84)	**12,707,634**		89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	**0**		90.00
91.00	BARBER AND BEAUTY SHOP	**52,110**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	**0**		92.00
93.00	NONPAID WORKERS	**0**		93.00
94.00	PATIENTS LAUNDRY	**0**		94.00
95.00	HOMELESS SHELTER	**0**		95.00
98.00	Cross Foot Adjustments	**0**		98.00
99.00	Negative Cost Centers	**0**		99.00
100.00	TOTAL	**12,759,744**		100.00

SPRING CREEK HEALTHCARE CENTER	Period:	Run Date Time: 5/22/2025 10:36 am
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315305	To: 12/31/2024	Version: 11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	**0**	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	148,025	**148,025**	0	148,025				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	144,266	**144,266**	0	11,212	155,478			5.00
6.00	LAUNDRY & LINEN SERVICE	0	100,993	**100,993**	0	1,390	6,864	109,247		6.00
7.00	HOUSEKEEPING	0	56,320	**56,320**	0	6,995	3,828	0	67,143	7.00
8.00	DIETARY	0	321,262	**321,262**	0	17,528	21,833	0	10,125	8.00
9.00	NURSING ADMINISTRATION	0	0	**0**	0	7,403	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	**0**	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	**0**	0	971	0	0	0	12.00
13.00	SOCIAL SERVICE	0	9,362	**9,362**	0	1,378	636	0	295	13.00
15.00	PATIENT ACTIVITIES	0	50,718	**50,718**	0	4,255	3,447	0	1,598	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	1,691,600	**1,691,600**	0	86,950	114,961	109,247	53,314	30.00
31.00	NURSING FACILITY	0	0	**0**	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	**0**	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	**0**	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	**0**	0	43	0	0	0	40.00
41.00	LABORATORY	0	0	**0**	0	159	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	**0**	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	**0**	0	27	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	12,163	**12,163**	0	2,697	827	0	383	44.00
45.00	OCCUPATIONAL THERAPY	0	11,279	**11,279**	0	4,198	767	0	355	45.00
46.00	SPEECH PATHOLOGY	0	0	**0**	0	771	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	**0**	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	**0**	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	7,372	**7,372**	0	1,400	501	0	232	49.00
51.00	SUPPORT SURFACES	0	0	**0**	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	**0**	0	265	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	**0**	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**0**	**2,553,360**	**2,553,360**	**0**	**147,642**	**153,664**	**109,247**	**66,302**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	**0**	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	26,686	**26,686**	0	383	1,814	0	841	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	**0**	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	**0**	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	**0**	0	0	0	0	0	94.00
95.00	HOMELESS SHELTER	0	0	**0**	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments							0	0	98.00
99.00	Negative Cost Centers		0	**0**	0	0	0	0	0	99.00
100.00	TOTAL	**0**	**2,580,046**	**2,580,046**	**0**	**148,025**	**155,478**	**109,247**	**67,143**	100.00

SPRING CREEK HEALTHCARE CENTER	Period:	Run Date Time: 5/22/2025 10:36 am
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315305	To: 12/31/2024	Version: 11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	370,748								8.00
9.00	NURSING ADMINISTRATION	0	7,403							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	971					12.00
13.00	SOCIAL SERVICE	0	0	0	0	11,671				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	60,018			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	370,748	7,403	0	971	11,671	60,018	**2,506,883**	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	**0**	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	**0**	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	**0**	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	**43**	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	**159**	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	**27**	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	**16,070**	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**16,599**	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**771**	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**9,505**	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	**0**	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	**265**	0	71.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	**0**	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**370,748**	**7,403**	**0**	**971**	**11,671**	**60,018**	**2,550,322**	**0**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	**0**	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	**29,724**	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	**0**	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	**0**	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	**0**	0	94.00
95.00	HOMELESS SHELTER	0	0	0	0	0	0	**0**	0	95.00
98.00	Cross Foot Adjustments	0	0	0			0	**0**	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	**0**	0	99.00
100.00	TOTAL	**370,748**	**7,403**	**0**	**971**	**11,671**	**60,018**	**2,580,046**	**0**	100.00

SPRING CREEK HEALTHCARE CENTER	Period:	Run Date Time: 5/22/2025 10:36 am
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315305	To: 12/31/2024	Version: 11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Total		
		18.00		
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	**2,506,883**		30.00
31.00	NURSING FACILITY	**0**		31.00
32.00	ICF/IID	**0**		32.00
33.00	OTHER LONG TERM CARE	**0**		33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	**43**		40.00
41.00	LABORATORY	**159**		41.00
42.00	INTRAVENOUS THERAPY	**0**		42.00
43.00	OXYGEN (INHALATION) THERAPY	**27**		43.00
44.00	PHYSICAL THERAPY	**16,070**		44.00
45.00	OCCUPATIONAL THERAPY	**16,599**		45.00
46.00	SPEECH PATHOLOGY	**771**		46.00
47.00	ELECTROCARDIOLOGY	**0**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	**0**		48.00
49.00	DRUGS CHARGED TO PATIENTS	**9,505**		49.00
51.00	SUPPORT SURFACES	**0**		51.00
OTHER REIMBURSABLE COST CENTERS				
71.00	AMBULANCE	**265**		71.00
SPECIAL PURPOSE COST CENTERS				
81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	**0**		83.00
89.00	SUBTOTALS (sum of lines 1-84)	**2,550,322**		89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	**0**		90.00
91.00	BARBER AND BEAUTY SHOP	**29,724**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	**0**		92.00
93.00	NONPAID WORKERS	**0**		93.00
94.00	PATIENTS LAUNDRY	**0**		94.00
95.00	HOMELESS SHELTER	**0**		95.00
98.00	Cross Foot Adjustments	**0**		98.00
99.00	Negative Cost Centers	**0**		99.00
100.00	TOTAL	**2,580,046**		100.00

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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	34,999								1.00
3.00	EMPLOYEE BENEFITS	0	5,510,130							3.00
4.00	ADMINISTRATIVE & GENERAL	2,008	477,559	-1,695,929	11,063,815					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,957	161,143	0	838,025	31,034				5.00
6.00	LAUNDRY & LINEN SERVICE	1,370	0	0	103,928	1,370	41,942			6.00
7.00	HOUSEKEEPING	764	387,097	0	522,814	764	0	28,900		7.00
8.00	DIETARY	4,358	535,629	0	1,310,130	4,358	0	4,358	125,826	8.00
9.00	NURSING ADMINISTRATION	0	487,469	0	553,359	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	64,567	0	72,551	0	0	0	0	12.00
13.00	SOCIAL SERVICE	127	83,345	0	103,013	127	0	127	0	13.00
15.00	PATIENT ACTIVITIES	688	188,018	0	318,009	688	0	688	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	22,947	2,656,106	0	6,498,855	22,947	41,942	22,947	125,826	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	3,213	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	11,847	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	1,991	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	165	148,659	0	201,561	165	0	165	0	44.00
45.00	OCCUPATIONAL THERAPY	153	269,221	0	313,790	153	0	153	0	45.00
46.00	SPEECH PATHOLOGY	0	51,317	0	57,663	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	100	0	0	104,654	100	0	100	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	19,811	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**34,637**	**5,510,130**	**-1,695,929**	**11,035,214**	**30,672**	**41,942**	**28,538**	**125,826**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	362	0	0	28,601	362	0	362	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	HOMELESS SHELTER	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,580,046	681,348		1,695,929	966,483	162,525	626,747	1,741,186	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	73.717706	0.123654		0.153286	31.142714	3.874994	21.686747	13.838046	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		148,025	155,478	109,247	67,143	370,748	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.013379	5.009925	2.604716	2.323287	2.946513	105.00

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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (PATIENT CENSUS)		
		9.00	10.00	12.00	13.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS - BLDGS & FIXTURES							1.00
3.00	EMPLOYEE BENEFITS							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION	148,308						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	279,326					10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	41,942				12.00
13.00	SOCIAL SERVICE	0	0	0	41,942			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	41,942		15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	SKILLED NURSING FACILITY	148,308	182,044	41,942	41,942	41,942		30.00
31.00	NURSING FACILITY	0	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS								
40.00	RADIOLOGY	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	97,282	0	0	0		49.00
51.00	SUPPORT SURFACES	0	0	0	0	0		51.00
OTHER REIMBURSABLE COST CENTERS								
71.00	AMBULANCE	0	0	0	0	0		71.00
SPECIAL PURPOSE COST CENTERS								
81.00	INTEREST EXPENSE							81.00
82.00	UTILIZATION REVIEW - SNF							82.00
83.00	HOSPICE	0	0	0	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	**148,308**	**279,326**	**41,942**	**41,942**	**41,942**		89.00
NONREIMBURSABLE COST CENTERS								
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0		93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0		94.00
95.00	HOMELESS SHELTER	0	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)	638,181	0	83,672	125,512	403,101		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	4.303079	0.000000	1.994945	2.992513	9.610915		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	7,403	0	971	11,671	60,018		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.049916	0.000000	0.023151	0.278265	1.430976		105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	3,706	0	0.000000	40.00
41.00	LABORATORY	13,663	0	0.000000	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	2,296	0	0.000000	43.00
44.00	PHYSICAL THERAPY	241,174	433,692	0.556095	44.00
45.00	OCCUPATIONAL THERAPY	369,973	424,640	0.871263	45.00
46.00	SPEECH PATHOLOGY	66,502	186,144	0.357261	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	125,979	97,282	1.294988	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	AMBULANCE	22,848	0	0.000000	71.00
100.00	Total	**846,141**	**1,141,758**		100.00

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I

Title XVIII Skilled Nursing Facility PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

			Health Care Program Charges		Health Care Program Cost		
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	LABORATORY	0.000000	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.556095	120,530	0	67,026	0	44.00
45.00	OCCUPATIONAL THERAPY	0.871263	157,360	0	137,102	0	45.00
46.00	SPEECH PATHOLOGY	0.357261	94,086	0	33,613	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.294988	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		**371,976**	**0**	**237,741**	**0**	100.00

(1) For titles 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.

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Parts II-III

Title XVIII Skilled Nursing Facility PPS

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.294988	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	25	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)	32	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

	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	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	3,706	0	0.000000	0	0	40.00
41.00	LABORATORY	13,663	0	0.000000	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	2,296	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	241,174	0	0.000000	67,026	0	44.00
45.00	OCCUPATIONAL THERAPY	369,973	0	0.000000	137,102	0	45.00
46.00	SPEECH PATHOLOGY	66,502	0	0.000000	33,613	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	125,979	0	0.000000	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	**823,293**	**0**		**237,741**	**0**	100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I

Title XVIII Skilled Nursing Facility PPS

PART I CALCULATION OF INPATIENT ROUTINE COSTS			
		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	41,942	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	3,238	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	**11,861,493**	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	12,683,152	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.935216	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)	11,861,493	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	282.81	16.00
17.00	Program routine service cost (Line 3 times line 16)	915,739	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)	**915,739**	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	2,506,883	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	59.77	21.00
22.00	Program capital related cost (Line 3 times line 21)	193,535	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	722,204	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)	**722,204**	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
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	41,942	1.00
2.00	Program inpatient days (see instructions)	3,238	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)	0.077202	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I

Title XVIII Skilled Nursing Facility PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	2,543,754	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)	**2,543,754**	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	416,568	5.00
6.00	Allowable bad debts (From your records)	338,247	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	259,930	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	219,861	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)	**2,347,047**	11.00
12.00	Interim payments (See instructions)	2,209,630	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)	4,397	14.75
14.99	Sequestration amount (see instructions)	42,544	14.99
15.00	Balance due provider/program (see Instructions)	**90,476**	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)	32	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	**32**	19.00
20.00	Medicare Part B ancillary charges (See instructions)	25	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	25	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)	**25**	25.00
26.00	Interim payments (See instructions)	24	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)	1	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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **Worksheet E-1**

Title XVIII Skilled Nursing Facility PPS

		Inpatient Part A		Part B		
	DESCRIPTION	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,183,826		24	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/17/2024	25,804		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		**25,804**		**0**	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		**2,209,630**		**24**	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		**0**		**0**	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		90,476		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		**2,300,106**		**24**	7.00

	Contractor Name	Contractor Number	
	1.00	2.00	
8.00			8.00

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

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

Worksheet G

PPS

		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	123,531	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	2,026,451	0	0	0	4.00
5.00	Other receivables	470,339	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-349,000	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	205,564	0	0	0	8.00
9.00	Other current assets	52,029	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	**2,528,914**	**0**	**0**	**0**	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	417,366	0	0	0	17.00
18.00	Less: Accumulated Amortization	-44,062	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	94,896	0	0	0	23.00
24.00	Less: Accumulated depreciation	-30,569	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	19,353,955	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	**19,791,586**	**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	3,894,767	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	**3,894,767**	**0**	**0**	**0**	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	**26,215,267**	**0**	**0**	**0**	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,666,485	0	0	0	35.00
36.00	Salaries, wages, and fees payable	413,633	0	0	0	36.00
37.00	Payroll taxes payable	17,689	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	582,780	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	1,606	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	**2,682,193**	**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	23,648,415	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	**23,648,415**	**0**	**0**	**0**	50.00

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	**26,330,608**	**0**	**0**	**0**	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-115,341				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	**-115,341**	**0**	**0**	**0**	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	**26,215,267**	**0**	**0**	**0**	60.00

( ) = contra amount

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STATEMENT OF CHANGES IN FUND BALANCES **Worksheet G-1**

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		472,266		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-566,181							2.00
3.00	Total (sum of line 1 and line 2)		**-93,915**		**0**		**0**		**0**	3.00
4.00	Additions (credit adjustments)									4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		**0**		**0**		**0**		**0**	10.00
11.00	Subtotal (line 3 plus line 10)		**-93,915**		**0**		**0**		**0**	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00	DIVIDENDS	21,426		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		**21,426**		**0**		**0**		**0**	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		**-115,341**		**0**		**0**		**0**	19.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	12,683,152		**12,683,152**	1.00
2.00	NURSING FACILITY	0		**0**	2.00
3.00	ICF/IID	0		**0**	3.00
4.00	OTHER LONG TERM CARE	0		**0**	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	**12,683,152**		**12,683,152**	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	1,141,757	0	**1,141,757**	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	ROUTINE CHARGES / BED HOLD	11,468	0	**11,468**	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	**13,836,377**	**0**	**13,836,377**	14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		**13,872,425**	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)		**13,872,425**	15.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **Worksheet G-3**

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	13,836,377	1.00
2.00	Less: contractual allowances and discounts on patients accounts	756,021	2.00
3.00	Net patient revenues (Line 1 minus line 2)	13,080,356	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	13,872,425	4.00
5.00	Net income from service to patients (Line 3 minus 4)	**-792,069**	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,517	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	419	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	3,333	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	218,619	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	**225,888**	25.00
26.00	Total (Line 5 plus line 25)	**-566,181**	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)	**-566,181**	31.00